Are there ethnic inequalities in patients referred to regional Long COVID services in Cheshire and Merseyside?

Liverpool University Hospitals
NHS Foundation Trust

H Shams-Khan, N Nwosu, L Watkins, G Tack Cheshire & Merseyside Long Covid Clinic, Liverpool University Foundation Trust

Introduction:

- Ethnic minority minority groups in the UK have been disproportionately affected by acute COVID-19 infections¹ and are four times likely to die following infection.^{2,3}
- Long COVID syndrome is a new phenomenon comprising various physical and psychological symptoms which continue or develop following an acute COVID-19 infection.³
- 1 in 7 patients are experiencing long covid symptoms.⁴
- NHS England commissioned a network of national clinics to offer a holistic assessment of this patient population.
- We evaluated whether our data was consistent with the national trend of disproportionate levels of ethnic minority patients suffering from long covid being referred into our service.

Method:

- Retrospective case notes review of all patients assessed by the Cheshire and Merseyside long COVID service between March 2021 and September 2021.
- Data collected including date of birth, gender, ethnicity, postcode, and occupation status.

Broad Ethnic Group	Number of patients	Percentage (%)
Other	2	0.16
Asian/Asian British	17	1.37
Black/African/Caribbean/Bla	8	0.64
ck British		
White	1193	96.37
Mixed /multiple ethnic	18	1.45
groups		

Table 2 Patient ethnic demographic of those referred to the service between March 2021 – September 2021.

Conclusion:

- Considerably lower percentage of ethnic minority groups were referred into the service, than would be expected.
- 8.5% of the population in Cheshire & Merseyside are categorised as an ethnic minority group.
- The most common patient demographic for long covid services is white middle-aged females.
- This raises the question whether there are barriers to entry for this patient cohort being referred into long covid services.
- Further work is required to evaluate whether such barriers exist and to further explore
 possible inequalities in access to services to both regionally and the wider population
 nationally.

Results:

- 1285 cases were reviewed over a six-month period:
 - 67.2% (863) were female.
 - 32.8% (422) were males.
 - 70% (902) patients were between the ages 40-64.
- Ethnicity data was recorded in 96% (1238) cases:
 - 96% (1193) 'White'
 - 3.7% (45) other 'Ethnic minority'
- Ethnic minority:
 - 1.3% Asian/Asian British
 - 0.6% Black/African/Caribbean/Black British
- 19.7% (253) reported long term sick leave
- 10.3% (132) patients reported unemployment
- Majority remained in employment with adjustments.

Age group	Number of patients	Percentage (%)
18-24	24	1.87
25-29	60	4.67
30-34	78	6.07
35-39	94	7.32
40-44	133	10.35
45-49	186	14.47
50-54	205	15.95
55-59	232	18.05
60-64	146	11.36
65-69	83	6.46
70-74	22	1.71
75-79	14	1.09
80-84	8	0.62
85+	0	0

Table 1: Patient age demographics of those referred to the service between March 2021 – September 2021.

Reference

- 1. CHIME COVID-19 Health Inequalities. https://analytics.phe.gov.uk/apps/chime/ [cited 10 February 2022].
- 2. COVID-19: review of disparities in risks and outcomes. https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes/ [cited 7 February 2022].
- 3. Beyond the data: Understanding the impact of COVID-19 on BAME groups.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf/ [cited 10 February 2022].

National guidance for post-COVID syndrome assessment clinics. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C1248-national-guidance-post-covid-syndrome-assessment-clinics-v2.pdf/ [cited 10 February 2022].