

SYMPOSIUM SUMMARY

The Long COVID Network were pleased to host our Long COVID Research Symposium, delivered in collaboration with the Chief Scientist Office (CSO). Held virtually on 11th February 2025, the event brought together over 100 attendees to explore the theme: "Research to Inform How Our Services Can Better Manage and Support People with Long COVID". The symposium featured five insightful presentations, followed by Q&A discussions.

We're happy to share that feedback was overwhelmingly positive, with all respondents rating the session as 'Good' (24%) or 'Very Good' (76%). You can view a recording of the symposium [by clicking here](#).

This summary looks to distill key policy, service and research recommendations from the symposium, while also proposing actionable next steps for the Long COVID Network and decision-makers.

Considerations from Researchers

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PRACTICE

- Dedicated rehabilitation services should consider actively engaging with people with long COVID when developing services.
- Dedicated rehabilitation services should consider engaging in regular staff development to enhance confidence.
- Dedicated rehabilitation services should consider actively promoting their pathway to GP practices.
- General Practitioners should consider referrals to a dedicated rehabilitation service (where available) for people with long COVID, when they report moderate or severe difficulties in undertaking everyday activities.

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- **Vitamin D:** LC patients should consider taking Vitamin D supplement in winter.
 - **Early morning Cortisol:** Only test EMC if Sodium or BP also low.
 - **Sleep Apnea:** All LC patients could be screened for Sleep Apnea, and referred as needed. Can we facilitate timely treatment for Sleep Apnea?
 - **POTS:** All LC patients could be screened for POTS and have access to suitable management.
 - **Imaging:** Consider new pulmonary fibrosis and possible MRI in LC patients with persistent severe breathing problems, even when previous tests have been negative.

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INVESTIGATION



POLICY

- Funding could be made available to enable development and sustained delivery of co-located dedicated rehabilitation teams for people with long COVID.
- Consideration should be given to creating dedicated long-term condition teams that focus on symptoms, not diagnoses, and could support people with long COVID, as well as people with other long-term conditions.
- Learning networks could be developed across Scotland to support clinicians, especially those in remote and rural areas.

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- **Clinical Trials:** Scottish long COVID patients should have access to clinical trials of new management strategies.
 - **Fuller Evaluation of Services:** A further evaluation of long COVID services in Scotland, using available data.
 - An outcome evaluation of co-located dedicated rehabilitation teams for people with long-term conditions (including people with long COVID) should be undertaken.



RESEARCH

Next Steps from the Long COVID Network

- Share these recommendations with Long COVID Network, which includes long COVID service planners from every Health Board in Scotland.
- Build on existing frameworks like our GP assessment tool (currently aiding primary care referrals) to strengthen service pathways.

Next Steps in Research

- **Clinical Trials:** Scottish long COVID patients should have access to clinical trials of new management strategies. You can sign up to be a part of future research by [clicking here](#).
- **Fuller Evaluation of Services:** A further evaluation of long COVID services in Scotland, using available data.

CSO information

The Chief Scientist Office (CSO) is part of the Health and Wellbeing Directorate of the Scottish Government. Their vision is to support and enhance high-quality health research in Scotland. By doing so, they aim to deliver both health and financial benefits to the Scottish population, and also position Scotland as a globally recognised destination for health science innovation.

*[Click here for their current strategy](#)
[Click here for their approach to funding](#)*