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Title:

Provision of holistic care after severe COVID-19 pneumonia: integrating health and social care services

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'The public health crisis has become an economic and social crisis. As we emerge from the COVID-19 pandemic, it is important to look forward to the kind of societies that we want'.

Michael Marmot (2020)

We read with interest the overview of a post COVID-19 recovery service developed by Dr D'Cruz and colleagues in the UK. This multi-disciplinary approach, implemented in response to the anticipated long-term burden of COVID-19, will undoubtedly provide patient benefit (1). The construction of this clinical pathway, alongside many others internationally, is based on previous knowledge pertaining to post critical illness recovery and the previous SARS pandemic. However, there are other crucial lessons which have been assembled in relation to critical care recovery, which require consideration in evolving services.

Most notably, new financial problems and reduced return to employment have been shown to be common in critical care survivors and their family members. A recent meta-analysis demonstrated that only 56% of patients who were employed before admission to critical care, were back at work at 12 months post discharge. For those patients who did return to employment, there was a positive association with work and psychosocial health, including improved health-related quality of life and symptoms of depression (2). Patients who have been severely ill due to COVID-19 appear to be no different; emerging literature shows that patients in both the UK and the US have reduced return to employment in the months following COVID-19 hospitalization (3-4).

Although combining employment and welfare advice may seem unrealistic in a single recovery pathway dedicated to physical health, previous evidence suggests that integrated services, focussing on wider social structures, are feasible and effective. For example, the introduction of co-located welfare advice services in multiple healthcare settings in England, improved wellbeing and mental health scores for patients, in addition to a reduction in measurable financial strain (5). This approach has also proven useful and acceptable for patients and caregivers during critical care recovery services (6). Support may come in the form of welfare and vocational rehabilitation staff attending (in-person or virtually) follow-up services or having clear referral pathways in place.

The provision of person-centred, integrated care following severe COVID-19 is crucial. However, to be truly effective, care must cross health and social boundaries to ensure that wider socio-economic inequalities are not exacerbated. We would suggest that those offering specialised COVID-19 recovery services are well placed to deliver this integrated, holistic care.

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