

Study shows long COVID increases costs of primary care consultations each year

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Long COVID is estimated to have cost the UK at least an extra £23 million in GP and other primary care consultations each year, according to a new study.

The analysis of the [economic impact](#) of Long COVID, or Post COVID-19 Condition, has been published in [BMC Primary Care](#), and considers more than 950,000 electronic [health](#) care records following the start of the global COVID-19 pandemic.

The research team led by the University of Birmingham calculated that the additional cost for primary care consultations more than 12 weeks after a COVID-19 infection was £2.44, and that the impact of Long COVID may increase these costs significantly to £30 per patient diagnosed with Long COVID and £57 per patient for those with ongoing symptoms.

The team conclude that the additional financial cost for primary care services associated with consultations across the UK could be over £23m per year.

Dr. Louise Jackson from the Health Economics Unit at the University of Birmingham and co-lead author of the study said, "COVID-19 has led to a significant increase in the need for primary care services. As a result, the financial burden of people getting Long COVID is estimated to be between £23m and £60m per year in additional consultations from GPs, nurses, and other health practitioners.

"These costs represent only a part of the overall increase in health care resources needed to support people with Long COVID and should be considered in future pandemic planning."

At-risk groups

Some patients who are at greater risk of having Long COVID are more likely to need additional care, the study also found.

Other factors that were found to increase primary care costs among

people at least 12 weeks after a COVID infection included:

- Older patients
- Female patients
- Ethnically white patients
- Patients with obesity
- Having long-term health conditions.

Dr. Shamil Haroon from the Institute of Applied Health Research at the University of Birmingham and co-lead author of the study said,

"We have tried to calculate how much we need to support people with Long COVID in our health care system, as we know that many people have ongoing health issues following an infection.

"Using data from the earliest parts of the pandemic, we have been able to look at a balanced sample size of those who have had COVID and those who hadn't. These data show that the economic impact on primary care after COVID is not being felt equally in different communities and that access to care may vary among different parts of the population.

"We might expect that patients who are older or who have long-term health conditions will need additional [primary care](#) support, but we have also seen [additional costs](#) associated with being white and female.

"Long COVID as a condition also continues to be poorly understood and underdiagnosed. It's very likely that additional consultation time and resources have been needed for patients with Long COVID who don't have a formal diagnosis."

More information: Jake Tufts et al, The cost of primary care consultations associated with long COVID in non-hospitalised adults: a retrospective cohort study using UK primary care data, *BMC Primary*

Care (2023). [DOI: 10.1186/s12875-023-02196-1](https://doi.org/10.1186/s12875-023-02196-1)

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