

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 February 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long COVID Patient Pathway
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft Director of Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed Clinical Director, Therapy Services

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report has been prepared to inform the Quality, Safety and Experience Committee (QSEC) on the implementation of the Long COVID Patient Pathway within Hywel Dda University Health Board (HDdUHB). The pathway has been designed as a response to meet the expected demand of people predicted to develop ongoing symptoms of Post COVID-19 Syndrome (Long COVID). The Long COVID Multi-Disciplinary Team (MDT) Service will target the recovery and rehabilitation needs for patients in our region.

Cefndir / Background

Welsh Government and wider national guidance recommends that appropriate and accessible rehabilitation services are available for people directly and indirectly affected by COVID-19, including services for those suffering from its long-term effects, referred to as Long COVID. Whilst the majority of people with Post COVID-19 symptoms show improvement between 4 and 12 weeks, some continue to be impacted for longer than 12 weeks and require further assessment and rehabilitation. An initial detailed consultation is an essential first step in the assessment process and important in understanding the individual symptoms and the way in which these symptoms affect quality of life.

In June 2021, Therapy Services conducted an extensive mapping exercise (Appendix 1) to identify the existing service provision within the Health Board to ascertain the current service provision that could potentially meet the symptom-based needs of people directly affected by COVID-19. This mapping informed the development of a community and primary care COVID-19 rehabilitation pathway to ensure patients were assessed, signposted and referred to the appropriate services to support their recovery.

Prior to the pathway development, structured rehabilitation and recovery programmes for patients with multiple rehabilitation needs delivered by different professional groups were mainly limited to patients diagnosed with specific single organ or system conditions e.g. Pulmonary Rehabilitation, Cardiac Rehabilitation, Neuro Rehabilitation, or condition specific e.g. Stroke / Parkinson's Disease. The diverse and variable needs of Long COVID patients

required a different multi-disciplinary, person-centred approach, to ensure timely assessment and management of rehabilitation and recovery needs.

The presentation of and rehabilitation needs for Long COVID are diverse, and patients require different types of services than those previously provided. Moreover, the same patient may require different services at different stages in their recovery, and also their recovery is not always linear. A well-planned and effective response provides long-term benefits, capitalising on efforts made during the acute response to the pandemic, and should reduce pressure on the wider unscheduled care system by managing and further preventing secondary complications of Long COVID.

The Long COVID service in HDdUHB meets the specific needs of patients in a timely, effective manner and within the context of Local and National strategies. The service places the patient at the centre of care through a single point of referral and assessment through to an integrated MDT for investigation to support and manage symptoms and active rehabilitation. This approach improves integration of care across different services and avoids multiple referrals by coordinating information sharing to enable professionals to make quick decisions. This single point of access also benefits healthcare professionals and GPs seeking to access care and services for their patients, and allows for the introduction of other areas of expertise into the service if needed.

Asesiad / Assessment

HDdUHB has developed a Long COVID Syndrome Service, which has been operational since October 2021. The service aims to enable patients to take control and responsibility for their ongoing health and wellbeing and equips them with skills and knowledge to manage their ongoing rehabilitation needs. With support from multi professional rehabilitation professionals, including Therapy Assistant Practitioners, Occupational Therapists, Physiotherapists, Dietitians, Psychologists and Advance Nurse Practitioners, the service provides a comprehensive individualised person-centred assessment utilising National Institute for Health and Care Excellence (NICE) recommended Long COVID assessment tools.

The service runs virtually 5 days per week to enable patients' timely access, with further follow-ups in dedicated individual or MDT sessions. Due to the wide geographical area of the Health Board and to ensure equitable health board wide provision, all patients are being seen virtually via the Attend Anywhere Digital Consultation platform. Where patients are unable to access video conferencing facilities, an initial telephone call is offered. Face to face appointments are also provided where clinically indicated or if virtual support is not appropriate in meeting the individuals' needs.

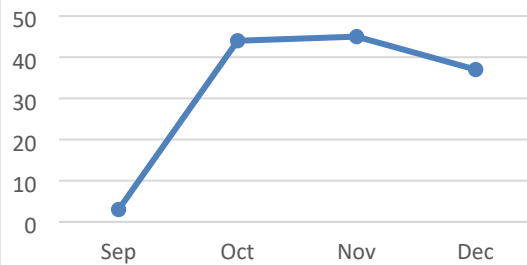
The initial consultation is an interdisciplinary assessment (utilising screening tool questions) to discuss the broad symptoms of Long COVID and identifies main goals and patient-centred aims. Following first assessment, all patients are offered self-management resources tailored to their individual concerns, and if indicated, further interventions from the MDT.

Service Demand (up to end of December 2021)

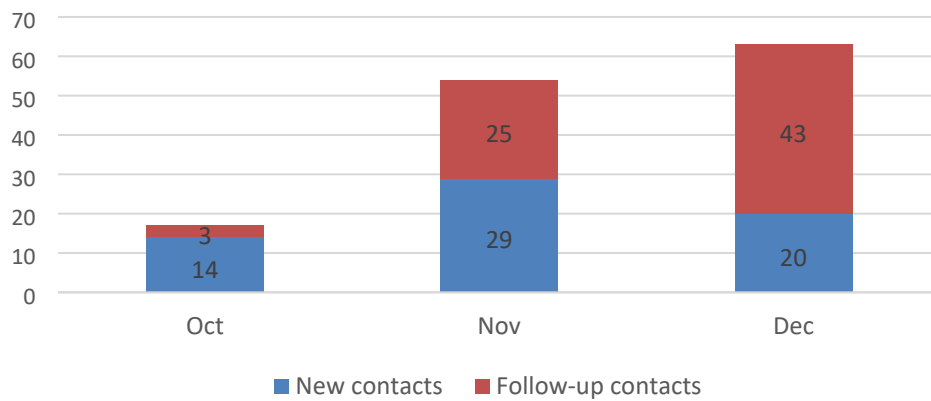
Long COVID MDT service (up to 31/12/2021):

Number of referrals: 129
 Number of new patient contacts: 63
 Number of follow-up (F/U) contacts: 71
 Total contacts (new and F/U): 134
 Number of patients discharged: 4
 Reactiveness of service (RTT): Average 27 days
 Patients given advice/self-management: 100%
 Referred to rehabilitation: 74%
 Referred to secondary care: 0%

Number of referrals per month

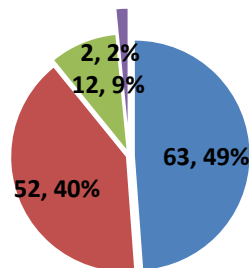


Contacts per month



REFERRALS PER COUNTY

Carmarthenshire Pembrokeshire
 Ceredigion Unknown/ other



Currently patients are seen on a 1 to 1 basis. However, it is recognised that some patients would benefit from group work, and pilot group sessions have been scheduled for January and February 2022. This pilot will initially focus on psychological interventions with patients with Post Traumatic Stress Disorder following their Long COVID journey, and expand to Occupational Therapy delivering fatigue management sessions specifically for Long COVID patients.

Patient Reported Outcome Measure (PROM)

The service utilises DrDoctor Software program including EQ5DL to capture Patient Reported Outcome and Experience Measures (Appendix 2)

All outcomes are submitted as part of the Adferiad funding program into an All-Wales data capture hub, CEDAR. Based upon these early patient reported outcome measures HDdUHB will continue to provide the current service provision, and will explore additional service provision to support and manage key symptom areas:

- Additional psychological support for Memory and Cognitive Disorders, Depression, Anxiety and Insomnia;
- Increase in staged interventions for Respiratory rehabilitation and Disordered breathing management via pulmonary rehabilitation, with therapy assistant practitioners supporting dysfunctional breathing pattern disorder and fatigue management;
- Support for Myalgic and Arthralgic symptom management;
- Use of smart technology to enable remote monitoring of physiology (e.g. Heart Rate, Oxygen Saturation, proprioception);
- Engage with national Exercise Referral Scheme to support a sustainable service provision;
- Sessional support from GP with Special Interest in Long COVID management to support more complex service users;
- Development of multi modal slow stream rehabilitation for population groups 2,3 and 4
- Explore opportunities to expand the current Long COVID Syndrome Service to create more robust and resilient services for other post-viral syndromes such as Chronic Fatigue Syndromes such as Myalgic encephalomyelitis (ME) which is not currently provided within the Health Board.

Argymhelliad / Recommendation

The Committee is asked to note the contents of the Long COVID -19 Patient Pathway Report.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation 5.1 Timely Access 6.3 Listening and Learning from Feedback
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care

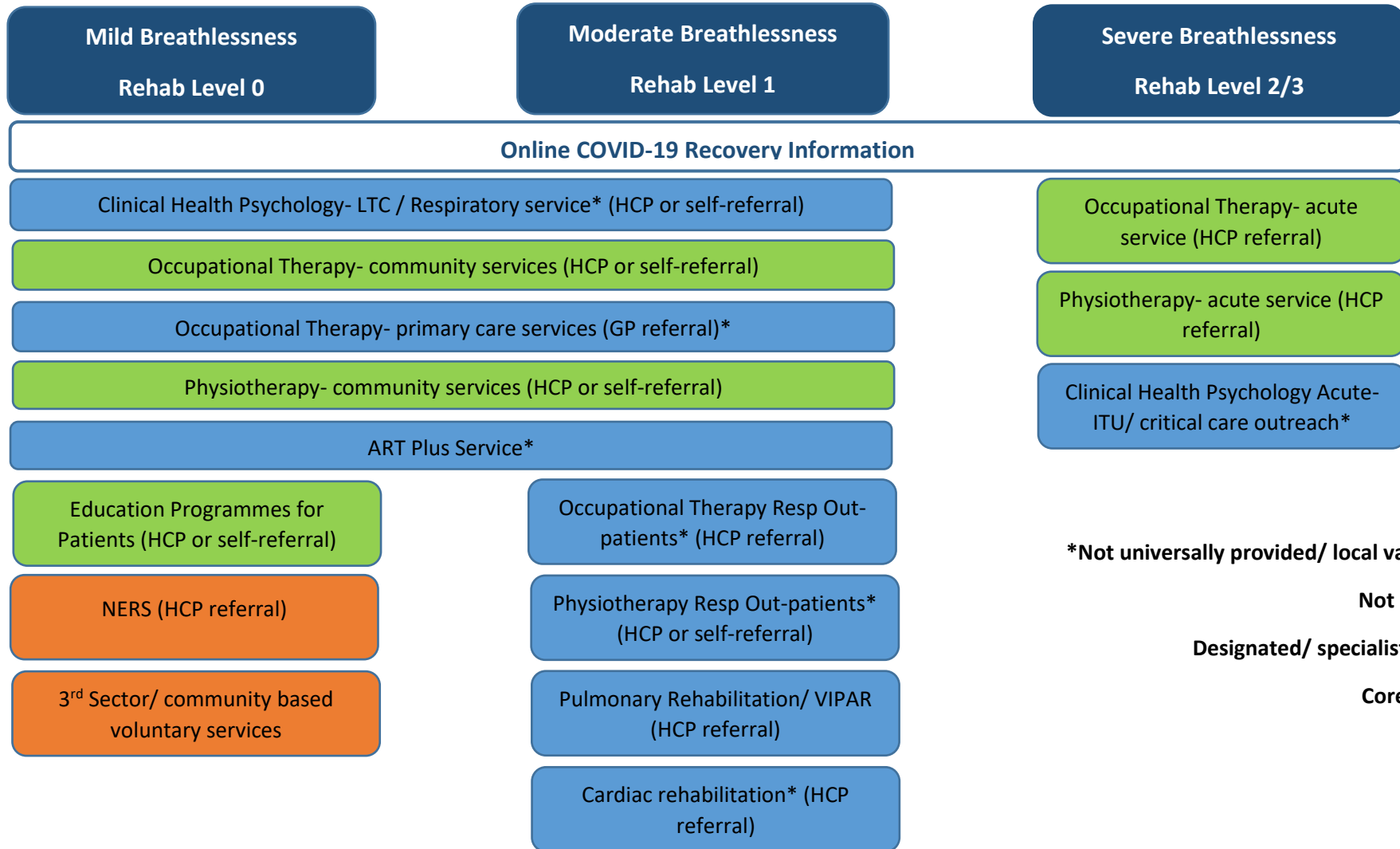
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ol style="list-style-type: none"> 1. Royal College of General Practitioners. (2020) Ongoing or persistent symptoms of Covid-19. Parliamentary Inquiry. https://committees.parliament.uk/writtenevidence/12976/html/ 2. National Guidance for post-COVID syndrome assessment clinics. (2020). NHS England. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/10/C0840_PostCOVID_assessment_clinic_guidance_5_Nov_2020.pdf 3. National Institute for Health and Care Excellence (NICE). 2020. Rapid COVID-19 guideline: management of the long-term effects of COVID-19 (in development). https://www.nice.org.uk/guidance/gid-ng10179/documents/final-scope 4. World Health Organisation (WHO). 2020. Coronavirus update 36: What we know about Long-terms effects of COVID-19. https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2 5. Public Health England (PHE). 2020. COVID-19: Long-term health effects. https://www.gov.uk/government/publications/covid-19-long-term-health-effects 6. Rehabilitation: a framework for continuity and recovery 2020-2021. A framework to help organisations plan rehabilitation services following the coronavirus pandemic. Welsh Government https://gov.wales/rehabilitation-framework-continuity-and-recovery-2020-2021
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial sustainability is vital to future development and continuation of the service.
Ansawdd / Gofal Claf: Quality / Patient Care:	Understanding patient care is vital to ensure quality of service and care provision. The continuation of funding will ensure patient care continues to be provided.
Gweithlu: Workforce:	Contained within the report where applicable.
Risg: Risk:	Internal control and management ensures risks are identified, addressed and managed.
Cyfreithiol: Legal:	None identified
Enw Da: Reputational:	Poor management of risks could lead to loss of stakeholder confidence.
Gyfrinachedd: Privacy:	Care should be taken in how patient data is used to increase understanding of Long COVID Syndrome.
Cydraddoldeb: Equality:	Ensure equity of service provision for patients accessing the service.

COVID-19 Symptom based Rehabilitation Services

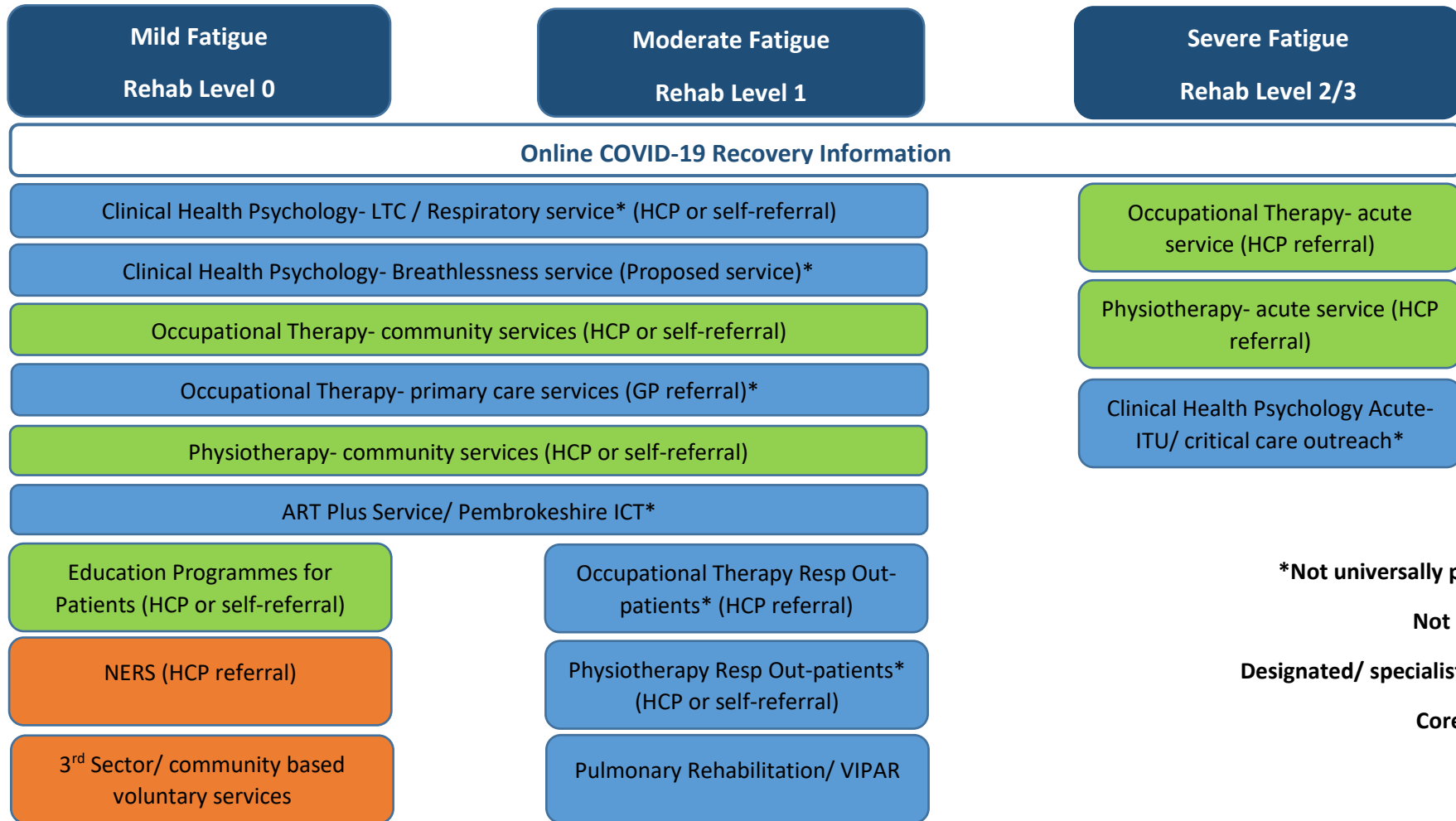
Breathlessness



*Not universally provided/ local variations

Not mapped ■
 Designated/ specialist service ■
 Core service ■

Fatigue



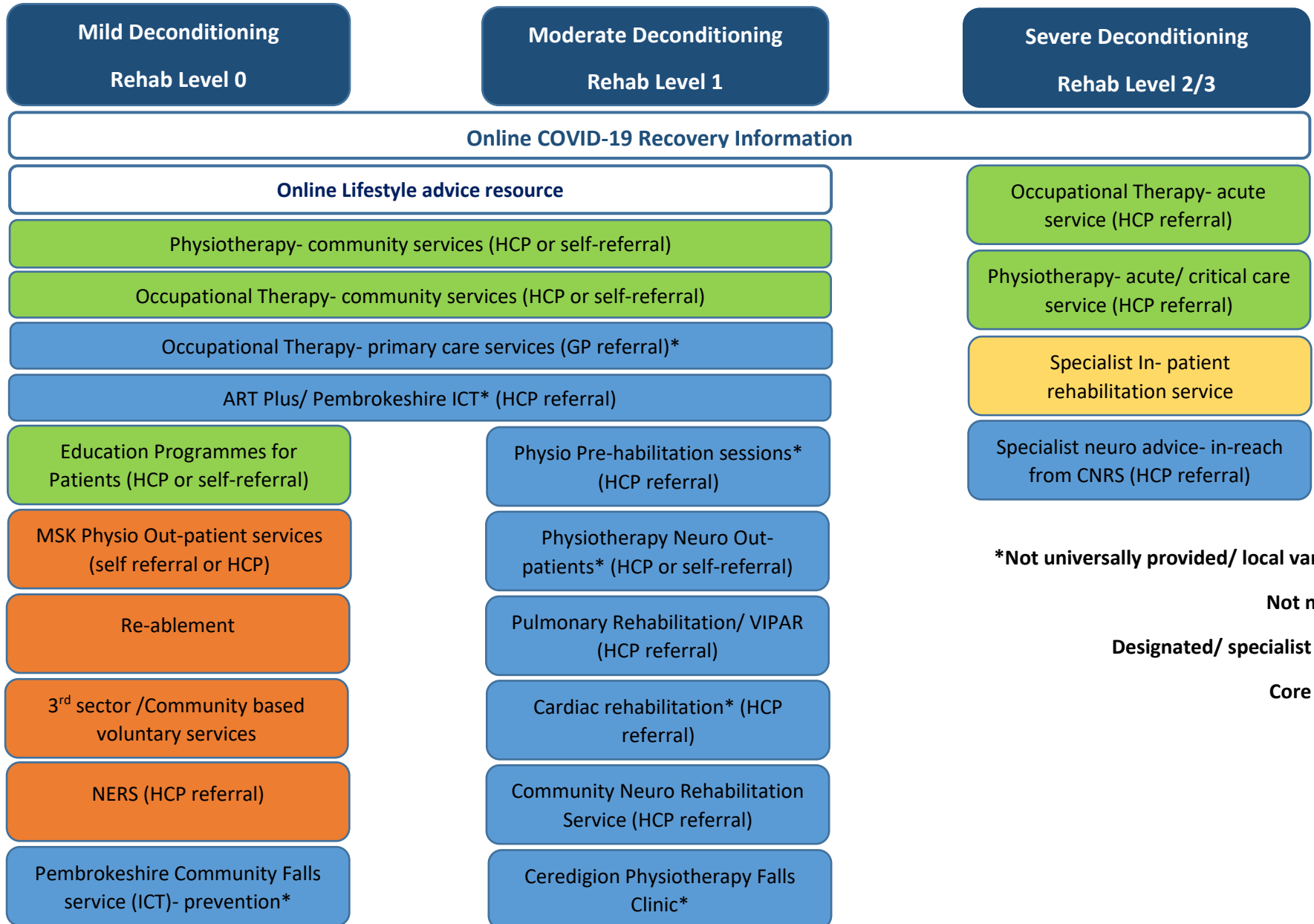
***Not universally provided**

Not mapped ■

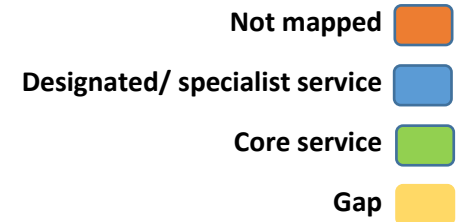
Designated/ specialist service ■

Core service ■

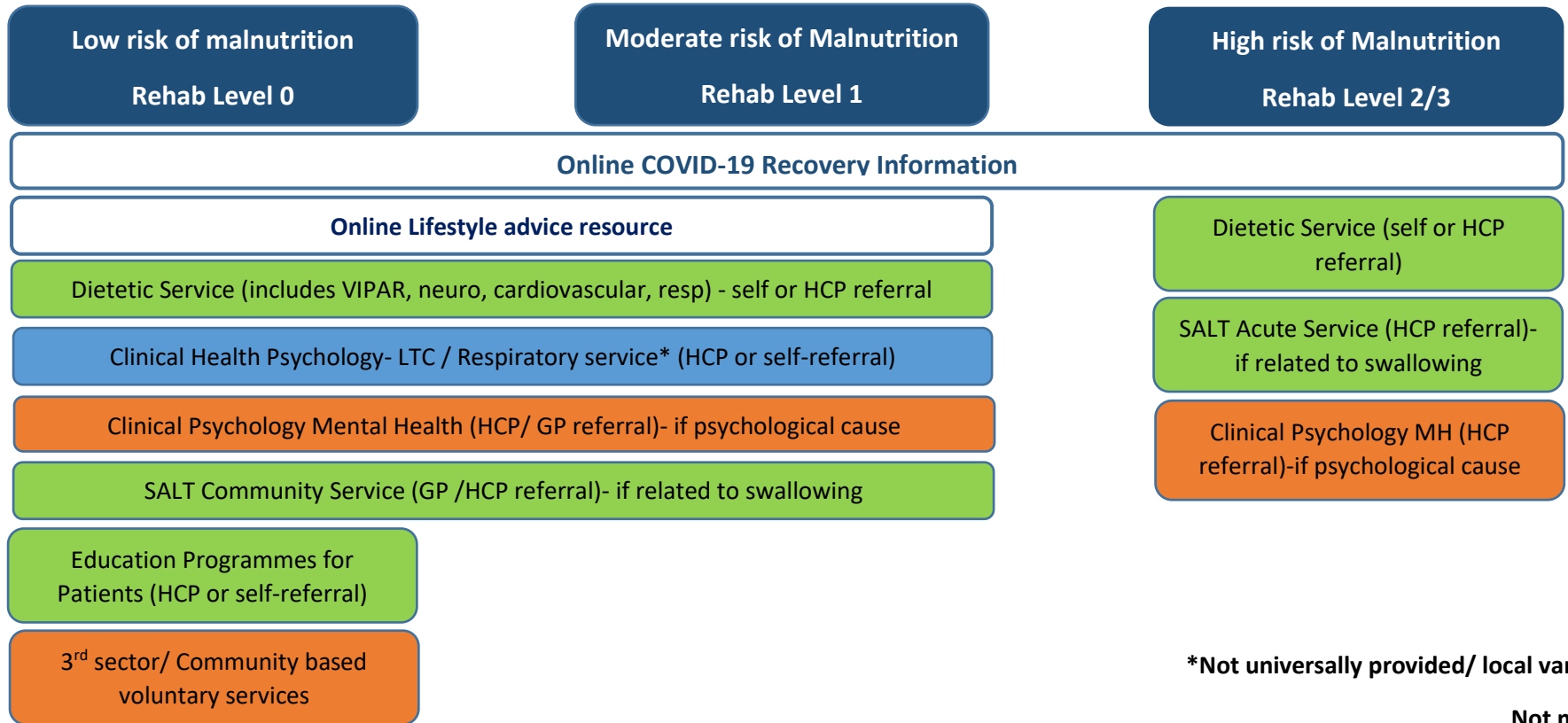
Deconditioning






***Not universally provided/ local variations**



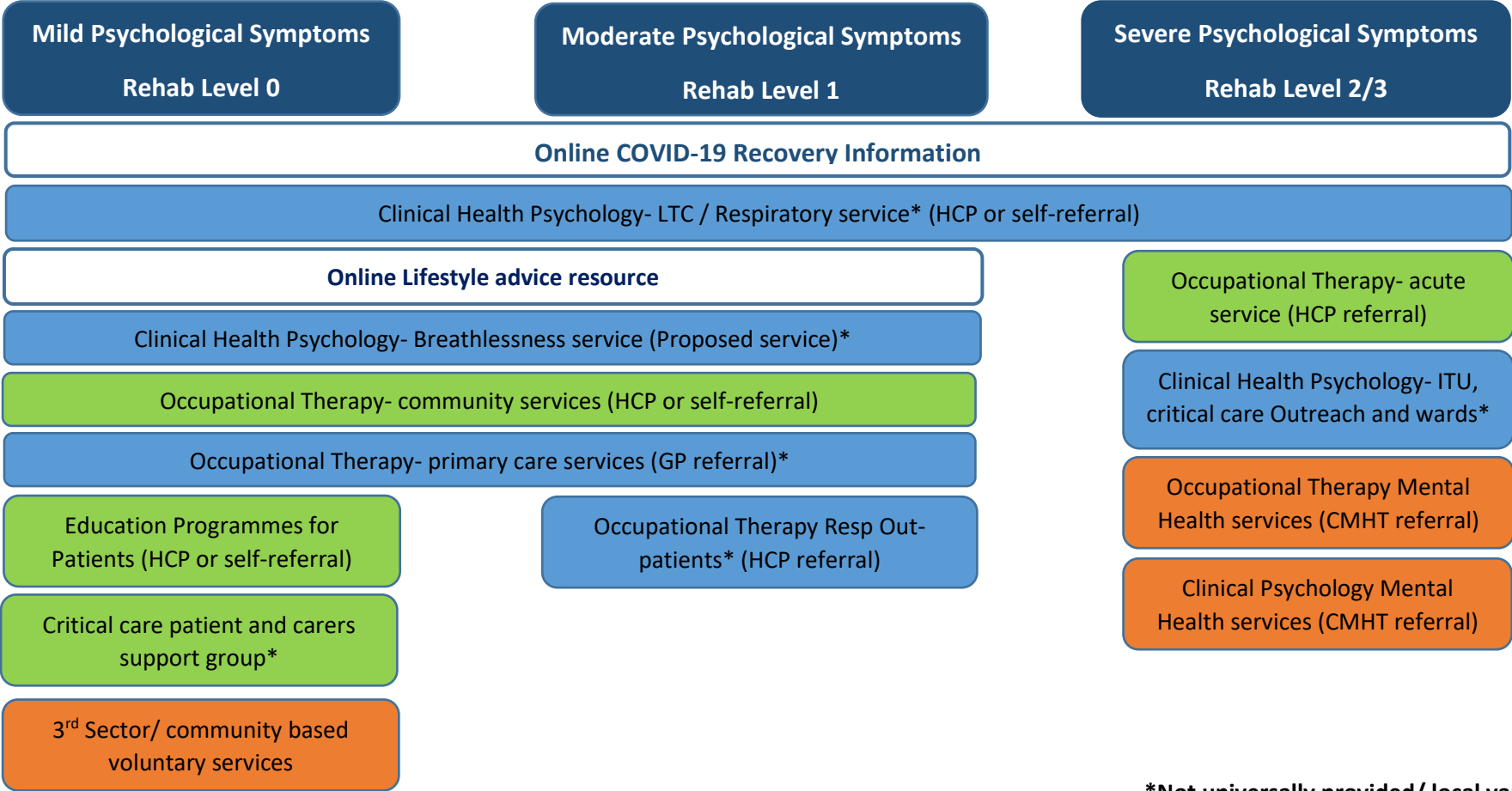
Malnutrition



*Not universally provided/ local variations

- Not mapped 
- Designated/ specialist service 
- Core service 

Psychological Symptoms



*Not universally provided/ local variations

- Not mapped
- Designated/ specialist service
- Core service


Patient Reported Outcome Measure (PROM)

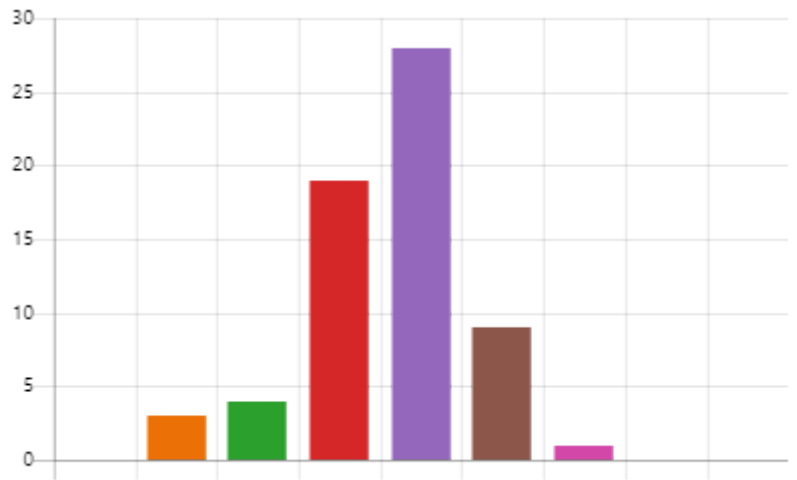
64
Responses

03:03
Average time to complete


Active
Status

1. Please tell us your **age range**

● 17 and under  Insights	0
● 18 - 30	3
● 31 - 40	4
● 41 - 50	19
● 51 - 60	28
● 61 - 70	9
● 71 - 80	1
● 81 - 90	0
● 91 and over	0



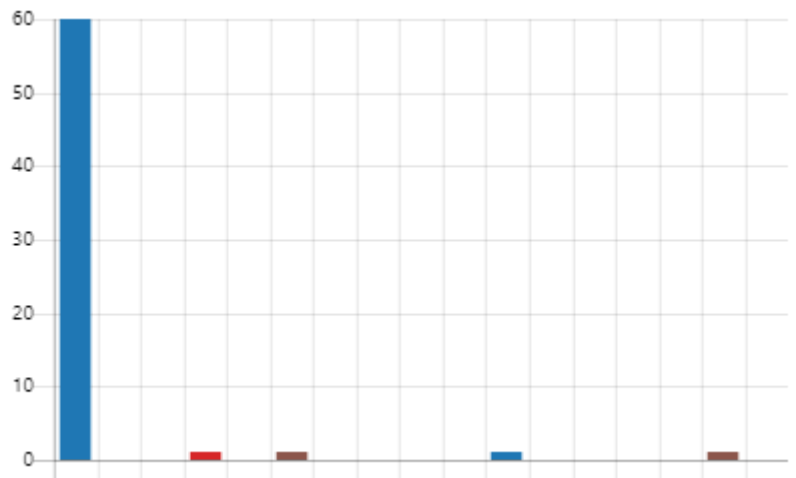
2. Please tell us your **gender**

● Female  Insights	41
● Male	23
● Non-Binary	0
● Prefer not to say	0



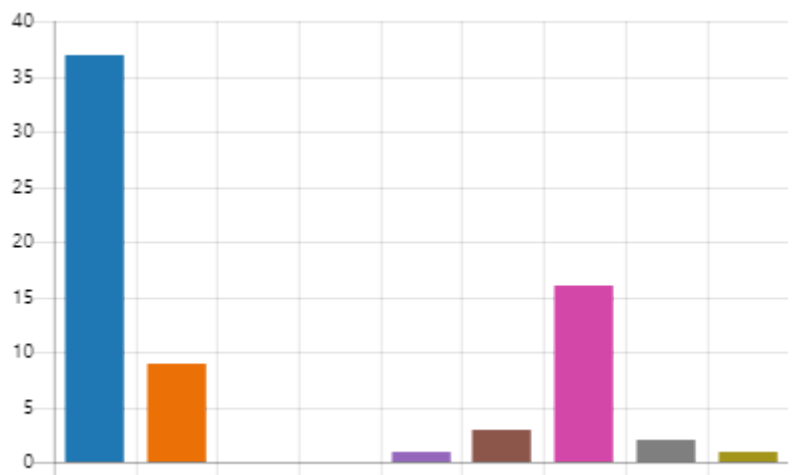
3. Please tell us your **ethnic group**

Any White background includi...	60
Gypsy or Irish Traveller	0
White and Black Caribbean	0
White and Black African	1
White and Asian	0
Any other mixed background ...	1
Indian	0
Pakistani	0
Bangladeshi	0
Chinese	0
Any other Asian background	1
Caribbean	0
African	0
Any other Black background	0
Arab	0
Any other ethnic group	1
Prefer not to say	0



4. Which of these describe your **employment status?**

Full-time employed or self-em...	37
Part-time employed or self-e...	9
Unemployed/seeking work	0
Looking after home or family	0
Student	1
Retired	3
Long-term sick	16
Disabled	2
Other	1



5. Have you been admitted to hospital as an in-patient as a result of COVID-19

Yes	13
No	49
Unsure	2



6. In total, how many days did you spend in hospital? (If you are still in hospital, please tell us how many days you have been in hospital so far).

13 Insights
Responses

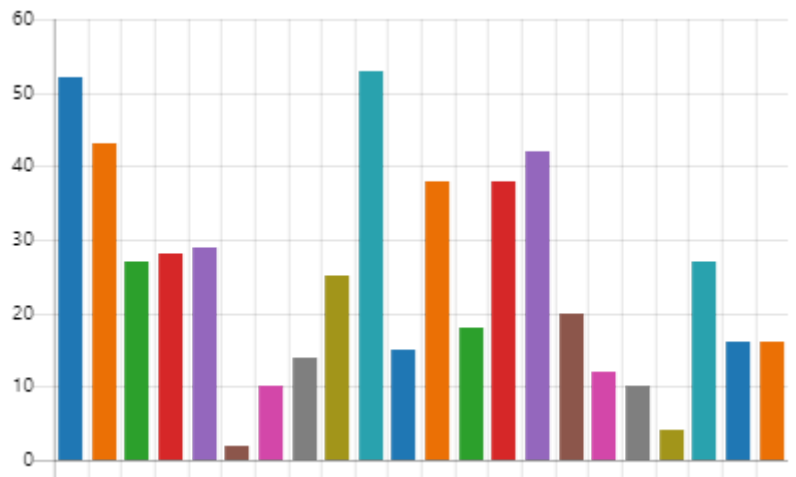
Latest Responses
"14"

1 respondents (8%) answered 0 for this question.



7. Please tell us about any symptoms you have experienced **today** due to COVID-19

● extreme tiredness (fatigue)	52
● shortness of breath	43
● chest pain or tightness	27
● heart palpitations	28
● dizziness	29
● rashes	2
● diarrhoea	10
● loss of appetite	14
● cough	25
● problems with memory and c...	53
● sore throat	15
● difficulty sleeping (insomnia)	38
● pins and needles	18
● joint pain	38
● depression and anxiety	42
● tinnitus or earache	20
● feeling sick (nausea)	12
● stomach ache	10
● a high temperature (fever)	4
● headache	27
● changes to sense of taste or s...	16
● Other	16



8. Please tell us how many GP visits/contact (face-to-face or remotely) you have had in the last 6 months related to COVID-19

Insights

63

Responses

Latest Responses

"0"

"5"

"30"

13 respondents (21%) answered 6 for this question.



9. If you have had rehabilitation related to your COVID-19, please tell us how many sessions/appointments you have had

Insights

60

Responses

Latest Responses

"0"

"24"

43 respondents (73%) answered 0 for this question.



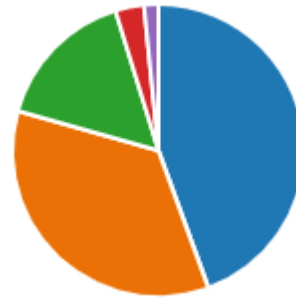
10. MOBILITY

- I have no problems in walking... 15
- I have slight problems in walki... 15
- I have moderate problems in ... 23
- I have severe problems in wal... 9
- I am unable to walk about 1



11. SELF-CARE

- I have no problems washing o... 28
- I have slight problems washin... 22
- I have moderate problems wa... 10
- I have severe problems washi... 2
- I am unable to wash or dress ... 1



12. USUAL ACTIVITIES

- I have no problems doing my ... 0
- I have slight problems doing ... 11
- I have moderate problems doi... 20
- I have severe problems doing ... 19
- I am unable to do my usual ac... 12



13. PAIN/DISCOMFORT

- I have no pain or discomfort 8
- I have slight pain or discomfort 12
- I have moderate pain or disco... 21
- I have severe pain or discomfort 17
- I have extreme pain or discom... 4



14. ANXIETY/DEPRESSION

- I am not anxious or depressed 3
- I am slightly anxious or depressed 18
- I am moderately anxious or depressed 29
- I am severely anxious or depressed 10
- I am extremely anxious or depressed 2



15. We would like to know how good or bad your health is TODAY

The scale is numbered from 0 to 100

100 means the best health you can imagine

0 means the worst health you can imagine

Please indicate which number on the scale indicates how your health is TODAY

💡 Insights

62

Responses

Latest Responses

"20"

"60"

"20"

11 respondents (18%) answered 50 for this question.

