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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref: Chairs Office
Eich cyf/Your ref: CH.MB/hl 2021
Dyddiad/Date: 24 March 2021

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Dear Mr Parker

Re: Questions for consideration by the Board

Thank you for your email of 18 March 2021 which posed questions for consideration by the Board regarding long COVID and Hywel Dda University Health Board's preparedness to respond to the additional pressures on services as a result of long COVID. I can confirm that the Board have considered the questions posed and have provided a response to each in turn below.

What steps has the Board taken to establish the number of patients currently suffering from Long COVID in the Hywel Dda area, and to estimate the likely future support and treatment needs based upon the recovery experiences of patients known to have symptoms of Long COVID and those discharged from hospital with known further rehabilitation needs?

Hywel Dda University Health Board has reviewed emerging evidence both nationally and internationally to try and estimate the potential number of people across the Hywel Dda area that could be affected by long COVID and to identify ongoing symptoms and rehabilitation needs.

Current evidence suggests that approximately 10% of COVID patients will suffer from long COVID, within the Hywel Dda area the current estimation based on data published by Public Health Wales on 19 March 2021 is:

Hywel Dda region: 1,572
Carmarthenshire – 1,062
Ceredigion – 174
Pembrokeshire – 336

For many patients suffering from mild symptoms, their initial contact with the NHS will be the Test, Trace and Protect service. To ensure effective communication between services, information on positive test results are conveyed to GP practices using an allocated READ code (a code of letters and numbers that uniquely identifies a clinical term). Practices are equally encouraged to keep accurate registers of patients who have a clinical diagnosis of COVID infection using a separate READ code as the clinical systems have been programmed to flag patients who have had a diagnosis of COVID within the last 15 months to enable more thorough monitoring of prolonged symptoms and continuing illness. The acute hospital systems have also been adapted to identify patients who have had diagnosis of COVID, with a

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Cadeirydd / Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

specific emphasis on identifying those who are accessing rehabilitation services post COVID-19.

A Multi-Disciplinary Team (MDT) steering group has been formed to lead on the reviewing of guidance and evidence to support COVID recovery. The MDT also scope and develop resources and rehabilitation pathways for patients suffering with COVID-19, and are currently undertaking an extensive mapping exercise of available rehabilitation services across the Hywel Dda area that could manage symptoms and support with the rehabilitation of patients suffering with ongoing COVID-19.

Is the Board confident that the support and care for patients with Long COVID, who may be considerably disabled by it for an indeterminate duration, can be effectively and equitably delivered by GPs and the consultants required who are thinly spread among the acute hospitals requiring the patient, in some instances, to make long and difficult journeys in order to be properly assessed?

Support for patients suffering with long COVID is best provided by an MDT network approach that includes the patients, GP's, Consultants (when required), therapists, mental health services, benefits agencies and third sector organisations. Co-ordination of a service of this nature is best provided by Primary Care with relevant referrals made to ensure a robust and fuller programme of care for the patient. Self-management of symptoms and treatment is equally encouraged, with the use of digital platforms encouraged where appropriate.

Mapping exercises have identified a series of pathways and services that are available to treat symptoms associated with long COVID within Hywel Dda. However, it is recognised that increased demand on these services could compromise access and the ability to provide effective rehabilitation for patients with moderate to severe effects of long COVID. As a result, the need for a specific long COVID MDT or service is being explored and reviewed regularly.

Have all the possibilities for Long COVID patients to receive care nearer home, consistent with the Boards agreed strategic intent, which almost certainly would include consultants to be available, in person or via telemedicine at the integrated care centres, been properly considered?

We anticipate that the primary care and MDT focus on long COVID will be delivered as close to home as possible, in accordance with the Health Board's strategic intent.

The last year has seen great adaptation and changes to services Health Board wide, with many clinicians now delivering services in a significantly different way, with telemedicine and remote consultation becoming a 'new normal' way of working. As a result, we're confident that the services will be delivered in a manner as suitable for patients needs as possible.

I trust this information is of assistance, please don't hesitate to contact us should you have any further enquiries.

Yours sincerely

Maria Battle
Chair, Hywel Dda University Health Board