



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational update and Progress Report on the Health Board's Annual Recovery Plan for 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

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 provides the Board with an update on the ongoing response to the COVID-19 pandemic as well as a wider operational update within the Hywel Dda University Health Board area. As a full closure report on the 2021/22 Annual Recovery Plan is being compiled for presentation to the Public Board meeting in May 2022 and with the Executive Team focussing on finalising our 3 year plan for 2022/23 – 2024/25, this report does not include an update on Annual Plan objectives.

Cefndir / Background

A little over a week ago, the UK passed the second anniversary of the first national lockdown precipitated by the emergence of a new, highly infectious virus for which we had little or no immunity. I am intensely proud of the way Hywel Dda Health Board, its partner organisations, and the population of Mid and West Wales have withstood every wave and challenge that the COVID-19 pandemic has thrown at us. Those challenges have evolved and changed in each phase, with new issues to be considered and new scenarios to be planned for. The creativity, persistence and kindness with which our teams have faced these challenges has been remarkable.

The hope is that we are now moving into a more stable planning environment as we learn to live with the virus, although we still face significant short-term uncertainties. Indeed, the situation regarding the COVID-19 pandemic has, once more, changed significantly in the short time since the last update to Board. Mid and West Wales has now emerged from the Omicron wave and hospital admissions for COVID-19 are reducing, allowing the Executive Team to focus on recovery and establishing a “new normal” for health care delivery. That said, pressures on our urgent and emergency care system remain significant, with long waits in our Emergency Departments and discharge challenges impacting both on the experience of our patients and the pressure being experienced by staff.

At the time of writing my previous update, the biggest concern was the impact that the highly transmissible Omicron variant could have on staff sickness absence. As detailed below,

sickness absence did peak in mid-January 2022 but did not rise to the degree we planned for. Since then, the rate has been steadily falling, such that it is now approaching pre-pandemic normality. This, to some degree, will reduce pressure on our front line and has allowed recovery in planned care services to recommence.

Our vaccination programme continues, although the pace has slowed considerably. We continue to offer walk-in slots for anyone seeking a 1st, 2nd or 3rd/Booster vaccination and have begun the roll out of 1st doses to 5 to 11 year olds in line with the latest JCVI recommendations.

It is expected that community PCR testing will come to an end during March 2022 and the latest understanding of this is set out below, alongside other operational updates.

Asesiad / Assessment

Since our last meeting, infection rates have fallen significantly from the unprecedented highs we saw in January 2022. As highlighted at the previous Board meeting by the Director of Therapies and Health Science, some care should be taken with interpreting the rates following changes made to the testing regime in early January 2022, but advice from Public Health Wales is that the relative changes are now reliable, even if actual community infections are higher than that shown.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county compared to that set out in the January 2022 Board update.

County	Previous update – 7 days to 2 nd Jan 2022 (rate per 100k)	Latest update – 7 days to 3 rd Mar 2022 (rate per 100k)	Previous update – 7 days to 2 nd Jan 2022 (positivity rate)	Latest update – 7 days to 3 rd Mar 2022 (positivity rate)
Carmarthenshire	2029.4	234.1	47.2%	26.6%
Ceredigion	1807.6	145.8	48.5%	18.7%
Pembrokeshire	1724.5	182.0	45.9%	22.6%
Hywel Dda	1888.8	200.6	47.0%	24.0%

Rates for every age group have fallen significantly since the last update to Board, with the rate for 60s and over falling from over 800 per 100,000 to 135.6 per 100,000. The latest data suggests that rates have started to rise again, although at this stage, it is difficult to predict whether this is the start of a concerning trend.

With infection rates falling, the risk of outbreaks also falls. At time of writing there were 2 active outbreaks (compared to the 6 reported at the January Board meeting) affecting Towy and Gwennlian wards. The risk of outbreaks remains a key consideration in our day-to-day operations and outbreak management procedures are evolving to recognise the changing impact of the virus and wider system risks. The Director of Nursing will provide the latest position at the Board meeting.

Vaccination Programme Update

The Vaccination Programme continues across the Hywel Dda area and we will continue to ensure that no-one is left behind with the vaccine delivery team working systematically through the priority groups to target low uptake groups. This includes regular communications through all our platforms to offer walk-in appointments at our MVCs plus targeted initiatives such as the “pop up” clinic recently opened in Lampeter to improve student uptake. At time of writing our local position was:

	Total Administered	%age of total population	% of eligible population	% of 2nd dosed who have now had a booster
1 st	314,499	81.2%	88.4%	
2 nd	298,959	77.2%	84.0%	
3 rd and Boosters	245,333	63.3%	68.9%	82.1%
Total	858,791			

Note: since the last meeting, the JCVI extended the programme to include 5 to 11 year olds who will be offered a course of 2 vaccinations, 12 weeks apart, using the children's Pfizer COVID-19 vaccine. From 9th March 2022, the Health Board has been offering parents and guardians the opportunity to book an appointment at one of our MVCs.

Test, Trace, Protect Update

In line with Government changes to step down the Test, Trace, Protect Service, all COVID-19 testing facilities that work within the UK wide booking system will close by the end of March 2022. This includes all mobile testing units (MTUs) in Aberystwyth, Aberaeron, Haverfordwest, Kilgetty and Llanelli and the regional testing facility at Carmarthenshire Showground.

I would wish to record my sincere thanks, on behalf of the whole Board, for the remarkable work of the staff at Sodexo and Guardwatch who have provided the community testing service and security across these facilities over the past two years. They have been a key part of our local response and have helped to keep our staff and wider population safe over the last 2 years. We would also like to thank our partners and other site owners for working with us to provide suitable testing sites across the region.

The Health Board will continue to provide community COVID-19 testing for specific groups including patients accessing surgery and other treatments, and symptomatic health and social care staff.

The Health Board's Mass Vaccination Centre and Community Testing Unit (CTU) at Carmarthenshire Showground will also close by the end of March 2022 and arrangements are being made to consider whether we need to relocate these services to alternative sites.

The Director of Therapies and Health Sciences will be able to provide the latest position at the meeting.

Long COVID

Whilst the majority of people with ongoing Post COVID symptoms show improvement between 4 and 12 weeks, some require deeper assessment and rehabilitation. Welsh Government and wider National guidance recommended that appropriate and accessible rehabilitation services are available for people directly and indirectly affected by COVID-19, including services for those suffering from its longer-term effects. The Health Board has developed a Multi-Disciplinary Long COVID Syndrome Service, which has been operational since 21st October 2021. Designed as a response to meet the expected demand of people predicted to develop ongoing symptoms of Post COVID-19 Syndrome (Long COVID), the service targets recovery and rehabilitation needs for the patients in our region. The service aims to enable patients to take control and responsibility for their ongoing health and wellbeing, and equip them with skills and knowledge to manage their ongoing rehabilitation needs.

A detailed report has been prepared (attached at Annex 1) regarding implementation of the Long COVID Syndrome Service within HDdUHB. Long COVID was also discussed at the Quality, Safety & Experience Committee meeting on 8th February 2022.

Operational Update

In keeping with my previous report, our operational position remains very challenged, although unscheduled care demand has remained largely within the planning parameters expected for the winter period. This has not prevented some long waits outside and within our Emergency Departments at times, which has impacted detrimentally on the experience of patients and our staff. Since the last update, the operational teams have been working on a “system reset” programme initiated by Welsh Government focussed, in part, on joint work with Local Authority partners to increase discharges. At time of writing, this reset was being actively implemented – the Director of Operations and Director of Primary Care, Community and Long Term Care will provide the latest position and learning from this programme at the meeting.

The concern raised in my last report was the potential for the Omicron wave to have a significant impact on staff sickness absence. As a result, the Tactical Group initiated contingency plans to provide for a total sickness absence rate of up to 20% which led to the postponement of planned care services to allow for rapid staff redeployment. In the event, our rates peaked in mid-January 2022 at just over 9% - still very high by pre-pandemic standards but significantly less than our planning scenario. This meant that the suspension of planned care was much shorter lived than envisaged and we avoided declaring a Business Continuity Incident. Sickness absence rates have continued to fall during February 2022 (with an average for the month of 6.34%) and, at time of writing were averaging 4.74% in early March 2022.

I am pleased to report that all postponed outpatient appointments have now been rebooked, surgery has restarted in Bronglais General Hospital and will restart in Withybush General Hospital this month. With the delivery of the demountables to Prince Philip Hospital also planned for this month, the Amman Valley Cataract Scheme due to start in mid-April 2022 (with an initial 4 sessions per week) and use of the private sector through our commissioning efforts, we expect to return to 100% of pre-pandemic elective capacity in April 2022 and go beyond that during Quarter 1 of 2022/23. It will take some time to recover to the waiting times we achieved before the pandemic and risks remain, but we expect to see waiting lists starting to fall from the spring.

Despite the challenging financial position for next year, the Executive Team has also agreed a way forward to maintain the Waiting List Support Service, which was established using COVID-

19 funding, without adding to our deficit. The development and further roll out of this service will be set out in the Integrated Medium Term Plan and will be a key element of our plan to support our patients whilst we work through the significant backlog awaiting our care.

Reflecting the fall in community infection rates, the number of patients in our hospitals with confirmed or suspected COVID-19 has reduced since my last update. At time of writing, there were 59 patients in our care (down from 101 in my last report), with fewer than 5 in ICU. Additionally, of the 59, fewer than 5 were requiring active treatment for COVID-19, with the majority being found to have COVID-19 as incidental to their reason for admission.

Since the last Board meeting, the Tactical Group has confirmed that it is now in a position to return the Field Hospital at Selwyn Samuel (YESS) to Llanelli Town Council and work is underway to reinstate the original facility. Talks are also underway with Carmarthenshire Council over the future of the field hospital provision at Carmarthen Leisure Centre. As we approach the end of our Field Hospital Programme, I would like to take this opportunity to reiterate my sincere thanks on behalf of the whole Board, to all the organisations who supported us by providing their facilities to deliver this rapid and unprecedented expansion in our capacity. Thankfully many of those beds did not, in the end, need to be opened but having them available meant we were as prepared as possible to face the impact of this awful virus.

Tactical have advised that sufficient beds remain available to comply with extant Gold Command Requirements despite the closure of YESS and possible full withdrawal from Carmarthen Leisure Centre, due to a combination of additional beds established at our Community Hospitals and block purchased beds in community facilities.

The Director of Operations and Director of Primary Care, Community and Long-Term Care will provide the latest position at the meeting.

Gold Command Group

There were no Gold Level decisions requiring ratification in the period since my last report, although the Gold Command Group remains on standby.

Gold Level Cell Updates

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections.

Update on our Recovery Plan for 2021/22

As mentioned above, a full closure report on the Planning Objectives contained in our Annual Recovery Plan 2021/22 is in development for Board consideration in May 2022 and progress updates continue to be presented to relevant committees for scrutiny and assurance.

A detailed paper regarding progress on our Transforming Mental Health and Transforming Learning Disabilities programmes plus the development of a plan to Transform Child and Adolescent Mental Health Services (including autism and ADHD services) is included as a separate paper on the agenda (Planning Objective 5G). This paper also addresses the issues raised by the recent Health Inspectorate Wales inspection as requested at the January 2022 Board meeting.

Similarly, a detailed update on Planning Objective 1C – to develop and deliver a programme to build excellent customer service across the Health Board is included elsewhere on the agenda.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the update in relation to our on-going COVID-19 response.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	ADHD – Attention Deficit Hyperactivity Disorder JCVI – Joint Committee on Vaccination & Immunisation MVC – Mass Vaccination Centre PCR – Polymerase Chain Reaction
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report

Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long COVID-19 Patient Pathway
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft Executive 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)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report has been prepared to inform the Board on the implementation of the Long COVID Multi-Disciplinary Service within Hywel Dda University Health Board (HDdUHB).

Designed as a response to meet the expected demand of people predicted to develop ongoing symptoms of Post COVID-19 Syndrome (Long COVID), the service targets recovery and rehabilitation needs for the patients in our region.

Cefndir / Background

Welsh Government and wider National guidance recommended that appropriate and accessible rehabilitation services are available for people directly and indirectly affected by COVID-19, including services for those suffering from its longer-term effects. Whilst the majority of people with ongoing Post COVID symptoms show improvement between 4 and 12 weeks, some require deeper 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 what could potentially meet the symptom based needs of people directly affected by COVID-19. This mapping provided a starting point for the development of a Community and Primary Care COVID-19 rehabilitation pathway to ensure patients are 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 from different professional groups were mainly limited to patients diagnosed with specific single organ or systemic conditions (pulmonary rehabilitation, cardiac rehabilitation, neuro rehabilitation) or condition specific (stroke, Parkinson's). 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.

Presentation and rehabilitation needs of Long COVID are diverse and patients require different types of services than those previously provided. Moreover, the same patient could require different services at different stages in their recovery. A well-planned and effective response provides long-term benefits, capitalising on efforts made during the acute response to the pandemic, and continues to reduce pressure on the wider unscheduled care system by managing and 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. Placing the patient at the centre of care through a single point of referral and assessment to an integrated Multi-Disciplinary Team (MDT) service for investigation to support and manage symptoms and rehabilitation; this approach improves integration of care across different services and avoids multiple referrals by coordinating information sharing to enable professionals to make rapid decisions. This single point of access also benefits healthcare professionals and GPs seeking to access timely care and services for their patients, and allows introduction of other areas of expertise into the service if needed.

Asesiad / Assessment

Hywel Dda University Health Board (HDdUHB) has developed a Long COVID Syndrome Service, which has been operational since 21st October 2021. The service aims to enable patients to take control and responsibility for their ongoing health and wellbeing, and equip them with skills and knowledge to manage their ongoing rehabilitation needs. With support from multi professional rehabilitation professionals, including Therapy Assistant Practitioner, Occupational Therapists, Physiotherapists, Dietitians, Psychologists and Advanced Nurse Practitioner, the service provides a comprehensive individualised person-centred assessment utilising National Institute for Health and Care Excellence (NICE) recommended Long COVID assessment tools.

UK COVID-19 Infection Survey data from the Office of National Statistics (ONS) initially suggested 10% of the population would develop ongoing symptoms. However, emerging evidence from Health Boards in South East Wales who were significantly impacted during COVID-19 outbreaks suggested local incidence rates of 2-3 %. This data formed the basis for modelling the service in Hywel Dda.

The service runs virtually, 5 days per week, to enable patients' timely access to the service, 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 "Attend Anywhere" Digital Consultation. Where patients are unable to access video conferencing facilities, or video consultation would not meet their needs, an initial telephone call is offered. Face to face appointments are available where clinically indicated or if virtual support is not appropriate.

The referral pathway for the service advocates a single point of contact with all referrals channelled via the COVID Enquiries Hub. GPs can also refer patients directly via the Welsh Clinical Communications Gateway e-referral process, which became operational in November 2021 (Appendix 2 – Referral Pathway). Referrals into the service were initially approximately 40 a month but this has been steadily increasing.

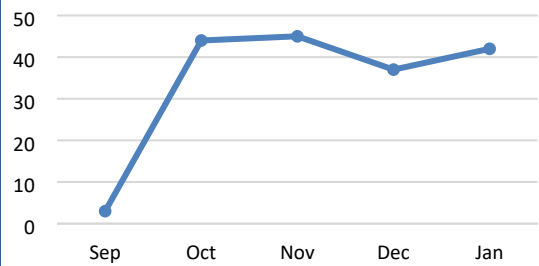
The initial consultation is an interdisciplinary assessment (utilising NICE recommended screening tool questions) to discuss the broad symptoms of Long COVID and identify the main goals and patient centred aims. Following first assessment, all patients are offered self-management resources tailored to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

Service Demand (up to end of 18th February 2022)

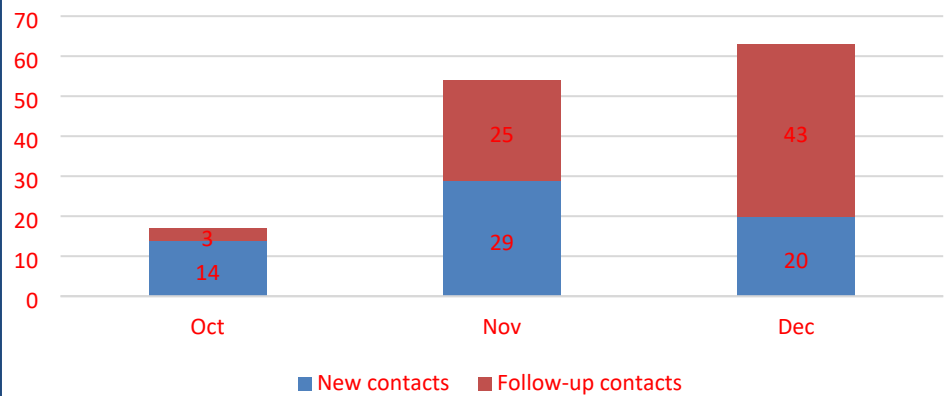
Long COVID MDT service (up to 18/02/2022):

Number of referrals: 198
Number of new patients contacts: 91
Number of follow-up contacts: 286
Total contacts (new and F/U): 377
Number of patients discharged: 12
Reactivity of service (RTT): Avg 63 days
Patients given advice/self-management: 100%
Referred to rehabilitation: 75%
Referred to secondary care: 0%

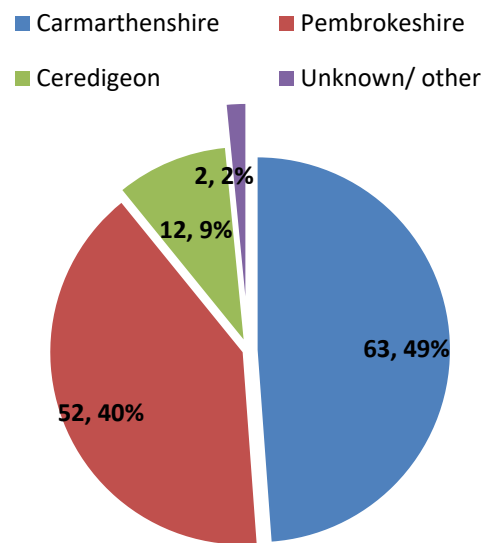
Number of referrals per month



Contacts per month



REFERRALS PER COUNTY



To date patients are seen on a 1 to 1 basis; however it is recognised that some patients would benefit from group work, with a pilot of group sessions scheduled for January and February 2022.

This will initially focus on psychological interventions supporting patients diagnosed with Post Traumatic Stress Disorder following their Long COVID journey, and expand to Occupational Therapists delivering fatigue management groups specifically for Long COVID patients.

Patient Reported Outcome Measure (PROM)

The service utilises the DrDoctor Software program to digitally capture Patient Reported Outcome and Experience Measures including EQ5DL (Appendix 3). The main findings so far indicate that the most frequent symptoms include problems with memory and cognition, depression and anxiety, difficulty sleeping, extreme tiredness, disordered breathing and shortness of breath, and chest pain.

Future Service Plans

These patient reported outcome measures will continue to support the current service and inform future modelling of the service and additional provision to support and manage key symptom areas:

- Additional clinical psychological support for Memory & Cognitive disorders, Depression, Anxiety and Insomnia;
- Increased in staged interventions for Respiratory rehabilitation and Disordered breathing management via pulmonary rehabilitation, therapy assistant practitioners supporting dysfunctional breathing pattern disorder, and fatigue management;
- 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 On Referral Scheme (NERS) to support a sustainable service provision;
- Sessional support from General Practitioner with Special Interest in Long COVID Management to support more complex service users and reduce demand upon Primary and Secondary Care colleagues;
- Development of multi modal slow stream rehabilitation for population groups 2,3 and 4 as described within the National Rehabilitation Framework;
- Explore opportunity to expand current Long COVID Syndrome Service to create robust and resilient services for provision of other post-viral syndromes such as ME (Myalgic Encephalomyelitis) and CF (Chronic Fatigue), which are not currently provided within the Health Board.

Argymhelliad / Recommendation

The Board is asked to note the contents of this report.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:

Not applicable.

Datix Risk Register Reference and Score:	
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

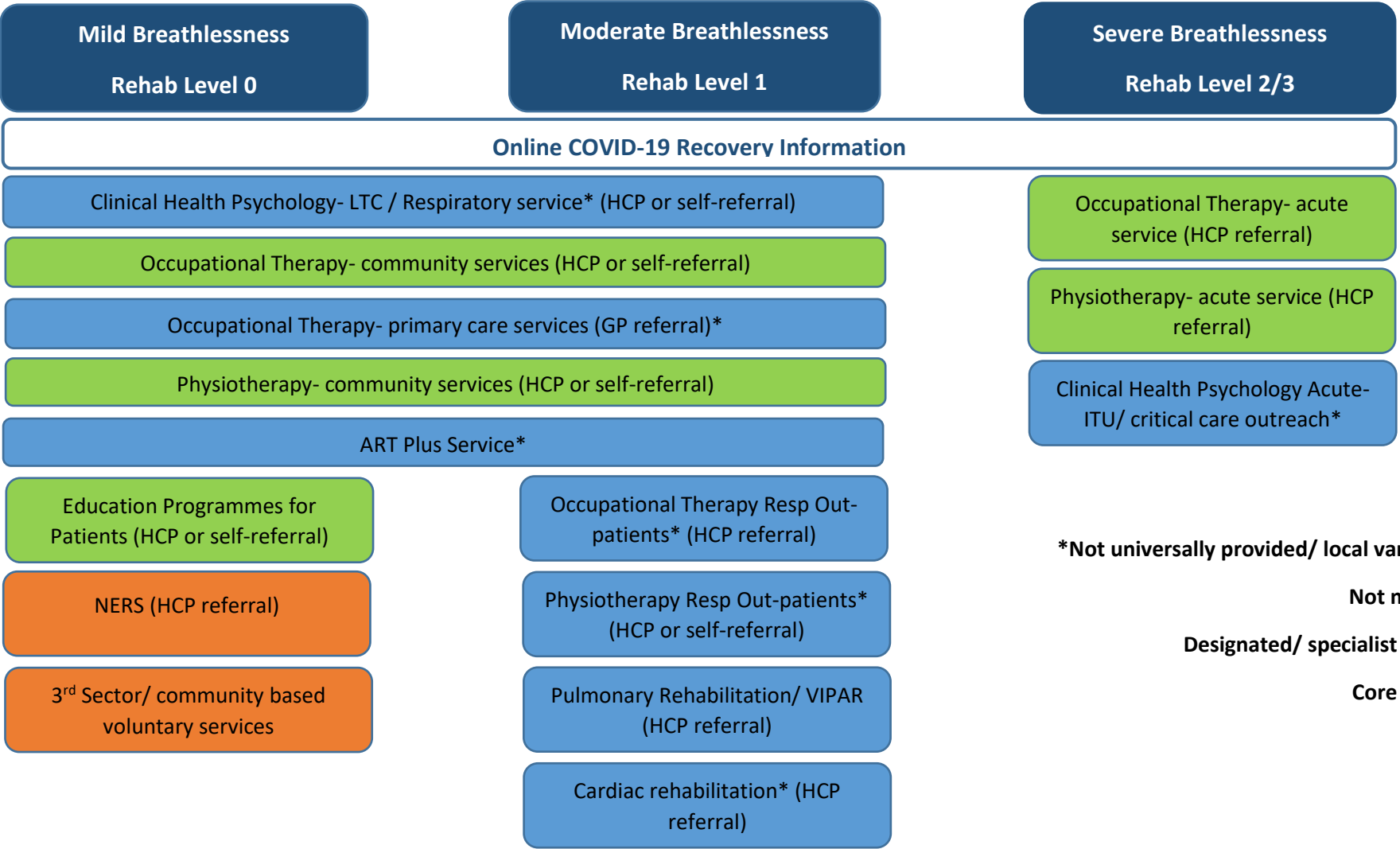
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ol style="list-style-type: none"> 1. Royal College of General Practitioners. (2020) Ongoing or persistent symptoms of Covid-19. Parliamentary Inquiry. https://committees.parliament.uk/writtenevidence/12976/html/ 2. National 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-term 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 <p>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</p>
Rhestr Termiau: Glossary of Terms:	Contained within the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team Quality, Safety and Experience Committee
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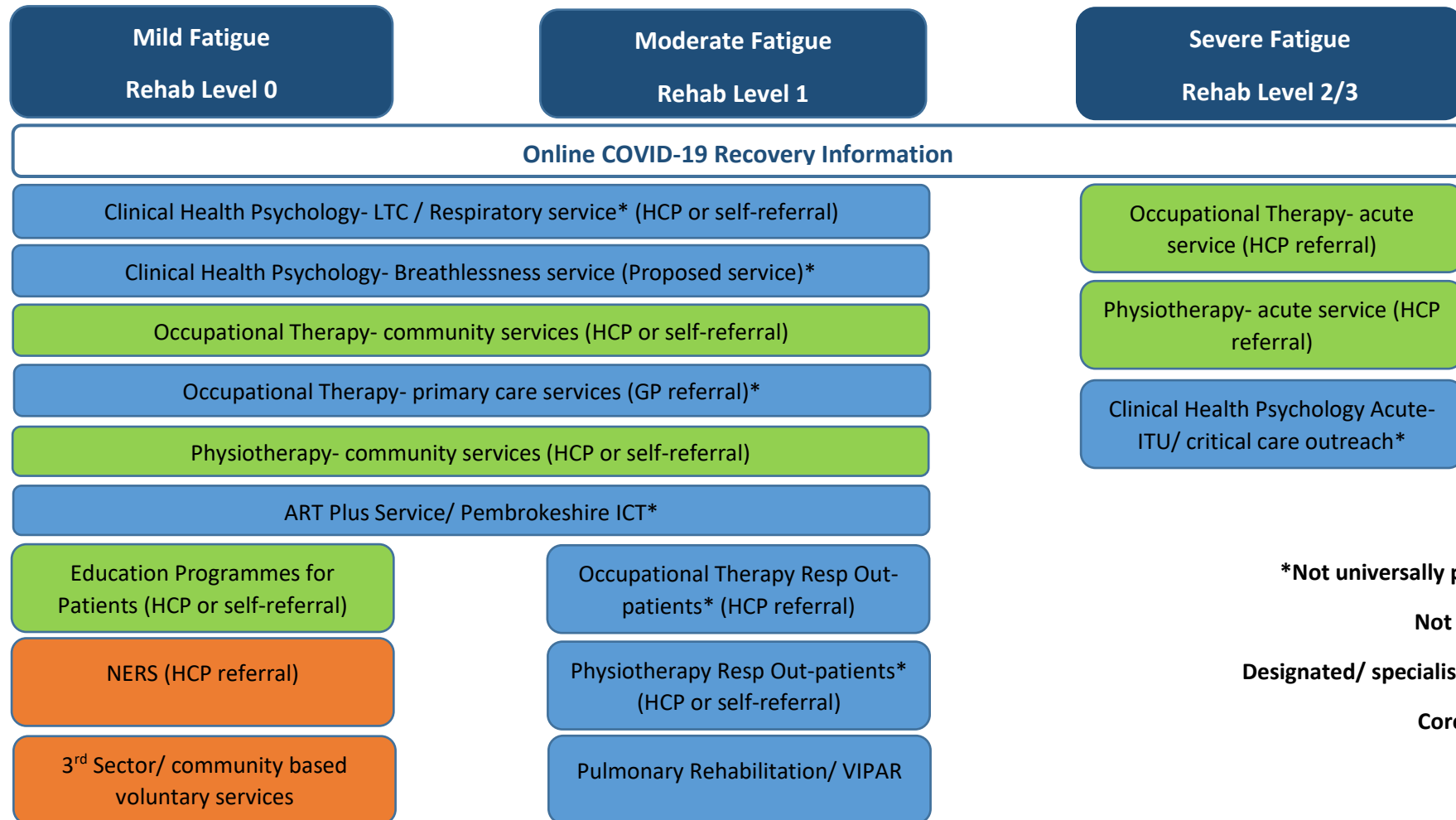
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial sustainability vital to future development and continuation of the service.
Ansawdd / Gofal Claf: Quality / Patient Care:	Understanding patient care vital to ensure quality of service and care provision. 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



Fatigue



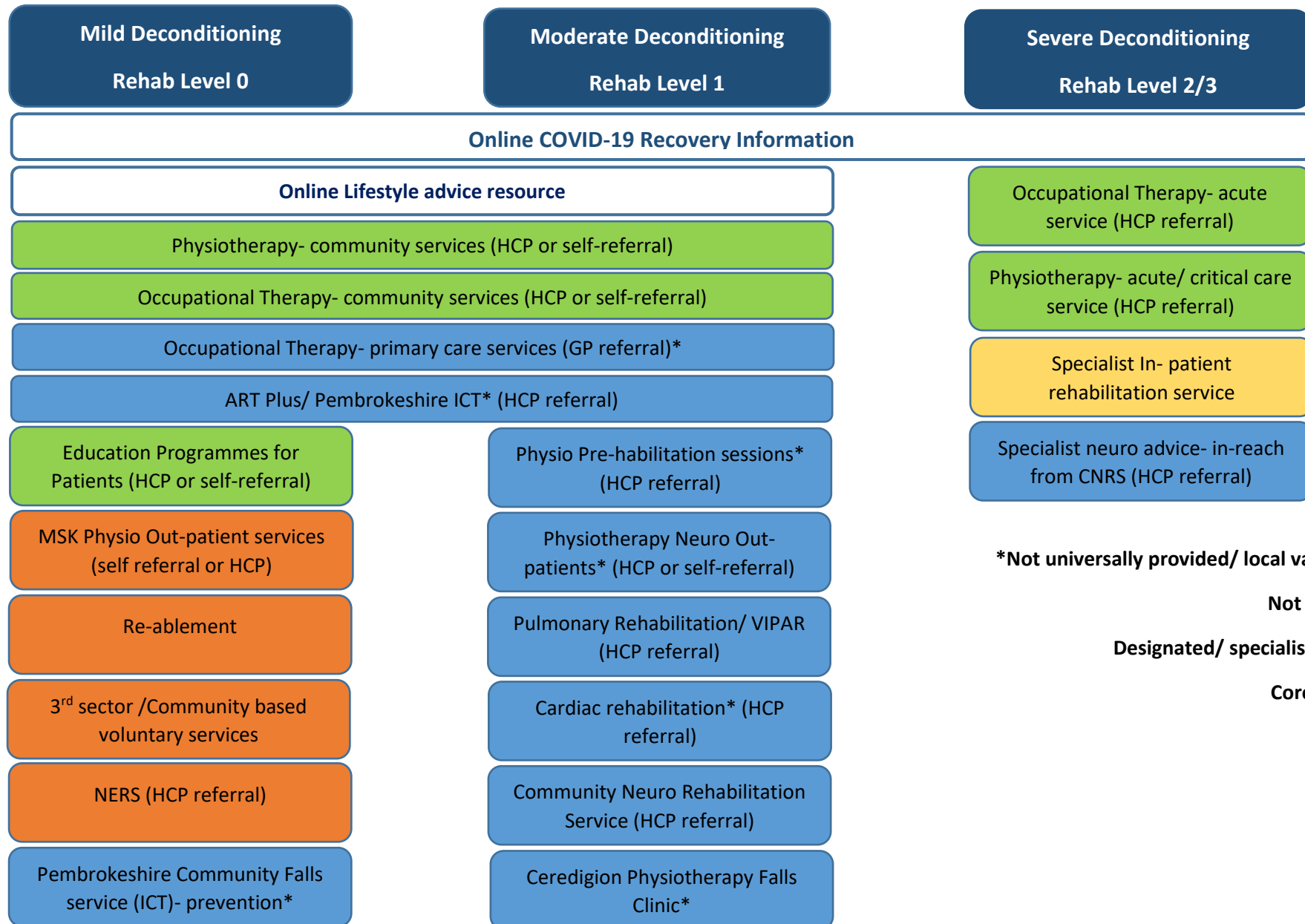
*Not universally provided

Not mapped 

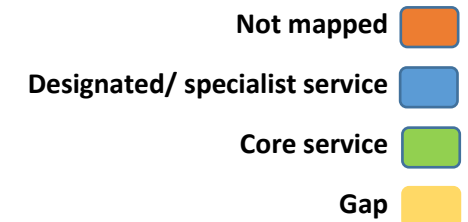
Designated/ specialist service 

Core service 

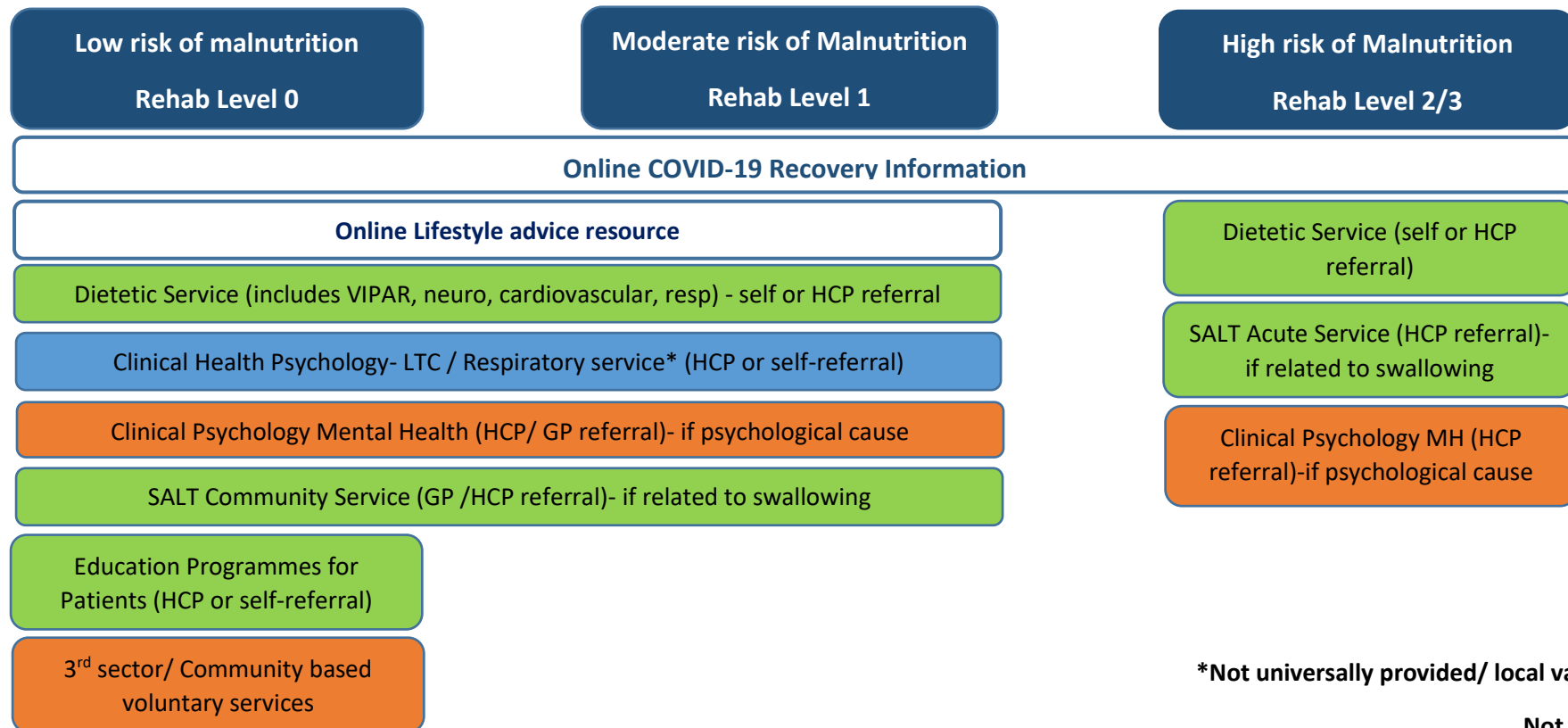
Deconditioning




*Not universally provided/ local variations





Malnutrition



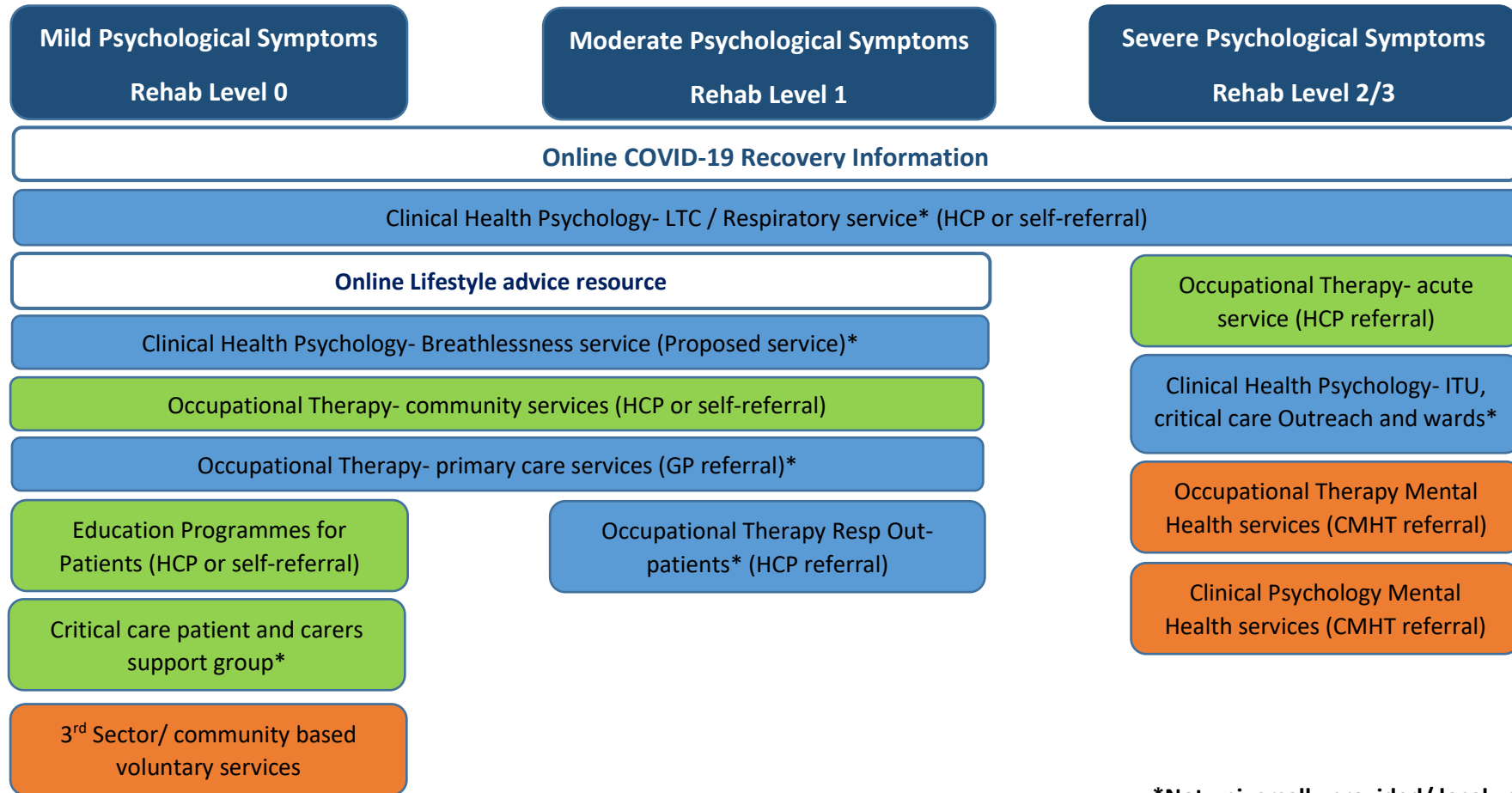
*Not universally provided/ local variations

Not mapped 

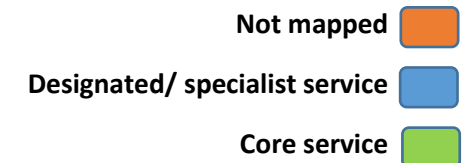
Designated/ specialist service 

Core service 

Psychological Symptoms



*Not universally provided/ local variations



GUIDANCE DOCUMENT

Primary Care/ Community Rehabilitation Pathway for those recovering from COVID-19

Produced by the Hywel Dda Rehabilitation Steering Group

This pathway applies to any professional involved in the care and/or aftercare of patients clinically diagnosed with symptoms of COVID-19, with or without a positive SARS-CoV-2 test (PCR, antigen or antibody), and describes the most effective way to support the ongoing physical, emotional and psychological rehabilitation needs of individuals who have experienced Covid-19. The rehabilitation pathway is design to sit within a wider holistic multi-disciplinary and/or medical management plan.

There is an acknowledgement that there is still uncertainty about what is known about the long-term effects of COVID-19. Therefore, this guidance is being developed as a “living” document, and will be continuously reviewed and updated in response to a developing and emerging evidence base.

The pathway includes the following identified recovery/rehabilitation needs based on current evidence:

- **Fatigue**- tiredness not relieved by rest or sleep
- **Breathlessness** (or dyspnoea)- shortness of breath or breathing disorders
- **Deconditioning**- loss or reduction in functional ability
- **Malnutrition**- inadequate or poor diet resulting in nutritional needs not being met
- **Loss of smell and/or taste**
- **Psychological problems** (please refer to “Psychological Care Pathway for those recovering from COVID-19” guidance in supporting document/ resources section)- cognitive impairment, anxiety, depression or post-traumatic stress

Although hospitalisation and invasive treatments are risk factors for physical, emotional and psychological difficulties, evidence suggest people with mild symptoms who did not require hospital admission have ongoing symptoms lasting more than 4 weeks.

To support practitioners to implement this pathway, enclosed in this pack are the following resources:

- Community/ primary care rehabilitation pathway
- Supporting documents and resources

Community/ Primary care COVID-19 Rehabilitation pathway

Patient presents with ongoing symptoms of COVID-19 *

Provide patient with COVID-19 Recovery resources
[COVID-19 recovery - Hywel Dda University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards/hywel-dda-university-health-board/)



Screen/ assessment patient for common problems/ symptoms associated with COVID-19 (see below) and signpost/ refer as appropriate

Mild symptoms present < 6 weeks*

Signpost to:
Online COVID-19
Recovery resource online
(see above)

Education Programme
for Patient (EPP)

National Exercise
Referral Scheme

Community based 3rd
sector services/ groups

Moderate to severe
symptoms present < 6
weeks*:

Please refer to appropriate
service based on symptoms
as stated below:

Breathlessness

Fatigue

Deconditioning

Loss of smell and/or taste

Malnutrition or high/
moderate risk

Psychological difficulties

Refer to local
community
Occupational
therapy (OT)
and/or
Physiotherapy
services

Refer to
Dietetics
service

Refer to
"Psychological
Care Pathway
for those
recovering from
COVID-19"
guidance
document

Discharge with self-
management advice
/programme

Referral to appropriate
symptom based
rehabilitation in CRT

Refer to Long COVID MDT
rehabilitation service

Refer to Long COVID
Assessment Clinic

"Red flags"- refer to GP/
relevant speciality for
further investigation

* Suspected underlying
causes and/or symptoms
requiring urgent and/or
further medical attention
should be investigated
and managed in
accordance with
professional and national
guidance/ policies prior to
referral including
diagnostics (CXR/bloods/

Supporting Documents/ Resources

1. 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
2. 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>
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. COVID-19: Long-term health effects. Public Health England (PHE). 2020.
<https://www.gov.uk/government/publications/covid-19-long-term-health-effects>
5. Strategic Programme for Primary Care Wales (2020) REHABILITATION: Primary & Community Care Guidance For Vulnerable Groups Identified As Having A Higher Risk Of The Impacts Of Covid-19, Strategic Programme for Primary Care, viewed 16th October 2020 <https://primarycareone.nhs.wales/files/library-of-outputs-and-products/rehabilitation-guidance-for-vulnerable-groups-2020-pdf/>
6. Hywel Dda UHB Online Covid-19 Recovery Resources. [COVID-19 recovery - Hywel Dda University Health Board \(nhs.wales\)](#)
7. Hywel Dda UHB Psychological care in COVID-19 recovery guidance.



Psychological Care
in COVID-19 Recove

Appendix A

Covid 19 Yorkshire Rehab Screen (C19-YRS)

Patient name and NHS number:

Time and date of call:

Staff member making call:

We are getting in touch with people who have been discharged after having had a diagnosis of coronavirus disease (Covid-19). The purpose of this call is to find out if you are experiencing problems related to your recent illness with coronavirus. We will document this in your clinical notes. We will use this information to direct you to services you may need and inform the development of these services in the future.

This call will take around 15 minutes. If there's any topics you don't want to talk about you can stop the conversation at any point. Do you agree to talk to me about this today? Yes ☐ No ☐

Opening questions:

Have you had any further medical problems or needed to go back to hospital since your discharge?
Re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:
Have you used any other health services since discharge (e.g. your GP?)
Yes <input type="checkbox"/> No <input type="checkbox"/>
Details:

I'll ask some questions about how you might have been affected since your illness. If there are other ways that you've been affected then there will be a chance to let me know these at the end.

1. Breathlessness	On a scale of 0-10, with 0 being not breathless at all, and 10 being extremely breathless, how breathless are you: (n/a if does not perform this activity)	Now	Pre-Covid
	a) At rest?	0-10: ____	0-10: ____
	b) On dressing yourself?	0-10: ____ N/a <input type="checkbox"/>	0-10: ____ N/a <input type="checkbox"/>
	c) On walking up a flight of stairs?	0-10: ____ N/a <input type="checkbox"/>	0-10: ____ N/a <input type="checkbox"/>

2. Laryngeal/ airway complications	<p>Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
3. Voice	<p>Have you or your family noticed any changes to your voice such as difficulty being heard, altered quality of the voice, your voice tiring by the end of the day or an inability to alter the pitch of your voice? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
4. Swallowing	<p><i>Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
5. Nutrition	<p>Are you or your family concerned that you have ongoing weight loss or any ongoing nutritional concerns as a result of Covid-19? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please rank your appetite or interest in eating on a scale of 0-10 since Covid-19 (0 being same as usual/no problems, 10 being very severe problems/reduction) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
6. Mobility	<p>On a 0-10 scale, how severe are any problems you have in walking about? 0 means I have no problems, 10 means I am completely unable to walk about.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
7. Fatigue	<p>Do you become fatigued more easily compared to before your illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how severely does this affect your mobility, personal cares, activities or enjoyment of life? (0 being not affecting, 10 being very severely impacting)</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
8. Personal-Care	<p>On a 0-10 scale, how severe are any problems you have in personal cares such as washing and dressing yourself? 0 means I have no problems, 10 means I am completely unable to do my personal care.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
9. Continence	<p>Since your illness are you having any <u>new</u> problems with:</p> <ul style="list-style-type: none"> controlling your bowel Yes <input type="checkbox"/> No <input type="checkbox"/> controlling your bladder Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Usual Activities	<p>On a 0-10 scale, how severe are any problems you have in do your usual activities, such as your household role, leisure activities, work or study? 0 means I have no problems, 10 means I am completely unable to do my usual activities.</p>

	<p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
11. Pain/ discomfort	<p>On a 0-10 scale, how severe is any pain or discomfort you have? 0 means I have no pain or discomfort, 10 means I have extremely severe pain</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
12. Cognition	<p>Since your illness have you had new or worsened difficulty with:</p> <ul style="list-style-type: none"> concentrating? Yes <input type="checkbox"/> No <input type="checkbox"/> short term memory? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Cognitive- Communication	<p><i>Have you or your family noticed any change in the way you communicate with people, such as making sense of things people say to you, putting thoughts into words, difficulty reading or having a conversation?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
14. Anxiety	<p>On a 0-10 scale, how severe is the anxiety you are experiencing? 0 means I am not anxious, 10 means I have extreme anxious.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
15. Depression	<p>On a 0-10 scale, how severe is the depression you are experiencing? 0 means I am not depressed, 10 means I have extreme depression.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
16. PTSD screen	<p>a) Have you had any unwanted memories of your illness or hospital admission whilst you were awake, so not counting dreams? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these memories bother you? (is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>b) Have you had any unpleasant dreams about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these dreams bother you? (is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>c) Have you tried to avoid thoughts or feelings about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much effort do you make to avoid these thoughts or feelings? (mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>d) Are you currently having thoughts about harming yourself in any way? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
17. Global Perceived Health	<p>How good or bad is your health overall? 10 means the best health you can imagine. 0 means the worst health you can imagine.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
18. Vocation	<p>What is your employment situation and has your illness affected your ability to do your usual work?</p>

	Occupation: _____ Employment status before Covid-19 Lockdown: _____ Employment status before you became ill: _____ Employment status now: _____
19. Family/carers views	Do you think your family or carer would have anything to add from their perspective?

Closing questions:

Are you experiencing any other new problems since your illness we haven't mentioned?

Any other discussion (clinical notes):

Appendix B

Newcastle post-COVID syndrome Follow-Up Screening Questionnaire

With thanks to Dr Graham Burns Consultant Physician in Respiratory and General Medicine, Newcastle upon Tyne Hospitals NHS Foundation Trust

To be carried out 10-12 weeks after the acute illness

The purpose of the questionnaire is to identify patients who may benefit from a comprehensive face to face multi-disciplinary assessment. It is designed to be used remotely and is equally applicable for patients who were either hospital inpatients or managed in the community during the acute phase of their illness.

Most patients who experienced severe symptoms during the acute phase will have residual problems such as fatigue, breathlessness, and poor sleep quality for several weeks. For the majority, these symptoms will resolve, albeit slowly. Unless there are very unusual features, the most appropriate course of action early in the post-acute phase may be advice on graduated physical rehabilitation and the passage of time.

A small proportion of patients however will go on to have symptoms that persist beyond 12 weeks, a condition commonly known as 'Long COVID'. Such individuals require more detailed investigation and are likely to need more intensive and specialist support.

This questionnaire is designed to screen for the issues that might prompt concern if still present 10-12 weeks after the acute illness. To facilitate application to a potentially large cohort the questions are limited and therefore may not necessarily be comprehensive. If other issues are identified (that are not obviously related to a pre-existing condition which may prompt an alternative route of referral) with a plausible and temporal relationship to the COVID illness, referral may still be considered. The full complexity of the post-COVID state and post-COVID syndrome is yet to be fully understood.

Section 1 (to be completed pre call)

Patient name..... NHS number

Date of Positive Swab.....

Date of Onset of symptoms.....

Date of Discharge (for hospital admissions)

Date of call

Person phoning Role

Level of respiratory support during acute illness:

- | | | |
|--|---|---|
| <input type="checkbox"/> ITU, Intubated | <input type="checkbox"/> ITU, not intubated | <input type="checkbox"/> Enhanced Respiratory support (e.g. CPAP) |
| <input type="checkbox"/> Supplemental oxygen | <input type="checkbox"/> Managed in the community | |

Section 2

1. Have you made a full recovery or are you still troubled by symptoms?

- ☐ Symptoms ☐ Full Recovery

2. Are you more breathless now than you were before your COVID illness?

☐ No ☐ Yes

a. Is this more than you would have expected by now? ☐

or

b. Do you think you are on your way back to full fitness? ☐

3. Do you feel fatigued (worn out/lacking energy or zest) compared with how you were before your COVID illness?

☐ No ☐ Yes

a. Is this more than you would have expected by now? ☐

or

b. Do you think you are well on your way back to full fitness? ☐

4. Do you have a cough (different from any cough you may have had before COVID-19)?

☐ Yes ☐ No

5. Do you get any palpitations (sense that you can feel your heart pounding or racing)?

☐ Yes ☐ No

6. How is your physical strength? Do you feel so weak that it still limiting what you can do (more than you were pre your COVID illness)?

☐ Yes ☐ No

7. Do you have any myalgia ('aching in your muscles')?

☐ Yes ☐ No

8. Do you have anosmia ('no sense of smell')?

☐ Yes ☐ No

9. Have you lost your sense of taste?

☐ Yes ☐ No

9. Have you lost your sense of taste?

☐ Yes ☐ No

10. Is your sleep disturbed (more than it was pre-COVID)?

☐ Yes ☐ No

11. Have you had any nightmares or flashbacks?

☐ Yes ☐ No

12. On your mood

a. Is your mood low/do you feel down in the dumps/lacking in motivation/no pleasure in anything?

☐ Yes ☐ No

b. Do you find yourself feeling anxious/worrying more than you used to?

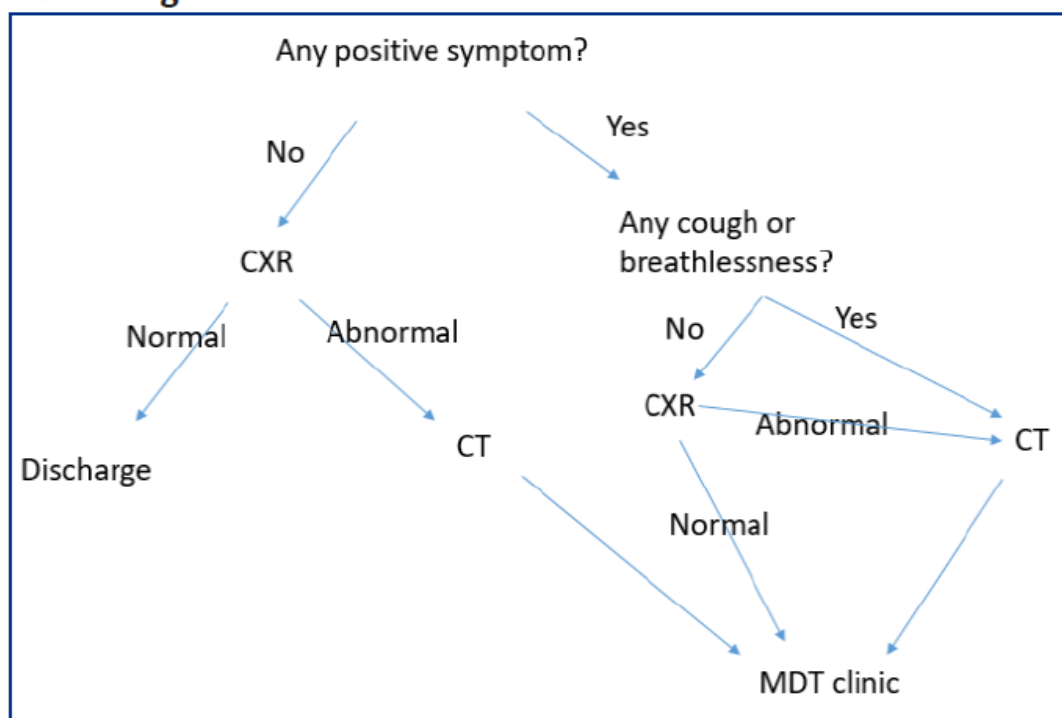
☐ Yes ☐ No

13. Have you lost weight (> ½ stone, 3 Kg) since your COVID illness?

☐ Yes ☐ No

14. Any other symptoms (list)

Decision guide:



DRAFT

GUIDANCE DOCUMENT

Psychological Care Pathway for those recovering from COVID-19

Produced by the Hywel Dda Clinical Health Psychology Service.

This pathway applies to any professional involved in the care or aftercare of patients with COVID-19.

This pathway describes the most effective way to support the emotional and psychological recovery of individuals who have experienced Covid-19.

Common psychological aspects of recovery include:

- Anxiety
- Nightmares or flashbacks
- Impaired memory functioning
- Effects on attention, mental processing speed and executive function
- Low mood □ Poor sleep
- Fear of further illness and hypervigilance to bodily symptoms
- Fear of stigma or of contaminating others.

Although hospitalisation and invasive treatments are risk factors for psychological difficulties, those with milder illness may also experience psychological difficulties.

To support practitioners to implement this pathway, enclosed in this pack are the following resources:

- Psychological care pathway
- Screening proforma with useful resources and links
- Screening questionnaires

Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job,
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

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

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

Information for all

Self-help [Hywel Dda Covid-19 Recovery Information](#) available on Hywel Dda website. To be given to all patients diagnosed with COVID-19. Provide this as part of discussions on discharge from hospital.

Routine screening and follow up. 2- 4 weeks post hospital discharge

To take place within rehabilitation services, including Critical Care Outreach, and Primary Care. Check if this has been completed within other services.

Use proforma to assess: return to daily activities, sleep, mood, anxiety, relationships impact, PTSD symptoms, Cognitive difficulties.

Where appropriate use Screening Tools: Hospital Anxiety and Depression Scale (HADS); Trauma Screening Questionnaire (TSQ)

No Psychological Difficulties Identified

No further action required

Mild Psychological Difficulties

Monitoring and Follow Up within Community services and Primary Care

Give information for self-help resources such as Hywel Dda recovery guide, lawn website, Intensive Care Society website.

Other appropriate Interventions include: behavioural activation, goal setting, problem solving, anxiety management and sleep hygiene
Actively monitor individuals by arranging a follow up in two weeks.

Consultation and training available from Clinical Health Psychology Service

Moderate and Severe Psychological and Cognitive Difficulties

Refer to specialist psychological services. Patients can also make a self-referral.

Clinical Health Psychology Service:
ClinicalHealth.Psychology.HDD@wales.nhs.uk

For concerns regarding mental health risk, refer to the Community Mental Health Team.

Routine Screening Form for Emotional and Psychological Recovery from COVID-19

Emotions

The emotional impact of Covid-19 is recognised as significant. Many suffer with fear, anxiety, and low mood during recovery. Identifying emotional difficulties are important as these can impact upon the person's ability to engage with rehabilitation and coping.

Suggested Questions:

"Lots of people recovering from a serious illness can feel low, stressed, angry, worried at times. Have you ever felt that at all?"; "Tell me more about this"; "When did you start to feel that way?"; "How does it affect you day-today?" "What helps?"

If person describes worries about any physical symptoms related to Covid-19 ask about their own understanding and beliefs of these.

e.g. Breathlessness symptoms: *"Do you have any worries about your breathlessness?", "What do you believe is going on or will happen in the future with your breathlessness"*

e.g. Fatigue: *"What do you do, or stop doing, when you experience fatigue? Why do you believe it's important to do this?"*

If there are indications of low mood or anxiety consider using the Hospital Anxiety and Depression Questionnaire (HADS) in Appendix 1

- ❖ Scores between 8 and 10 indicates "Mild" Anxiety or Depression. Consider sharing the resources below.
- ❖ Scores of 10 or over consider referral to Clinical Health Psychology Service using the referral form found in Appendix 3 or contacting ClinicalHealth.Psychology.HDD@wales.nhs.uk

Recommended Resources

[Hywel Dda Covid-19 Recovery Information](#) See Psychological and Emotional Impact section

Self Help online Booklets for anxiety, panic or low mood

[Hywel Dda lawn Anxiety \(English\)](#)

[Hywel Dda lawn Anxiety \(Cymraeg\)](#)

[Hywel Dda lawn Panic \(English\)](#)

[Hywel Dda lawn Panic \(Cymraeg\)](#)

[Hywel Dda lawn Low Mood \(English\)](#)

[Hywel Dda lawn Low Mood \(Cymraeg\)](#)

Effects of Trauma (PTSD) Screening

Some people experience trauma effects from their time in hospital and treatment. This is common when someone has feared their life may be in danger. Experiencing images, nightmares, intrusive thoughts, hypersensitive, numbness or intense re-living feelings are common for a month afterwards.

Suggested Questions:

"In the past week have you had nightmares about your time in hospital or thought about the time in hospital when you did not want to?" "Have images popped into your mind unexpectedly?" "Does it feel like it's happening now or is it a memory of when it did happen?" "Have you been constantly on guard, watchful, or easily startled?"

If yes, use the Trauma Screening Questionnaire (TSQ), in Appendix 2.

- ❖ Scores of 0 require no further action.
- ❖ For scores of 1-6: provide normalising information (see below), share the resources links below and follow up in two weeks to repeat.
- ❖ Scores of 6 or more share the resources and offer referral to Clinical Health Psychology Service via ClinicalHealth.Psychology.HDD@wales.nhs.uk Referral form in Appendix 3

If this assessment is within 4 weeks of discharge please inform patient:

These experiences following an extremely disturbing time are normal. After a traumatic experience such as being very unwell in hospital, it can take time for our brain to process this experience. It is normal to feel shocked, overwhelmed or numb, and to have vivid and frightening memories and nightmares. For most people these will subside over days or weeks.

Recommended Resources

[Hywel Dda Covid-19 Recovery Information](#)

[Hywel Dda Iawn PTSD Self Help \(English\)](#)

[Hywel Dda Iawn PTSD \(Cymraeg\)](#)

Sleep

Disruptions in sleep patterns take time to resume and often require re-establishing a bedtime routine and avoidance of day napping. Poor sleep cycle can contribute to long term fatigue and poor mood.

Suggested Questions

"How is your sleep at the moment?" "How many hours sleep do you get on a good/ bad/ average night?" "What is your awake/sleep routine – any daytime naps"

Recommended Resources

[Hywel Dda Covid-19 Recovery Information](#) See section for sleep advice

[Hywel Dda Iawn Sleep Problems \(English\)](#) This provides a self-management approach for sleep difficulties

Activity

Fatigue and physical de-conditioning is common following a number of bed-days. Finding the right balance between engaging in activities with adequate rest periods is often referred to as pacing. Too much activity can lead to exhaustion and added fatigue, whilst too much rest adds to de-conditioning and hopelessness.

Suggested Questions

"What do you tend to do on a typical day?"

"Are there things that you did before that you are not able to do at the moment?"

"What gets in the way of you being able to do these activities?"

PHW self-help video series may be helpful where emotions are having an impact on activities:

Recommended Resources

[PHW ACTivate your life \)](#)

[Hywel Dda Covid-19 Recovery Information](#) [See Managing your tiredness and energy section](#) Consider referrals to Physiotherapy, Occupational Therapy or social care

Cognitive Problems

ICU or High flow oxygen treatments can affect memory, attention and the speed the brain takes to work things out. Screening for these effects are important to support recovery and expectations.

Suggested Questions

Have you or anyone else noticed any changes in your memory/ concentration/ attention? If yes, Can you give some examples?

Recommended Signposting

If these are of a concern and are new following hospital treatment consider making GP aware of any difficulties and referral to Clinical Health Psychology ClinicalHealth.Psychology.HDD@wales.nhs.uk Referral form Appendix 3

For new episodes of confusion since discharge from hospital, seek immediate medical attention by contacting GP or 111.

Relationships

Caring for the family and carers is critical in recovery.

Suggested Questions

"How are you and your family managing/coping?"

Consider referral to social care for any carer needs that may arise.

Appendix 1

Hospital Anxiety & Depression Scale

Patient Name: _____

Date: _____

Doctors are aware that emotions play an important part in most illnesses. If your doctor knows about these feelings he will be able to help you more.

This questionnaire is designed to help your doctor know how you feel. **Read each item and underline the reply which comes closest to how you have been feeling in the past week.**

Don't take too long over your replies your immediate reaction to each item will probably be more accurate than a long thought out response.

A 3 2 1 0	A. I feel tense or "wound up": Most of the time A lot of the time From time to time, occasionally Not at all	D. I still enjoy the things I used to enjoy: Definitely as much Not quite as much Only a little Hardly at all	D 0 1 2 3
A 3 2 1 0	A. I get sort of frightened feelings, as if something awful is about to happen: Very definitely and quite badly Yes, but not too badly A little, but it does not worry me Not at all	D. I can laugh and see the funny side of things: As much as I always could Not quite as much now Definitely not so much now Not at all	D 0 1 2 3
A 3 2 1 0	A. Worrying thoughts go through my mind: A great deal of the time A lot of the time From time to time but not too often Only occasionally	D. I feel cheerful: Not at all Not often Sometimes Most of the time	D 3 2 1 0
A 0 1 2 3	A. I can sit still and feel relaxed: Definitely Usually Not often Not at all	D. I feel as if I am slowed down: Nearly all of the time Very often Sometimes Not at all	D 3 2 1 0
A 0 1 2 3	A. I get a sort of frightened feeling like "butterflies" in the stomach: Not at all Occasionally Quite often Very often	D. I have lost interest in my appearance: Definitely I don't take enough care as I should I may not take quite so much care I take just as much care as ever	D 3 2 1 0
A 3 2 1 0	A. I feel restless as if I have to be on the move: Very much indeed Quite a lot Not very much Not at all	D. I look forward with enjoyment to things: As much as I ever did Rather less than I used to Definitely less than I used to Hardly at all	D 0 1 2 3
A 3 2 1 0	A. I get sudden feelings of panic: Very often indeed Quite often Not very often Not at all	D. I can enjoy a good book or radio or TV programme: Often Sometimes Not often Seldom	D 0 1 2 3

Total Anxiety: _____	Total Depression: _____
-----------------------------	--------------------------------

Scoring Interpretation:

Add up the scores in the “A” column to give an overall Anxiety Score. Add up the scores in the “D” column to give a Depression Score. 0-7 **Normal** 8-10 **Mild** 11-14 **Moderate** 15-21 **Severe**

Appendix 2

Trauma Screening Questionnaire (TSQ)

It is recommended that the TSQ be offered 3-4 weeks post-trauma, to allow time for normal recovery processes to take place

Patient Name: _____

Date: _____

If you have recently been exposed to a potentially traumatic event, here is a tool that may help you identify whether you should seek additional help in recovering.

Have you recently experienced any of the following?

	YES At least twice in the past week	NO
1. Upsetting thoughts or memories that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning)		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Feeling jumpy or being startled by something unexpected		
	Total:	

Interpretation:

If an individual has 6 or more YES answers more than 3-4 weeks after the traumatic experience, a referral to Clinical Health Psychology Service is indicated to: ClinicalHealth.Psychology.HDD@wales.nhs.uk Referral form Appendix 3

C. R. Brewin, et al, 2002.



Appendix 3

Clinical Health Psychology Service Referral Form Cardiovascular/Respiratory/Diabetes

This service is for adults with **diabetes**, non-malignant **cardiac** or **respiratory** conditions or their carers, who are experiencing difficulties with coping, adjustment or self management of their physical health.

Name:	D.O.B.:	Has the patient to the referral?	/carer consented
Address:			YES / NO
Mobile:	Landline:	GP	_____
Is patient happy for us to leave messages on mobile & landline? YES/NO		Practice	_____
E-mail address: _____		Preferred language	_____
Is patient happy to receive correspondence via e-mail and to input their e-mail address onto Clinical Record System WPAS? YES/NO			
NHS number:			
Known diagnosis:			
Reason for referral:			
If any of the following apply, please tick (LTC Long Term Conditions):			

<input type="checkbox"/> <input type="checkbox"/> Difficulties with acceptance of LTC <input type="checkbox"/> associated with LTC	Low mood associated with LTC Poor self management of LTC Known/open to mental health services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LTC Referral is for carer
Anxiety		

If the person has severe or enduring mental health difficulties or is at risk of suicide, please contact & discuss with GP regarding referral to the appropriate Mental Health Service.

Name of referrer: _____	Date: _____
Profession: _____	Contact Number: _____
Contact address & email: _____	

Please e-mail to: ClinicalHealth.Psychology.HDD@wales.nhs.uk Clinical Health Psychology Service, Building 7, Parc Dewi Sant, Carmarthen, SA31 3HB Telephone: 01267 246917

Related Documents

1. British Psychological Society (2020) Meeting the psychological needs of people recovering from severe Covid-19, British Psychological Society, viewed 14th September 2020, <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Meeting%20the%20psychological%20needs%20of%20people%20recovering%20from%20severe%20coronavirus.pdf>
2. Strategic Programme for Primary Care Wales (2020) REHABILITATION: Primary & Community Care Guidance For Vulnerable Groups Identified As Having A Higher Risk Of The Impacts Of Covid-19, Strategic Programme for Primary Care, viewed 16th October 2020 <https://primarycareone.nhs.wales/files/library-of-outputs-andproducts/rehabilitation-guidance-for-vulnerable-groups-2020-pdf/>
3. 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>

Patient Reported Outcome Measure (PROM)

64
Responses

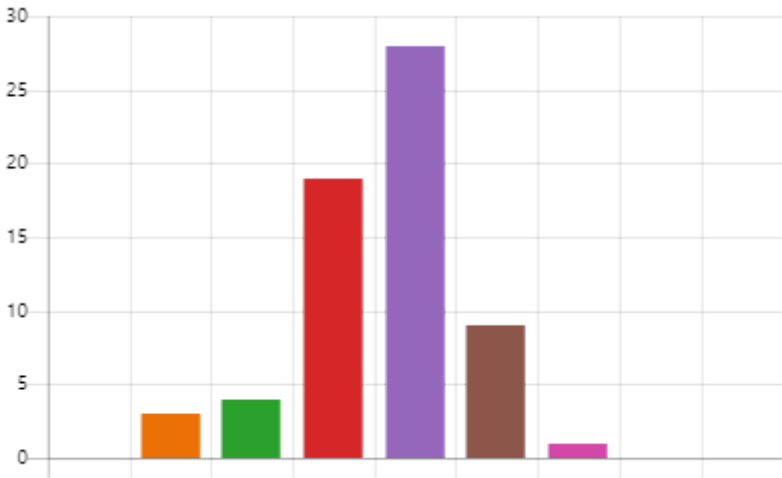
03:03
Average time to complete

Active
Status

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

17 and under	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

Insights



2. Please tell us your **gender**

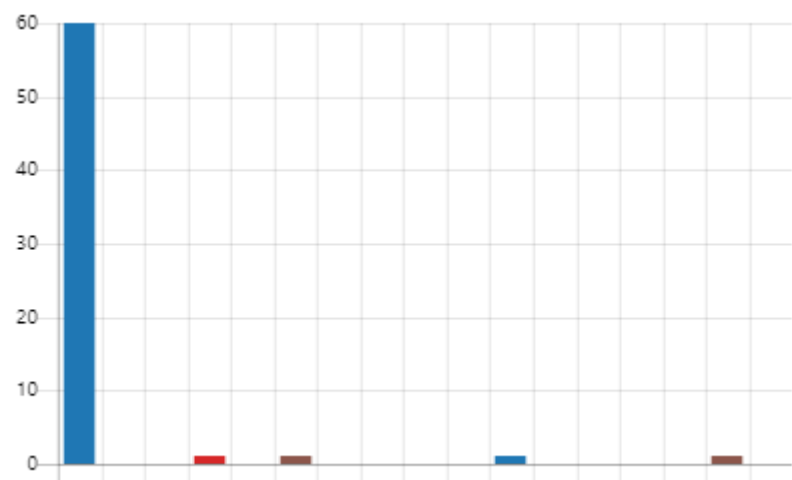
Female	41
Male	23
Non-Binary	0
Prefer not to say	0

Insights



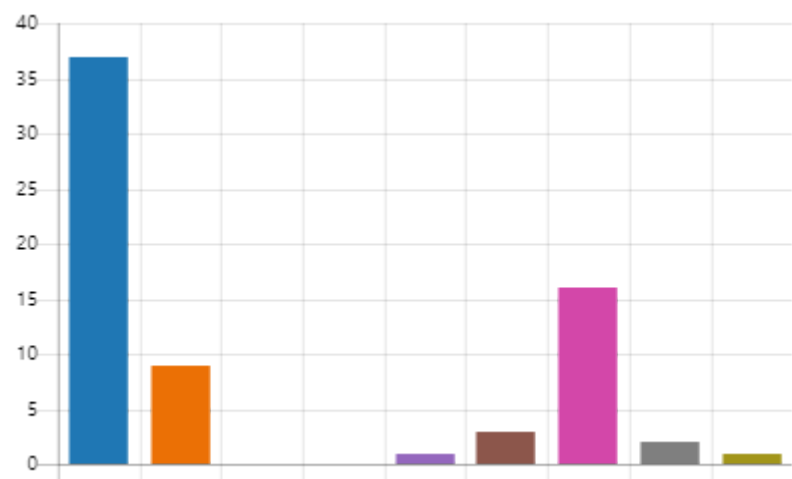
3. Please tell us your **ethnic group**

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



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

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

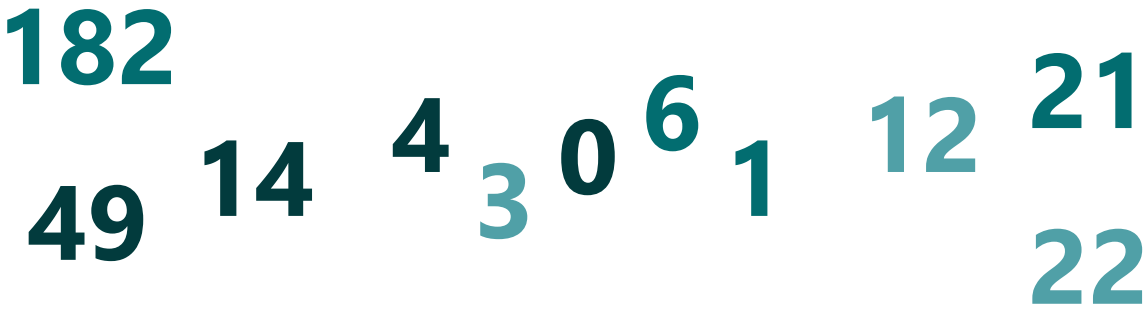


6. In total, how many days did you spend in hospital? (If you are still in hospital, please tell us how many days you have been in hospital so far).

13^{Insights}
Responses

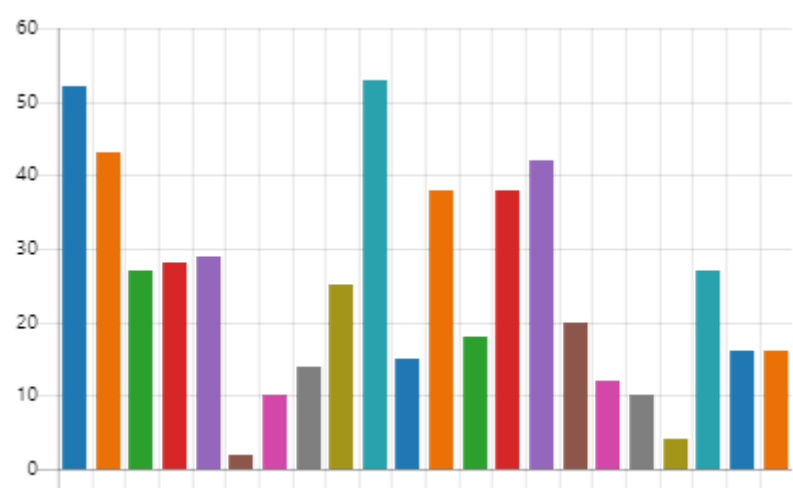
Latest Responses
"14"

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



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

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

29
- I am severely anxious or depre...

10
- I am extremely anxious or dep...

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.

