CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 January 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long COVID-19 Syndrome Service
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Executive Director for Therapies and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed, Clinical Director of Therapies

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 is provided in response to request of the Board on September 29th 2022 for an update on the Long COVID-19 Syndrome Service in Hywel Dda University Health Board (HDdUHB). The paper sets out the referral process, communication, referral analysis and future plans for the service.

Cefndir / Background

Long COVID refers to a wide range of symptoms that persist or develop following acute COVID-19 illness. The current definition is:

"Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body" (NICE, 2022)

This is a complex and new condition, not well understood; therefore, the definition is updated regularly to reflect new evidence when it emerges. It presents either as a single symptom or with one or more clusters of multiple symptoms including fatigue, shortness of breath, joint pain, cognitive problems, sleep difficulties, anxiety, depression and chest pain. The symptoms can fluctuate and change over time and can affect any system in the body. HDdUHB, along with other Health Boards in Wales, follows the NICE guidance and definition.

Welsh Government (WG) launched the Adferiad (Recovery) Programme in June 2021 to appropriately support patients with this new condition with provision of funding (currently until March 2023) to develop new pathways. WG reviews this programme every 6 months to ensure the efficacy of services in line with new evidence for treatment and management. HDdUHB contribute monthly reports to support this review to Cedar Health Technology Research Centre who facilitate data collection and analysis, providing national evaluation reports to WG (14th January 2021 and 30th April 2022).

The Long COVID service in HDdUHB, operational since October 2021, meets the specific needs of these patients from referral, initial assessment to an integrated Multi-Disciplinary Team (MDT) service for investigation, further support and management of symptoms and rehabilitation. The service aims to enable patients to take control and provide targeted support for their ongoing health and wellbeing, equipping 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 Advance Nurse Practitioners, the service provides a comprehensive individualised person-centred assessment utilising NICE recommended Long COVID assessment tools.

Full process map is attached as Appendix 1

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 and where patients are unable to access video conferencing facilities, an initial telephone call is offered. Face to face appointments are available where clinically indicated or if virtual support is not appropriate.

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.

The service was designed so all "red flags" associated with differential diagnosis are identified prior to referral, to ensure patients have received the relevant diagnostics for their symptoms, and therefore does not currently receive self-referrals. It is important that these are ruled out by GPs and other Healthcare Professionals for the service to run efficiently and to ensure the safety for our patients. For example, breathlessness – whilst a symptom of Long COVID – could also be a symptom of lung cancer and therefore other diagnoses must be ruled out first.

Asesiad / Assessment

Referral Analysis

Table 1 – Total Number of Referrals Received (Data up to 10th January 2023)

	No. of Referrals
Total number of GP Referrals (of which 63 are NHS staff)	265
Other Referrals	135

Out of a total number of 400 referrals, the service received 265 from GPs, with the remaining referrals received from a variety of Health Professionals such as Advanced Nurse Practitioners, Consultants, Therapists and Psychologists.

Table 2 below identifies the number of GP referrals by each Cluster Group and demonstrates that the service is receiving referrals across the HDdUHB region with a percentage per population ranging from 0.01% to 0.10%.

Table 2 – GP Referrals by Cluster Groups (Data up to 10th January 2023)

GP Cluster	No. of Referrals	Total List Size	% of Total List Size
Amman Gwendraeth	52	57,790	0.09%
Llanelli	42	60,960	0.07%
North Ceredigion	14	48,080	0.03%
North Pembrokeshire	58	63,560	0.09%
South Ceredigion & Teifi Valley	22	48,050	0.05%
South Pembrokeshire	27	55,140	0.05%
Tywi/Taf	48	57,160	0.08%
Out of Area	2	0	N/A
Grand Total	**265**	**390,740**	**0.07%**

Source – WPAS and PHW – GP Cluster Profiles (2013)

Table 3 below shows the GP Referrals by each GP Practice (plus referrals out of area). Out of 49 GP Practices, 44 have referred patients to the Long COVID Syndrome Service, with 6 referring no patients.

Table 3 – GP Referrals by GP Practice showing number of NHS staff referred. (Data up to 10th January 2023)

GP Surgery	Location	Total Referrals Received
St Thomas Surgery	Haverfordwest	18
Argyle Medical Group	Pembroke Dock	15
Barlow House Surgery	Milford Haven	14
Meddygfa Tywyn Bach	Burry Port	13
Brynteg Surgery	Ammanford	13
The Robert Street Practice	Milford Haven	12
Meddygfa Teilo	Llandeilo	10
Meddygfa Tymbl	Tumble	10
Avenue Villa Surgery	Llanelli	9
Margaret Street Surgery	Ammanford	9
Meddygfa Penygroes	Penygroes	9
Furnace House Surgery	Carmarthen	9
Meddygfa Taf	Whitland	9
Meddygfa Tywi	Nantgaredig	8
Ty Elli Group Practice	Llanelli	8
Cardigan Health Centre	Cardigan	6
Coach & Horses Surgery	St Clears	5
Meddygfa Emlyn	Newcastle Emlyn	5
Saundersfoot Medical Centre	Saundersfoot	5
Llwynhendy	Llwynhendy	5

Ystwyth Primary Care Centre	Aberystwyth	5
The Surgery Solva	Solva	5
Meddygfa Sarn	Pontyates	4
Coalbrook Surgery	Pontyberem	4
Ash Grove Medical Centre	Llanelli	4
Bro Pedr Medical Group	Llanybydder	4
The Health Centre	Fishguard	4
Narberth Practice	Narberth	4
Llanfair Surgery	Llandovery	4
Padarn Surgery	Aberystwyth	3
Fairfield Surgery	Llanelli	3
Llanilar Health Centre	Llanon	3
Meddygfa Llan	Aberystwyth	3
Winch Lane Surgery	Haverfordwest	3
Llynyfran Surgery	Llandysul	3
The Surgery	New Quay	2
Meddygfa Minafon	Kidwelly	2
Taliesyn Surgery	Lampeter	2
Morfa Lane Surgery	Carmarthen	2
Newport Surgery	Newport	2
Tenby Surgery	Tenby	2
Out of Area	Out of Area	2
Neyland & Johnson Health Centre	Neyland	1
St Peters Surgery	Carmarthen	1
Amman Valley Medical Practice	Gwaun Cae Gurwen	1
The Surgery Llanelli	Llangennech	0
Tanyfron Primary Care	Aberaeron	0
Borth Surgery	Borth	0
Church Surgery	Aberystwyth	0
Tregaron Surgery	Tregaron	0
St David's Surgery	St Davids	0

Table 4 – Referrals by other Health Care Professionals (Data up to 10th January 2023)

	Total Referrals Received
Advanced Nurse Practitioner	43
Psychologist	11
Consultant	26
Physiotherapy	19
Dietitian	5
Occupational Health	20
Occupational Therapy	10
Patient Education Programme	1

Patient Reported Outcome and Experience Measures (PROMS and PREMS)

The service utilises the DrDoctor Software program to capture Patient reported Outcome and Experience Measures.   The data indicates that the main symptoms experienced by the majority of patients are:

Table 5 – Long COVID Symptoms Reported

Symptom	No. of patients experiencing symptoms out of 78 responses	% of patients experiencing symptoms
Extreme tiredness/fatigue	64	82
Problems with memory and cognition	64	82
Shortness of breath	53	68
Depression and anxiety	53	68
Joint pain	47	60
Insomnia	46	59
Dizziness	36	46
Heart palpitations	35	45
Chest pain or tightness	34	44
Headache	34	44
Cough	29	37
Pins and needles	24	31
Change to sense of taste or smell	23	29
Tinnitus or earache	22	28
Sore throat	19	24
Other	17	22
Loss of appetite	15	19
Diarrhoea	14	18
Nausea	14	18
Stomach ache	14	18
High temperature	6	8
Rashes	2	3

Analysis of Hywel Dda employees absent from work with Long COVID

The number of patients who are employed by the NHS and who have accessed the Long COVID Syndrome Service totals 63 (see table 1 above). The number who are absent from work because of Long COVID is an estimate, as it is not categorised in the Electronic Staff Record (ESR) system.   ESR colleagues have provided an indicative report, which includes identifying employees who currently classed as absent through COVID sickness/self-isolating, and filtering out those who are classified as absent long term.

Table 6 – Long Term Absence within Categories of COVID sickness or Isolating (as of 31st October 2022)

	Headcount
COVID sickness	72
Isolating	76
Total	148

Those absent from work with Long COVID have not necessarily accessed the Long COVID Syndrome Service and, conversely, those who have accessed the service may currently be in work. The service has direct liaison and engagement with Occupational Health colleagues to support staff who may be experiencing symptoms of Long COVID.

Communications

Currently the service does not receive referrals from patients, as consideration of any potential underlying conditions is important before referral to the service. Communication initiatives have, therefore, focused on informing health care colleagues throughout the Health Board. These initiatives include:

- HDdUHB virtual informal information and awareness question and answer session with the Clinical Director – **12th August 2021**
- Presentation to Dyfed Powys Local Medical Committee – **2nd September 2021**
- Report to the Community Health Council and Executive Team – **21st September 2021**
- Global Email and Staff Bulletin – **8th October 2021**
- Communication to GPs – **15th October 2021**
- Report to Health Board Meeting – **10th March 2022**

Along with other Health Boards, Hywel Dda University Health Board is currently working with Welsh Government on the future model for these services from 1st April 2023. A refreshed communication plan, including a reiteration of the referral process, will be developed and rolled out once these arrangements are established.

HDdUHB received an informal confirmation from Welsh Government on 3rd January 2023 that funding for the service would continue on a recurrent basis, and the Health Board is now awaiting the formal allocation letter detailing the level of funding, and whether this includes further allocation to allow for an expanded access model and provision. WG will work with the service to put in place assurance mechanisms to continue to monitor the outcomes associated with the funding allocation.

Future Service Plans

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 psychological support for Memory & Cognitive disorders, Fatigue, 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;
- Use of smart technology to enable remote monitoring of physiology (e.g. Heart Rate, Oxygen Saturation, proprioception);
- Engage with national Exercise On Referral scheme to support a sustainable service provision;
- Explore opportunity to expand current Long COVID Syndrome Service to create more robust and resilient services for other post-viral syndromes such as Myalgic Encephalomyelitis (ME) and Chronic Fatigue (CF) syndrome, which are not currently provided within the Health Board.

Argymhelliad / Recommendation

The Board is asked to **RECEIVE** for information the contents of this report.

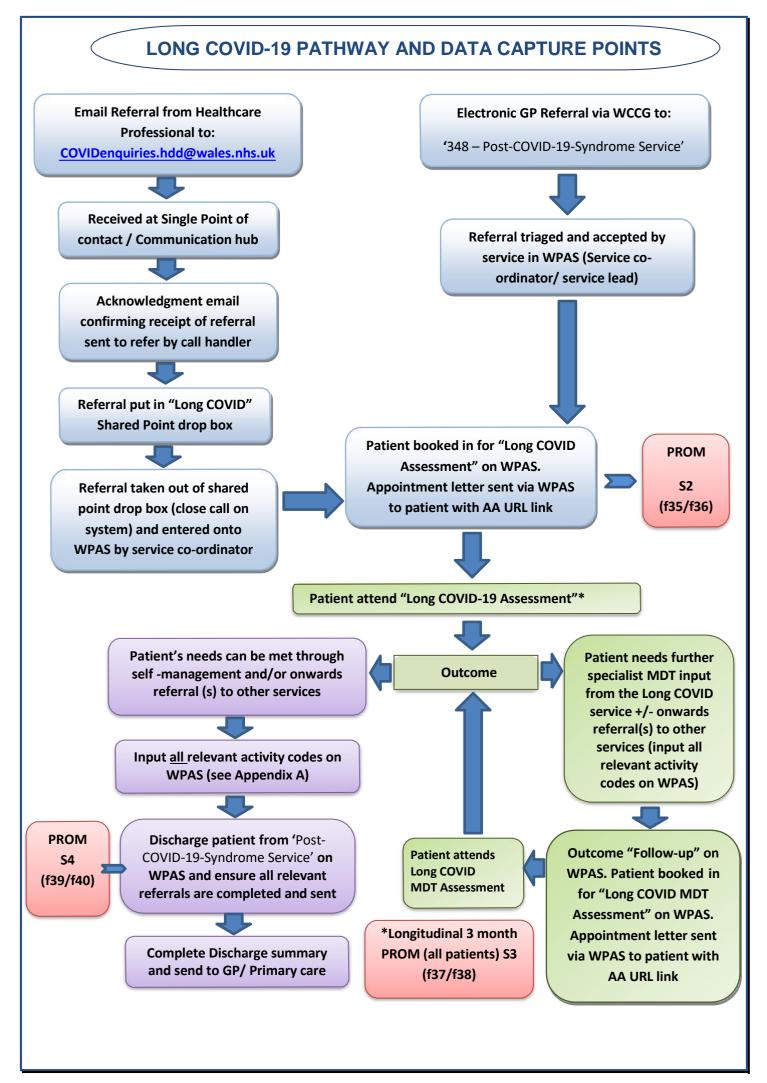| Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation
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 Cynllunio Planning Objectives	4P COVID Recovery and Rehabilitation Service
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 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 7. Plan and deliver services to enable people to particpate in social and green solutions for health

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	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 Termau: 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 Hywel Dda Community Health Council Health Board

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.

LONG COVID-19 PATHWAY AND DATA CAPTURE POINTS

Email Referral from Healthcare Professional to:
COVIDenquiries.hdd@wales.nhs.uk

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Received at Single Point of contact / Communication hub

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Acknowledgment email confirming receipt of referral sent to refer by call handler

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Referral put in "Long COVID" Shared Point drop box

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Referral taken out of shared point drop box (close call on system) and entered onto WPAS by service co-ordinator

Electronic GP Referral via WCCG to:
'348 – Post-COVID-19-Syndrome Service'

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Referral triaged and accepted by service in WPAS (Service co-ordinator/ service lead)

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Patient booked in for "Long COVID Assessment" on WPAS. Appointment letter sent via WPAS to patient with AA URL link → **PROM S2 (f35/f36)**

↓

Patient attend "Long COVID-19 Assessment"*

↓

Patient's needs can be met through self -management and/or onwards referral (s) to other services ← **Outcome** → **Patient needs further specialist MDT input from the Long COVID service +/- onwards referral(s) to other services (input all relevant activity codes on WPAS)**

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Input all relevant activity codes on WPAS (see Appendix A)

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PROM S4 (f39/f40) → **Discharge patient from 'Post-COVID-19-Syndrome Service' on WPAS and ensure all relevant referrals are completed and sent**

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Complete Discharge summary and send to GP/ Primary care

Patient attends Long COVID MDT Assessment ← **Outcome "Follow-up" on WPAS. Patient booked in for "Long COVID MDT Assessment" on WPAS. Appointment letter sent via WPAS to patient with AA URL link**

***Longitudinal 3 month PROM (all patients) S3 (f37/f38)**