



Post-COVID Syndrome ('Long COVID') Rehabilitation

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Background

- NHSE and NHSI five-point plan to support people with post-COVID Syndrome (launched Oct 2020)
 - Commitment to establish clinics across England, giving patients access to multi-professional advice
- Prior to this, referral pathway and available treatment options were unclear
- £10 million allocated for the establishment of clinics funding allocation based on GP registered populations by region
- NHSE/I guidelines published November 2020 and updated April 2021
- NICE guidelines published December 2020
- Increasing evidence that COVID-19 has a disproportionate impact on people in black and ethnic minority groups, and exacerbates existing health inequalities
- The number of patients who need management focusing on recovery and rehabilitation is likely to continue rising

Scope: What is Post-COVID Syndrome?

- Post-COVID Syndrome (as defined by NICE, SIGN and RCGP)
 - Signs and symptoms that develop during or following an infection consistent with COVID-19
 which continue for more than 12 weeks and are not explained by an alternative diagnosis.
 - The condition usually presents with clusters of symptoms, often overlapping, which may change over time and can affect any system within the body.
 - Many people with post-COVID syndrome can also experience generalised pain, fatigue, persisting high temperature and psychiatric problems.
 - Post-COVID syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.

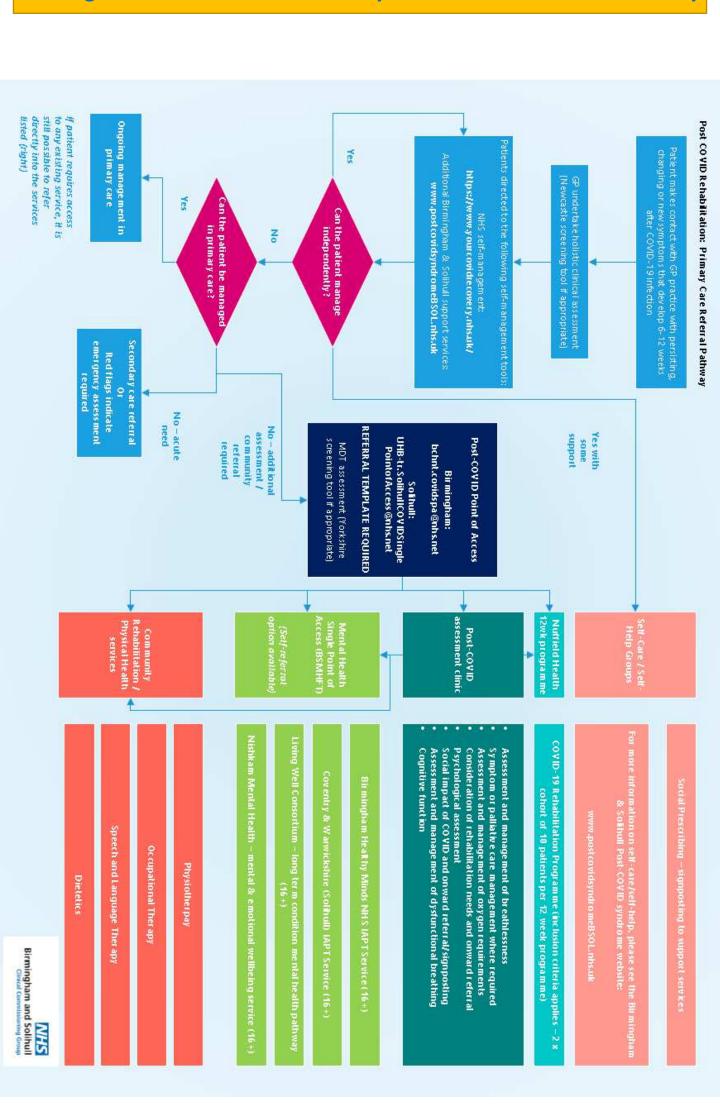
• Includes:

- Patients who remained at home or in a care setting
- Patients who were hospitalised

Post-COVID Syndrome Programme: A partnership approach

- Programme governance established with representation from all partners within the Birmingham and Solihull Integrated Care System
- Jo Williams, CEO at The Royal Orthopaedic Hospital NHS Foundation Trust was appointed ICS CEO lead for this programme, reporting into a new Programme Board chaired by Paul Jennings
- The new pathway was built around existing services, with a new MDT assessment as part of two 'Single Point of Access Hubs' (Birmingham/Solihull) and new Post-COVID assessment clinics led by UHB
- The successful implementation of an integrated pathway across community, primary, secondary & tertiary care was testament to excellent clinical leadership, and the engagement of all partners

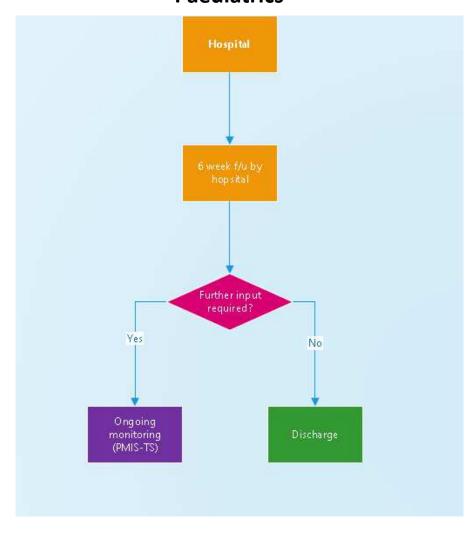
Birmingham & Solihull Post COVID Syndrome Rehabilitation Pathway



Adults Primary care review (see Further input required? -No-Yes Yorkshire screening tool MDT (Specialist GP/PT/Nurse): Referral to pre-existing pathway/

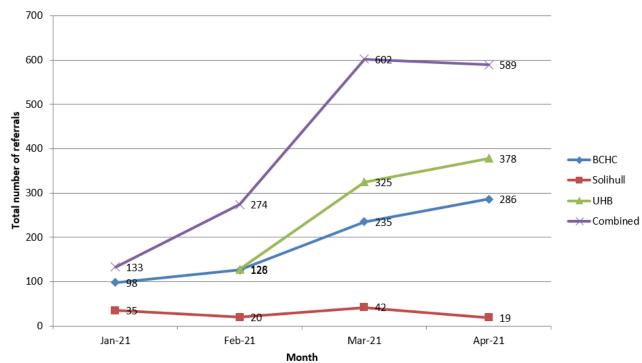
service

Paediatrics

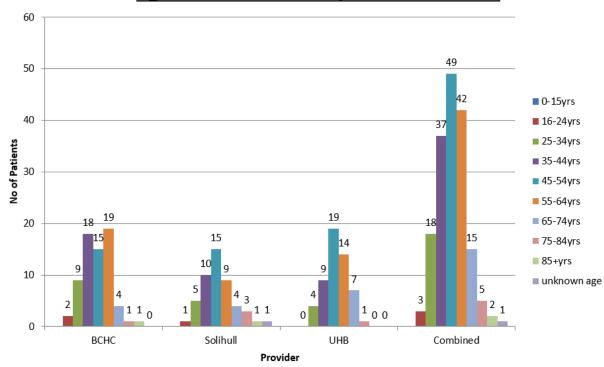


Data Collection

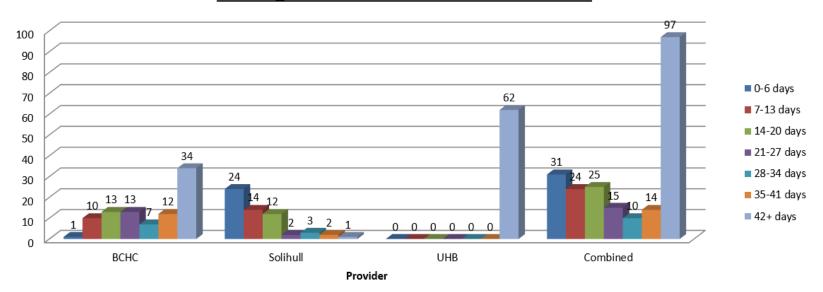




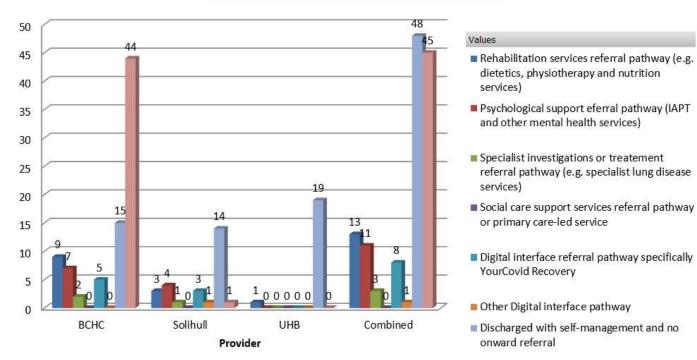
Age Distribution for completed Assessments



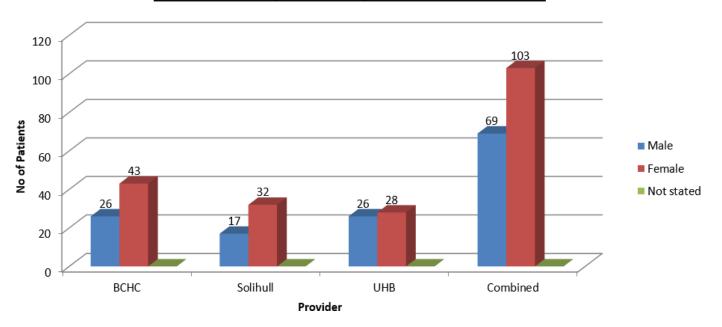
Waiting times from Referral to Assessment



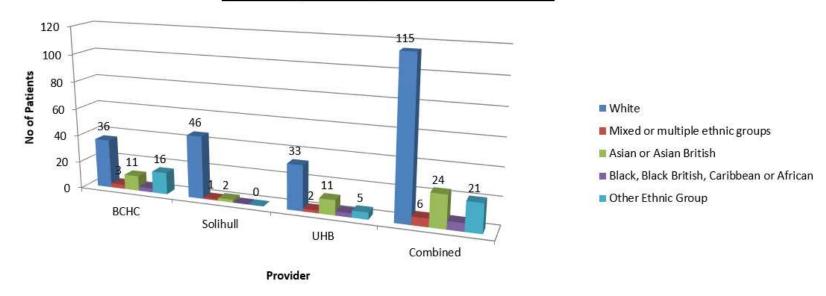
Outcomes for Completed Patients



Gender Group for completed Assessments



Ethnicity of completed Assessments



Patient feedback | BSol Long Covid Pathway

John, 60 year old male (Covid in Oct '20)

Good experience with the screener taking her time to explain everything to me. I felt included in any decisions and the information guidance and assurance was well received and has certainly aided my recovery. Next steps in my recovery were explained clearly.

Areas for Improvement

A suggestion would be to tweak the assessment form to enable all appropriate answers to be ticked. I found it difficult to tick one box only, as I am experiencing many different symptoms

Patricia, 53 year old female (Covid in Dec '20)

Simone has been compassionate, informative and engaging throughout the whole process. This was really important as the waiting time from referral to first assessment was too long and caused anxiety. Assessment questions were appropriate and explored multiple symptoms. The reassurance from Simone about variable symptoms very much helped to ease my anxiety. Having contact details and being signposted to self help resources and informative websites was very good also. Advice and check in following medic discussions and MDT - Assessment letter very thorough.

- 1. Improve the waiting time to assessment.
- 2. Follow up session with a consultant/medic would be of benefit.
- 3. No actual physical health investigations to determine what is actually going wrong within the body. e.g. X-ray, CT scan etc.
- 4. Onward referrals as my symptoms could now be looked at in isolation potentially by clinicians that do but understand long Covid and definitely not as well as a Specialised clinic would.
- 5. More development required

NHS England Taskforce on Long Covid | BSol CCG patient feedback (Feb 2021)

I've been referred to 'post covid rehabilitation' which is over the phone. I don't know whether it's associated with a post covid clinic. She completely believed what I said and she had a coherent explanation for why the symptoms that I have might be happening even though she said she can't know for sure. She was so reassuring. She said that it's clear I'm getting better even if it's slow and that indicates that at some point I might get back to how things were before I got ill. She told me things to do and not do till the next appointment. It was amazing and I can genuinely feel improvement. Even if it was only over the phone it was like I wasn't doing this alone any more - and after 10 months I finally have a bit of an explanation that makes sense to me. I hope that for others it won't be so long...

Despite multiple requests, continuing issues, still off work and confirmation of covid, still heard nothing back. More info needed at doctors on how to make the referral and on long covid

My doctor never mentioned about a clinic

Yes but heard nothing back 6 weeks later

GP and Patient Engagement

- Improved communication with primary care
- Patient information
 - multiple languages
 - online and paper versions

- Virtual patient engagement events
- Dedicated website
- Local media



Still recovering after COVID-19?



Post-COVID Syndrome



There's a lot you can do to support your own recovery. If you need a bit more support, talk to your GP.





Successes of Phase 1:

Focus: To work together as a system at pace, to implement a supportive (not overmedicalised) pathway for patients affected by Post COVID Syndrome

- Two single point of access hubs with MDT assessment & triage accepting referrals from December 2021
- Assessment clinics established and fully operational by January 2021
- Strong clinical leadership & programme governance with weekly meeting & reporting
- Commitment to creating a patient-centred pathway, with opportunities to use existing services & referral routes
- Communications a priority from the beginning dedicated website and training portal in place by December 2020
- Support from teams across all NHS providers, as well as independent, voluntary & charitable sector
- New opportunities for partnership established with Jaguar Land Rover & Nuffield Health

Priorities for Phase 2:

Focus: To consider the wider impact of COVID on our citizens

- Developing and implementing a plan to address health inequalities
- Improve breadth and quality of data collected for patients accessing service
- Agree the capture and analysis of clinical outcomes to inform further improvement
- Patient education / health prevention, including patient engagement events and symptom-specific patient information
- Lead on co-production programme with patients, building links with existing and newly established PCS patient networks
- Ongoing education events for primary care colleagues to improve quality of referrals and understanding of services available
- Reduction in waiting times from referral to assessment, and assessment to rehabilitation
- Embedding a dedicated Paediatric pathway, working within a regional model (BWC lead provider for 'Midlands' region)
- Developing a business case for future service delivery, considering the following challenges:
 - Unknown demand and the potential impact on existing services without any additional funding to support
 - Ongoing challenge of resources for the longer-term increased demand from second wave, staff returning to substantive roles, additional space for clinics required

Thank you & questions