

Post (Long) Covid Syndrome Assessment Service Practice Pack

16 March 2021

Joined Up Care Derbyshire

Planning future services together so people can be healthy, live well and stay well.

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Post (Long) Covid Service Practice Pack

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Background

It is recognised that many people experiencing ongoing health effects following Covid-19 infection manage their condition independently at home whilst acutely infected. It is also recognised that not all patients seriously impacted in the longer term were hospitalised or had a positive SARS-CoV-2 test. The number of patients who need Post (Long) Covid Syndrome management focusing on recovery and rehabilitation is likely to grow as Covid-19 infection rates continue to rise.

NHS England and NHS Improvement launched its five-point plan to support people with Post-COVID Syndrome (also known as 'Long COVID') in October 2020. One of the commitments was to establish Post (Long) COVID Assessment Service across England, which give patients access to multi-professional advice, so that they are put onto the right clinical pathway to treat their symptoms. Those professionals will undertake physical (i.e. therapeutic input – rehabilitation), cognitive and psychological assessments of those experiencing suspected Post (Long) Covid Syndrome, so that they can be referred to the right specialist help.

Guidance for the Post (Long) Covid Syndrome Assessment Service can be found here.

In November NHS England announced the launch of a network of more than 40 'long COVID' specialist services within weeks to help thousands of patients suffering debilitating effects of the virus months after being infected.

Clinical Case Definition of Post (Long) Covid Syndrome

The National Institute for Health and Care Excellence (NICE), the Scottish Intercollegiate Guidelines Network (SIGN) and the Royal College of General Practitioners (RCGP) have defined post (Long) COVID syndrome as:

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-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.



Derbyshire Post (Long) Covid Syndrome Pathway

The Derbyshire Post (Long) Covid Syndrome Assessment Service is due to start receiving patients (adults and children) in December, and will bring together doctors, nurses, therapists and other NHS staff to provide physical and psychological assessments of those experiencing enduring symptoms.

The condition, which is thought to affect more than 15,500 people in Derbyshire, can cause continuing fatigue, brain fog, breathlessness and pain.

<u>This document</u> details the overall pathway for the Derbyshire Post (Long) Covid Syndrome. The pathway illustrates the referral process across the whole Derbyshire footprint and between organisations.

Patients experiencing complex conditions which fall under the current criteria for the Derbyshire Post (Long) Covid Assessment Service will be referred using the referral template. Symptoms covered within this include (but is not exhaustive):

- Fatigue
- Breathlessness
- Rehabilitation
- MSK pain
- Neurological
- Cardiovascular
- Gastrointestinal
- Swallowing difficulties, so may require dietetics and nutrition services
- General symptoms including fever, ongoing loss of smell/taste
- Metabolic disruption
- Psychological
- Psychosocial

About the Derbyshire Post (long) Covid Syndrome Assessment Service

Derbyshire Community Health Services will provide the service. The team will accept referrals for complex patients experiencing ongoing Post (Long) Covid Syndrome symptoms, where any reversible cause has been explored and discounted, and for patients with a range of symptoms. The patient's care will be coordinated by the team. Referrals will be accepted from Primary Care, Secondary Care, Walk-In Centres and NHS 111.

The Multidisciplinary team (MDT) will be led by a general Clinician who will undertake an initial triage of the patient comprising of:

- Analysis of diagnostics and supporting clinical information supplied on referral
- Mood assessment
- Cognitive assessment (supported by Psychology Specialists)
- A "quality conversation" with the patient to ascertain main concerns for the patient, to inform and agree next steps to optimise positive patient outcomes.



This information collectively, will inform the Lead Clinician to undertake either direct referral to specialist services or a referral to the MDT team if the patient is experiencing complex issues.

The MDT team will be comprised of specialists in:

- Rehabilitation (Physiotherapy, Occupational Therapy, Vocational Rehabilitation)
- Psychotherapy
- Nursing
- Dietetics

Shared decision making will be adopted to promote partnership working between clinicians and patients to agree the preferred treatment from a range of options. The MDT will undertake a further discussion and assessment agreeing with the patient a holistic package of care which is tailored to that patient's specific needs optimising positive outcomes. Patients will have a follow up appointment with the Lead Clinician to ensure progress is being made prior to discharge. The team will also refer patients to the Your Covid Recovery website (<u>https://www.yourcovidrecovery.nhs.uk/</u>), and will continue to support them throughout the care being provided. This will be identified alongside other appropriate support within the patient care plan.

Service availability

The service will operate Monday to Friday, 09:00-17:00 (excluding Bank Holidays).

What does this mean for practices?

Primary Care Flowchart

<u>This Primary Care flowchart</u> explains how Primary Care should manage patients dependent on if they are deemed to have mild, moderate or severe post (Long) Covid symptoms, and shows the pathway for each cohort.

Investigation Checklist

This investigations checklist has been developed for guidance for Primary Care Clinicians.

Patient Questionnaire/Derbyshire Screening Tool

On initial contact with GP Practices, if patients appear to have ongoing Post (Long) Covid symptoms, patients should be triaged accordingly and whilst assessing the patient, the Clinician should complete the table on page 2 of the questionnaire/screening tool with the patient (which has been developed and agreed with Clinicians across Derbyshire).

This should support the Clinician in identifying next steps for patients in their Post (Long) Covid Syndrome pathway. If the decision is made that the patient requires to be assessed in the Post (Long) Covid Syndrome Assessment Service, the patient should be provided with the patient questionnaire/screening tool, and asked to complete it and return it to the



surgery. The completed questionnaire should be sent to the Assessment Service with the referral.

The Assessment Service staff will use the completed <u>questionnaire</u> to assess the patient's symptoms holistically and will support them to the most appropriate services. They may also utilise this as part of the MDT to ensure patients receive the appropriate care they need to assist recovery.

Referring in to the service

The Post (Long) Covid Syndrome Assessment Service is not intended for patients that may have milder symptoms, who are able to self-manage their condition, and those who the GP can refer in the normal way, direct to any appropriate services. We recommend that these patients are considered for referral to the Your Covid Recovery website for support (<u>https://www.yourcovidrecovery.nhs.uk/</u>). This is an online tailored interactive self-management programme developed by NHS England and NHS Improvement with the University Hospitals Leicester NHS Trust.

If patients require secondary care services at any point in the pathway, Practices should continue to refer to secondary care in the normal way. If patient have multiple conditions, Practices should still refer to secondary care, and indicate in the referral form to the Post (Long) Covid Assessment Service that the patient has been referred to secondary care also. The multi-disciplinary team will coordinate referral to all other services.

How to refer patients to the service:

Patients can be referred to the Post (Long) Covid Syndrome Assessment Service with immediate effect.

Patients can be referred to the Post (Long) Covid Syndrome Assessment Service via Choose and Book/NHS e-referral on both SystmOne and EMIS.

To find the new Post (Long) Covid Syndrome service provided by Derbyshire Community Health Services, use the e-RS Speciality of '*Rehabilitation*' and the Clinic Type of '*Not Otherwise Specified*'.

The service name is '*Long Covid Assessment Clinic and MDT Derbyshire*' and is run as a '*send for triage*' service.

Referral Form

<u>Please find a copy of the referral form for your information.</u> The standard referral form will be available on the GP clinical systems and will mostly self-populate from the clinical systems.

Once a decision is made to refer a patient into the Post (Long) Covid Syndrome Assessment Service, please complete as many fields as possible on the referral form and also indicate which investigations have been undertaken to date, which will signpost the Assessment Service staff to view these on the system, and to prevent duplication. <u>Please note any</u>



incomplete referral forms will be rejected by the assessment service and returned back to the GP for completion.

Onward referral from the Post (Long) Covid Syndrome Assessment Service

If clinically indicated following MDT assessment and/or intervention, and with the patients' agreement, referral onto specialist services (e.g. mental health, respiratory rehabilitation, or other relevant speciality) may be necessary. The patient will be asked, where available, for the choice of provider/booked an appointment with a provider of their choice in accordance with the NHS Choice Framework. The assessment services will then co-ordinate the referral without the requirement of re-referral from the GP.

Discharge from the service

Patients will be discharged from the assessment service when admitted into onward specialist services, and/or it is deemed that a patient could derive no further benefit from continuing treatment. Where the patient has been enrolled onto the Your Covid Recovery website by a clinician within the MDT, this process will continue to be overseen by the Post Covid Syndrome Service, and the patient will not be discharged until this is complete.

The assessment service will provide an electronic discharge summary to the GP. The discharge summary will include details of:

- The treatment given
- The clinical outcomes
- Any referrals or signposting to other services
- Any additional recommendations, including the conditions for re-referral to another service

Communications from the assessment service to GP's will generally be:

- After initial assessment a brief summary i.e. date the patient was assessed and the outline plan for the patient
- On discharge more detailed update including the outcome for the patient

The only exception to this would be if there is something which the GP needs to be aware of.

Unexpected sinister non-Post (Long) Covid Syndrome results will be managed as follows:

- If cancer is suspected; the patient will be referred back to the GP to be referred by them through the 2ww pathway
- If a neurological problem is suspected; the patient will be referred by the assessment service to a neurologist

The GP would then take over the future management of these patients.



Information Leaflet

Here is an information leaflet for the patient which provides details regarding the service.

Directory of Services

<u>A directory of services</u> has been developed for Derbyshire to support clinicians making direct referrals for patients experiencing mild or severe symptoms.

Please bear in mind that as this is a new service, there will be ongoing review and refinement of the processes.

If you have any queries regarding the pathway/policy please email: <u>ddccg.conditionsspecific@nhs.net</u>

Joined Up Care Derbyshire

Authors and Contributors

Strategic Clinical Conditions and Pathways Team:

Steve Lloyd – Executive Medical Director/SRO JUCD LTC Board Katherine Bagshaw – Deputy Medical/Clinical Director SCC&P Angela Deakin – Assistant Director SCC&P/Programme Lead, JUCD LTC Board Scott Webster – Head of SCC&P Julie Caunt – Senior Commissioning Manager Joanne Goodison – Senior Commissioning Manager Debbie Bostock - Commissioning Manager Louise Clarke – Commissioning Manager Rachel Madin – Commissioning Manager Sally Longden – Senior Administrator

DDCCG Clinical Leads:

Tarun Narula – Clinical Lead CVD Karissa Owen – Clinical Lead Diabetes Seema Kumari – Clinical Lead Respiratory Medicine Caroline Garside – Clinical Lead Gastroenterology Sohrab Panday – Clinical Lead Mental Health and Learning Disabilities