

Authors:

Dr Murugesan Raja, GP, Oldham, Clinical Lead for Primary Care, Respiratory Medicine, Long COVID, Greater Manchester

Rebecca Towns, Clinical Director- Respiratory, Oldham CCG, Clinical Lead for Long COVID, Oldham Care Organisation

1.0 Purpose

- 1.1 To provide an update on the development of local pathways for Long COVID clinics and treatment for patients experiencing long-term health effects following COVID-19 infection.

2.0 Background

- 2.1 Post-COVID syndrome is defined 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, persistent high temperature and psychiatric problems.

Ongoing symptomatic COVID-19: is defined as signs and symptoms of COVID-19 from 4 to 12 weeks.

Long COVID is the term used to describe any symptoms lasting after 4 weeks from the acute episode of COVID.

- 2.2 On 7 October '20, NHS England and NHS Improvement announced¹ a commitment to establish post-COVID assessment clinics across England, giving patients access to multi-professional advice, so that they are put onto the right clinical pathway to treat their symptoms.
- 2.3 On 6 November '20, NHS England published commissioning guidance² proposing that clinics will offer physical, cognitive and psychological assessments with the aim of providing consistent post-COVID syndrome services for all who need them, whether they were hospitalised or not and regardless of whether clinically diagnosed or by a SARS-CoV-2 test.
- 2.4 On 15 November '20 NHS England announced³ the investment of £10million to fund 40 long-COVID clinics across England, 3 of which to be in the North West. It was anticipated this would mean a single clinic for Greater Manchester.
- 2.5 Colleagues from across community, commissioning and acute care in Oldham formed a Steering Group in November '20 to design and implement local pathways for Long Covid assessment clinics. The Steering Group have continued to work on the objective to develop local pathways.
- 2.6 On 18 December 20, the National Institute for Clinical Excellence (NICE) issued official guidance on best practice for recognising, investigating and rehabilitating patients living with the long-term effects of COVID-19.

¹ <https://www.england.nhs.uk/2020/10/nhs-to-offer-long-covid-help/>

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C0840-national-guidance-for-post-covid-syndrome-assesment-clinics-111220.pdf>

³ <https://www.england.nhs.uk/2020/11/nhs-launches-40-long-covid-clinics-to-tackle-persistent-symptoms/>

- 2.7 The number of patients, who need post-COVID syndrome management, focusing on recovery and rehabilitation, is likely to grow as COVID-19 infection rates continue to rise.
- 2.8 Services across the Northern Care Alliance have been meeting on a regular basis including operational, clinical and project management support, to ensure clinical excellence in relation to Long Covid pathways for assessment and treatment.

3.0 Evidence base

- 3.1 According to research undertaken by the Office of National Statistics⁴, around 1 in 10 people testing positive for COVID-19 exhibit symptoms for a period of 12 weeks or longer.
- 3.2 67% of GPs surveyed nationally reported that they are looking after patients with COVID-19 symptoms lasting longer than 12 weeks⁵.
- 3.3 On 8 January, the Lancet published a study⁶ looking at the long-term health consequences of COVID-19 patients discharged from hospital. At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severely impaired pulmonary diffusion capacities and abnormal chest imaging manifestation and are the main target population for intervention of long-term recovery. The Lancet report adds to the growing body of evidence that long COVID syndrome should be considered serious and is a long-term condition.
- 3.4 There is increasing evidence that COVID-19 has a disproportionate impact on those in deprived populations and people in black and ethnic minority groups, exacerbating existing health inequalities⁷.
- 3.5 Of those people with persistent symptoms at 20 weeks, the current evidence suggests that the most common symptoms are fatigue (98%), breathlessness (87%), persistent cough (74%), headache (83%), fever (75%), chest pain (73%), muscle ache (88%) and joint pain (78%). However, a wide range of other symptoms are reported, affecting almost all body systems. Of note, people with persistent symptoms often report multiple different symptoms, which can relapse and remit over time.

4.0 Progress

- 4.1 The post-acute COVID service model is a tiered model recommended by NHS England and by Greater Manchester Health and Social Care Partnership (GMHSCP) and is outlined in appendix A. The principles of management are -
- Confirm the diagnosis (medical assessment, not dependent upon a positive COVID-19 test result);
 - Exclude other serious conditions;
 - Support & monitor the patient (whilst avoiding over-investigation/over-referral);
 - Direct patients to assessment clinics, if appropriate.

⁴<https://www.ons.gov.uk/news/statementsandletters/theprevalenceoflongcovidsymptomsandcovid19complications>

⁵ Royal College of General Practitioners. (2020) *Ongoing or persistent symptoms of Covid-19*. Parliamentary Inquiry. Available at:

<https://committees.parliament.uk/writtenevidence/12976/html/>

⁶ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32656-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32656-8/fulltext)

⁷https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

- 4.2 Long COVID Virtual assessment clinics covering Tier 3 assessment and then the MDT were set up at the end of January 2021 for Oldham. The Tier 4 service is in the process of being fully stood up across GM but Oldham Tier 3 services have been able to access this since the end of September 2021.
- 4.3 Services for Children and Young People (CYP) are now in place across GM provided solely from the Royal Manchester Children's Hospital (RMCH). There are 2 pathways one for primary care into the Paediatric long COVID clinic, and one for secondary care direct into the Tertiary long COVID clinic.

5.0 Pathway development

- Tier 1: Self-management- Patients are directed to the Your COVID recovery website and the GM Peer Support group.
- Tier 2: All GP practices have signed up to deliver the NHS Direct Enhanced services for Long COVID which includes guidance on identification, assessment and appropriate investigations prior to referral.
- Development of post-acute COVID assessment clinic (tier 3)

5.3.1 The Group has undertaken the following key activities -

- Agreed a tier 3 model to deliver post-acute COVID-19 assessment services across Oldham.
- The model development has been led by Rebecca Towns Clinical lead and Dr Georges Ng Man Kwong- Respiratory consultant at Oldham with Input from Anna Dalton Pennine care mental health lead.
- The model has been shared with primary care across Oldham on two occasions, the first being September 2020 at an all practice education session- this included recognition of long COVID, expectations of tier 2 and primary care to manage community and self- management services, clinical assessment and investigations that need to occur prior to referrals into the tier 3 services.
- A further education session took place on the 22nd July 21 to all primary care covering the same points but also providing data, outcomes and findings from the 1st 6 months of the Tier 3 assessment and treatment service.

5.3.2

- Tier 3 referrals are received via primary care through the ERS system, and the referrals are triaged by a consultant, Registrar, or advanced practitioner. They are then booked into a virtual clinic where patients will receive a telephone call from a member of the multi-disciplinary team within 12 weeks of referral, this assessment then determines the treatment plan for patients. If clinically complex and further assessment is required, they will then be discussed within the virtual MDT which takes place on a fortnightly or monthly basis dependant on demand.
- The assessment uses a holistic biopsychosocial model of assessment, cognitive assessment, and person-centred approach. This includes questionnaires to take a comprehensive clinical history that involves assessing physical, cognitive, psychological, and psychiatric symptoms, as well as functional abilities.
- If patients are then appointed to be discussed at the tier 3 MDT this will comprise of a Nurse/ Physiotherapist triage, Respiratory Consultant, MH psychiatrist or psychologist and the MDT co-ordinator.

- The MDT will decide if the patient requires a discharge back to the GP practice with a care plan, further tests, and referral into tier 3 post-acute COVID rehabilitation services, MH services or referral into more specialist services.
- The benefits of this virtual assessment clinic and MDT include:
 - Better management of people’s expectations of their recovery;
 - More appropriate rehabilitation interventions leading to better patient outcomes;
 - Increased self-management skills and confidence in managing adversity/sickness and taking responsibility for own health and wellness;
 - More efficient and effective use of NHS resources
- Referrals from within the trust for post-acute COVID assessment has also been streamlined into the service to ensure all patients receive an equitable offer.
- Activity has been captured for learning purposes and used to inform the ongoing service models for assessment as well as treatment.
- The data and activity are reported back to NHSEI on a fortnightly basis and is a key requirement for the Trusts providing Long COVID services.
- The Tier 3 assessment service and MDT has evolved to now include community teams and a cardiologist and is a joint MDT across Oldham Bury and HMR.
- We have a regular specialised Tier 3 Long COVID rehabilitation offer in Oldham which involves twice weekly face to face group exercise and education sessions specifically for patients with Long COVID syndrome.
- We are currently in the process of Commissioning a treatment offer for the Oldham Locality for patients suffering with symptoms of fatigue due to Long COVID, this will take the form of the following assessments and treatments:

Activity / Appointment	Notes
First Assessment	45-60 mins
Follow-up	30-45mins
Long Covid Management Programme	6 Week programme per patient
Psychology First Assessment	45-60mins
Psychology	30-45mins

- The services following feedback from patients has evolved meaning that the aspirational target is to ensure a telephone assessment and triage within 6 weeks of referral, this ensures rapid assessment and treatment plans being put in place and for those patients who don’t require tier 3 MDT or Long COVID Rehabilitation and can be rapidly discharged back into tier 1 and tier 2 existing community service offers these include:
 - Exercise programmes provided by Oldham Community Leisure
 - Healthy minds input
 - social prescribing input
 - Directing to self-management services such as your COVID recovery
 - Oldham MSK for pain management

5.4 Tier 4

- We now have regular open access to the GM Tier 4 MDT which takes place every 2 weeks for the most complex patients who are still suffering with symptoms post tier 3 treatment offers.

5.5 Mental Health

- Oldham CCG commissions a robust Mental Health Offer from Pennine Care Mental Health Trust. This model has been used to inform the wider GM Tier 3 and Tier 4 model. Patient with Long COVID in Oldham have access to mental health support when needed in a timely manner.

6.0 Conclusion

- 6.1 There is a service delivery provision for all of our patients with long COVID across the different tiers.
- 6.2 There is a waiting list for provision of these services due to the number of patients who have suffered with COVID and the demand for Long COVID services
- 6.3 Long COVID is still a new condition and the natural history of the course of the illness and the treatment is still being researched. Some Patients with Long COVID are on a recovery trajectory and some fully recover.
- 6.4 It will be difficult to extrapolate the services offered specifically to Long COVID to patients with chronic pain and fatigue as the offer required for that group of patients will be more nuanced than the current understanding of Long COVID.
- 6.5 There is recognition across GM and nationally that service provision needs to improve for our patients with Chronic Pain and chronic fatigue and discussions around Long COVID have only pointed the need for these services.

7.0 Recommendations

The Board is asked to note the report.