

HEALTH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

11 OCTOBER 2022

LONG COVID UPDATE

Report from: Rachel Parris – Deputy Director, Health Improvement and Transformation Kent and Medway NHS Integrated Care Board

Summary

This report seeks to provide an update on the NHS Kent and Medway understanding of Long Covid, including prevalence and current service arrangements. It will also outline planned future developments.

1. Budget and policy framework

1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

2.1 Long Covid (Post Covid Syndrome) is a new and emerging condition, which can have a significant effect on people's quality of life.

2.2 It is known that as many as 1 in 12 patients will find the recovery both prolonged and difficult. Although many people affected by Covid-19 will get better in the first 6-8 weeks of illness; some will still be struggling beyond this early phase and experience symptoms beyond 12 weeks and are defined as having Long-Covid or Post-Covid syndrome. It follows an unpredictable waxing and waning course with many symptoms both physical and mental being linked to it.

2.3 These problems which may appear weeks or months after the start of the illness include low energy & intense fatigue, breathlessness, aches and pains in muscles/joints, pains in chest & lungs, palpitations, alteration & loss of smell; stomach & bowel symptoms like nausea/abdominal pains/ diarrhoea; mental health problems like anxiety/depression; brain fog with sluggish memory and dizziness. Younger adults and occasionally children can also be affected.

- 2.4 There is an evolving evidence base that continues to grow in relation to best practice for identification and care.
- 2.5 We are required as an ICB footprint to ensure there is a full end to end pathway for patients with Long Covid which includes diagnostics, treatment, rehabilitation and recovery support for Long Covid as described in the Long Covid plan [Long COVID: the NHS plan for 2021/22](#) and meet the clinic specification in the [National guidance for post-COVID syndrome assessment clinics](#).

3. What we know about the prevalence of Long Covid

- 3.1 National estimates of prevalence remain experimental and range from 3% to 11.7%.
- 3.2 Irrespective of the approach to measurement, post-acute symptom prevalence appears to be consistently highest in females, adults aged 50 to 69 years, people with a pre-existing health condition, and those with signs of high viral load at the time of infection.
- 3.3 After adjusting for socio-demographic factors, early findings show a reduced risk (49.7% lower) of reporting long COVID symptoms four to eight weeks after a first SARsCoV-2 infection among adults who were double-vaccinated when infected. A lower risk of long COVID following infection with Omicron versus Delta was also noted in the ZOE App study.
- 3.4 In Medway/Swale 691 patients have been coded at the GP with Long Covid, 81 of which were coded as being referred to post covid services.
- 3.5 The Kent and Medway Post Covid Assessment Service has received and accepted 399 referrals (24% of total referrals) from Medway/Swale.
- 3.6 Further work with Primary Care to improve coding is in progress.

4. Principles of Care

- 4.1 The National Institute for Clinical Excellence (NICE) has issued official guidance on best practice for recognising, investigating and rehabilitating patients with long COVID. The guidelines make recommendations in a number of other key areas, including:
- Assessing people with ongoing symptoms after acute COVID-19
 - Investigations and referral
 - Planning care
 - Management, including self-management, supported self-management, and rehabilitation
 - Follow-up and monitoring
- 4.2 Key principles of care for Long covid:
- 1) Personalised Care: By listening to people and asking, 'what matters to you' and providing a personalised plan
 - 2) Multidisciplinary rehabilitative approach for physical, mental and social needs
 - 3) Supporting and enabling self-care

5. Long Covid Adult and Children and Young Peoples Pathways

5.1 Agreed National Pathways which are locally adhered to for Long Covid are as follows:

Figure 1: Post COVID-19 syndrome primary care/community pathway for adults

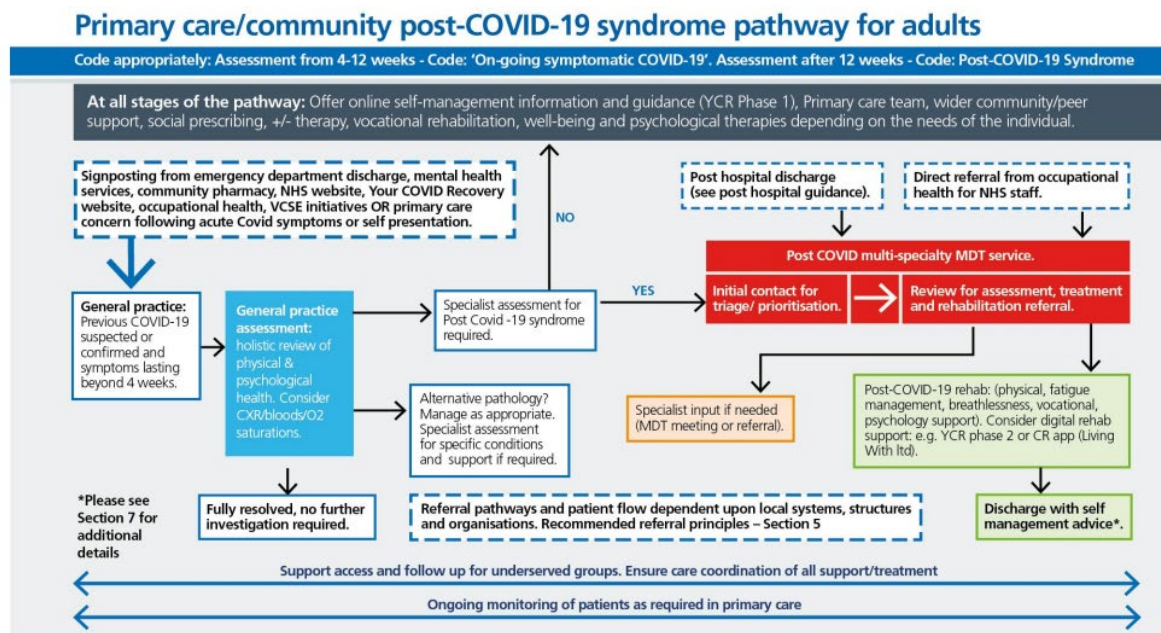
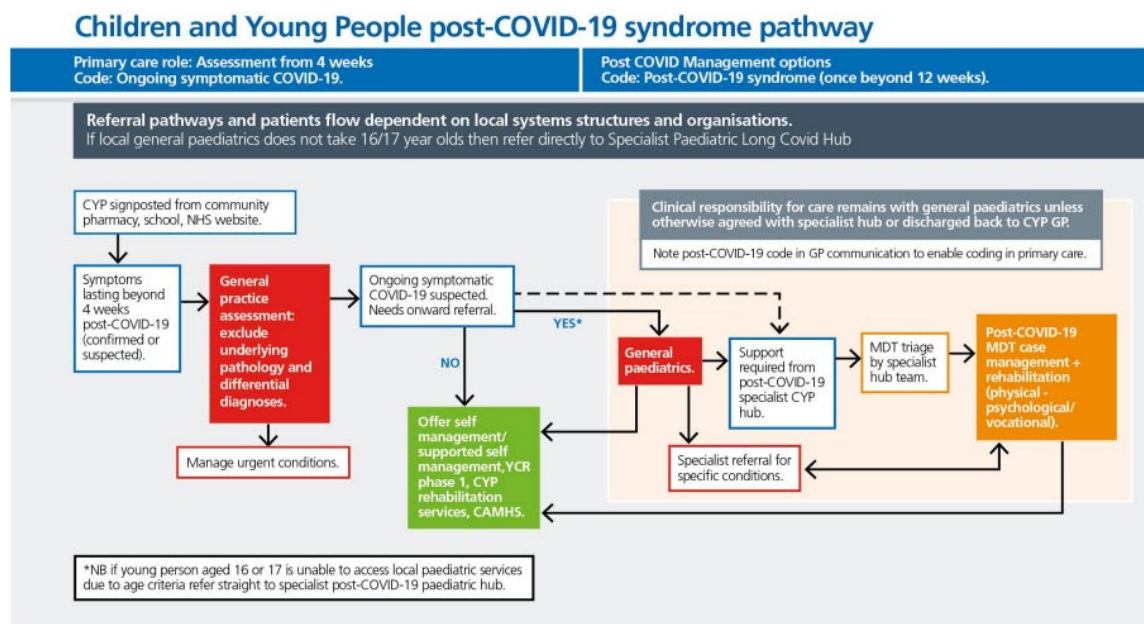


Figure 3: Children and young people post COVID-19 syndrome pathway



6. Engagement and service planning

6.1 To make sure that the services being developed focus on what matters most to people with Long Covid, we have had a strong emphasis on finding out about people's experiences particularly as it is a relatively new condition. We needed to know how it has affected them and their families, and what would help patients and families.

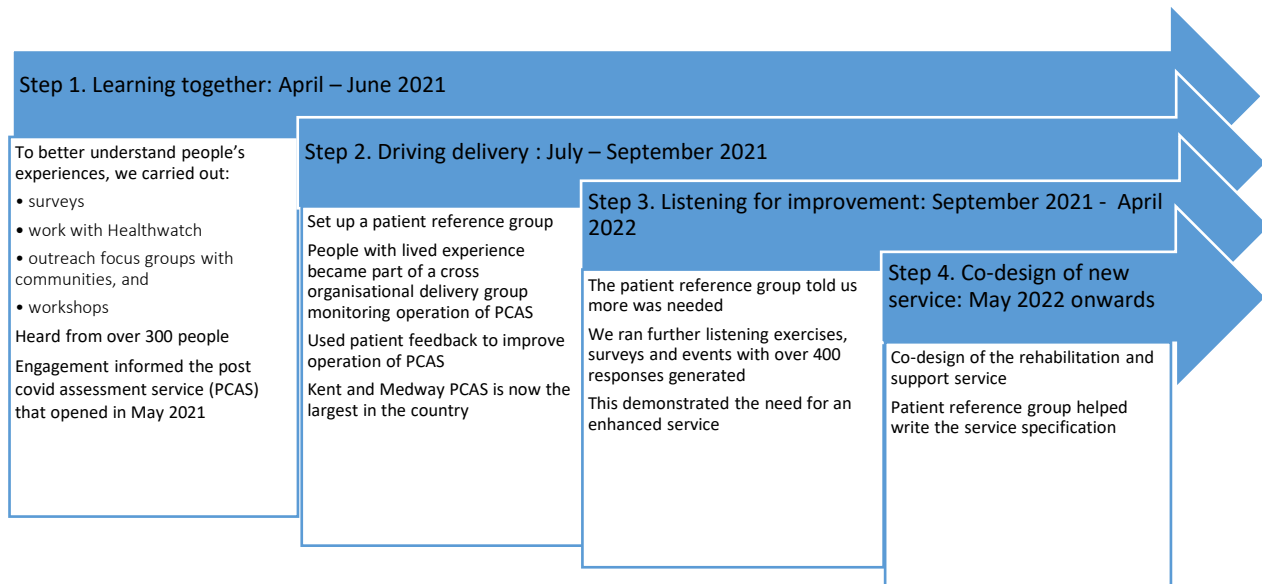


Figure 1: Engagement and Service Planning

We have involved people at every stage of development.

6.2 How we listened and acted:

You Said	We Did
<ul style="list-style-type: none"> • Recognise our symptoms and start to assess them properly • Educate GPs, clinicians and employers so that they understand Long Covid • Help us help ourselves – speaking to others with Long Covid is essential • Provide us with rehabilitation and support – including ongoing management of our care 	<ul style="list-style-type: none"> • The Kent and Medway post covid assessment service (PCAS) has seen over 3,000 people since May 2021 • A film made by reference group members was widely circulated. Following education sessions over 99% of practices have referred to PCAS • Peer support groups have been set up by partners on the delivery group • A rehabilitation and support package has been developed and co-designed with patients

The ability to talk to other patients and doctors has been a lifeline... We are all learning about this new illness... we are all learning from each other.

Darren Winch, patient representative, Long Covid Delivery Group

Quote from David Winch, Long Covid Delivery Group

7. Current service provision

Post Covid Assessment Service (PCAS)

- 7.1 Kent and Medway Post Covid Assessment Service opened on 14 May 2021. The service has received 2380 referrals since it opened (July 2022), 24% of those being from Medway / Swale ICP area.
- 7.2 Before referring to the Post Covid Assessment Service, a patient's GP may carry out further tests depending on symptoms, so any alternative diagnosis can be ruled out and also to decide if referral to the Post Covid Assessment Service would be suitable.
- 7.3 Once referred, the Post Covid Assessment Service will get in touch and a team of professionals will assess a person's condition and provide support in accessing services to support recovery.
- 7.4 The PCAS team is resourced on an anticipated weekly referral of 60 patients, referrals consistently remain within that capacity.
- 7.5 Each patient pathway includes:
- A 1hr initial assessment
 - A Multi-disciplinary Team Meeting (comprising of Nurse, PCAS GP, Psychologist, physiotherapist)
 - Follow up call post-MDT
- 7.6 The aim is for patients to be assessed within six weeks, unless they chose to delay assessment for personal reasons. However, the service is still experiencing a significant number of referrals. We are working with the provider to continually monitor demand and service capacity. Additional resources are being deployed to support patient throughput.
- 7.7 Following assessment the service gives recovery advice and guidance and makes relevant referrals as dictated by patient need.
- 7.8 Key self-management advice is given and the WHO Support for Rehabilitation Self-Management after Covid-19 is utilized for:
- Managing Breathlessness
 - Managing problems with voice
 - Managing eating, drinking and swallowing
 - Managing problems with attention, memory and thinking clearly
 - Managing activities of daily living
 - Managing stress and problems with mood
 - When to contact a healthcare professional
- 7.9 Common onward referrals include:
- IAPT
 - Social Prescribing
 - Your Covid Recovery – Guided Rehabilitation with the virtual support of a physiotherapist

- 7.10 There is also some need for onward referral to specialist secondary care services most commonly respiratory, cardiology, neurology and ENT.
- 7.11 Our local service sits around national average for wait times to assessment and is ahead of SE peers. A plan is in place with the provider to eliminate 15 + week waits and work towards 6 week wait for all referrals.

	Initial specialist assessments in period by waiting time (%)					
NHS England Region	0-6 weeks	6 - 8 weeks	8 - 10 weeks	10 - 12 weeks	12 - 14 weeks	15 weeks +
England	39%	11%	7%	6%	7%	30%
South East	36%	7%	4%	3%	5%	44%

			Initial specialist assessments in period by waiting time (%)					
NHS England Region	Org Code	Org Name	0-6 weeks	6 - 8 weeks	8 - 10 weeks	10 - 12 weeks	12 - 14 weeks	15 weeks +
South East	RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	9%	18%	36%	0%	9%	27%

8. Developing Long Covid Services

- 8.1 NHS Kent and Medway are committed to expanding support for patients with Long Covid, support the reduction of inequalities and reduce service and outcome variation.
- 8.2 An Integrated Long Covid Delivery Network was convened in 2021 and comprises of partners across the system with the following key achievements in 2021/2:
- A case management function was added to the service to ensure care is joined up for patients with Case Managers acting as single point of contact for long covid patients requiring multiple interventions/referrals.
 - Specialist Pathways were agreed with respiratory, cardiology & neurology consultants
 - GP Long Covid Enhanced Service was rolled out leading to referrals being received from 99% GP Practices in Kent and Medway.
 - 2 well attended education events for Primary Care were held
 - CYP pathway was defined and CYP hub connections made
- 8.3 The service continues to evolve in accordance with national guidance and developing understanding of how best to meet the needs of patients with Long COVID.

8.4 Newly published national Long Covid Plan documents (July 2022) have been reviewed and incorporated into 22/23 Delivery Plans.

C1607 - [NHS England » The NHS plan for improving long COVID services](#)

C1669 - [NHS England » Long COVID: Advice and resources for healthcare professionals in primary care](#)

C1670 - [NHS England » National commissioning guidance for post COVID services](#)

8.5 A revised delivery model has been developed which incorporates the following and is at varying stages of implementation:

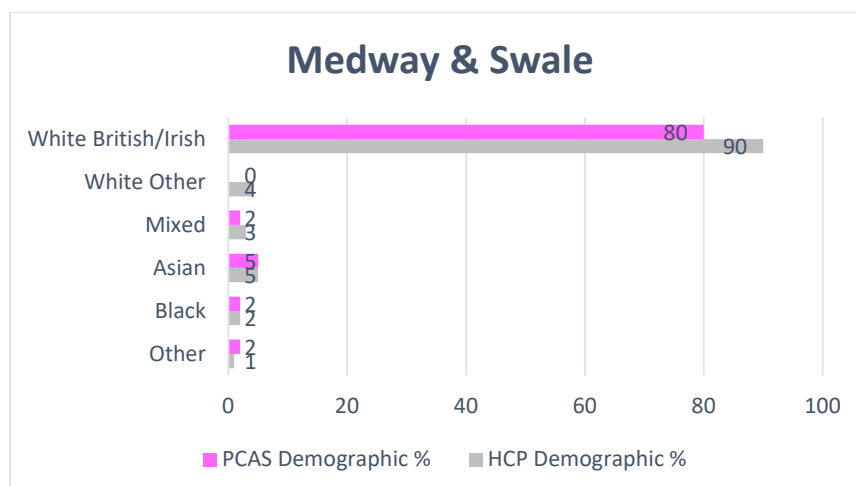
- Patient facing triage
- A combination of video, face to face assessments and telephone assessments should be available to suit the needs of the patient and in order to conduct a thorough assessment
- Secondary care Consultant input to the MDT to provide direct medical input and oversight
- Social prescribing input into the MDT to draw on community assets and resources available to support the long covid population
- Enhanced psychologist support for the assessment service and rehabilitation pathways
- Rehabilitation packages specifically tailored to the needs of Long COVID patients including breathlessness, fatigue, cognitive rehabilitation, and vocational rehabilitation
- Peer and Carer support groups
- Recovery focused approach with breadth of therapy staffing Physiotherapists, Occupational Therapists and Therapy Assistants

9. Reducing Inequalities

9.1 Due to the challenge in determining expected prevalence we have taken a health equity approach to looking at Long Covid burden and have looked at fairness of access to services.

9.2 For Medway/Swale age and gender referral profiles broadly match that of the population, however targeted work is required in white other communities.

9.3 Our engagement team will be working with partners from local authority, public health, voluntary sector as well as health partners to develop a plan to support a targeted approach to addressing the findings.



10. Risk management

10.1 There are no significant risks to the Council arising from this report.

11. Financial implications

11.1 There are no financial implications to Medway Council arising directly from the recommendations of this report.

12. Legal implications

12.1 There are no legal implications to Medway Council arising directly from the recommendations of this report.

13. Recommendation

13.1 The Committee is requested to note the content of this report.

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Appendices

None

Background papers

None