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Post-COVID Services Northern Ireland

Service Development

- By 28 April 2021, 120,087 individuals in NI had tested positive for COVID-19.
- 22 June 2021- DoH asked HSCB and PHA to work with Trusts to bring forward proposals to support people who continue to experience longer term physical, mental health, and cognitive effects following COVID infection.
- Proposal to DoH encompassed 6 separate strands, and received Ministerial approval.

Service Development

- Strand 1 – Post-COVID-19 syndrome patients referred by primary or secondary care to a one-stop MDT assessment service (operational since November 2021).
- Strand 2 – Bespoke pulmonary rehabilitation and dysfunctional breathing service for patients with significant respiratory symptoms post-COVID-19.
- Strand 3- Patients discharged from critical care.
- Strand 4- Strengthening psychology support to all Trusts.
- Strand 5- Regional MDT clinical physiology, SLT and dietetic support.
- Strand 6- Signposting and access to self-management resources (being taken forward centrally by DoH).

Funding and Commissioning in NI

- Funding only in place until end of March 2022. Some regional variation in funding between Trusts.
- PHA/HSCB initially linked in with Wales service/model (telephone triage). Changed to paper triage in Dec 2021; allocated to one professional in team for assessment.
- Service commissioned is a single assessment and onward referral to other services, with no funding for onward review of individuals. Assessment standardised, based on Yorkshire assessment scale.
- Variation between NI Trusts with respect to medical input.

Post-COVID Service (Strand 1)

- Aim: one-stop MDT assessment service for post-COVID-19 patients referred by primary or secondary care.
- MDT composition: Occupational Therapists, Physiotherapists, Nurse, Doctor, (Psychologist attending MDT meeting), Administrator.
- Majority of diagnostic tests are expected to have been completed prior to referral, in order to exclude other causes for symptoms.
- Clinic is not expected to provide an automatic medical assessment or examination.

Outpatient Waiting Times by Trust, in Weeks – Routine (Urgent in brackets, where data available)
DoH does not hold any data on waiting times for Long COVID clinics.

	Southern Trust (May 2021)	South Eastern Trust (Aug 2021)	Western Trust (Dec 2021)	Northern Trust (Dec 2021)	Belfast Trust
Cardiology	147	126	50 (21)	59 (32)	Data not available
Respiratory	178	146	279 (22)	224 (108)	Data not available
Neurology	223	328	372 (152)	254 (100)	Data not available
Rheumatology	227	221	218 (161)	200 (90)	Data not available
Direct access echocardiogram	157	Data not available	Data not available	Data not available	Data not available
Psychological therapies	93	Data not available	Data not available	Data not available	Data not available

Referral Pathways

- Referral pathways regionally agreed, directed by DoH.
- Electronic referral by GP.
- Referral from secondary services: pulmonary rehabilitation; community respiratory service; respiratory hub; pain service; condition management programme; occupational health (but direct OH referral to post-COVID service in SEHSCT is for Trust employees only).

Referral Criteria- Inclusion

- 16 years plus.
- Signs/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.
- Patients hospitalised with COVID-19 who have not had an assessment in other strands; patients never admitted to hospital.
- Patients who had positive SARS-Cov-2 serology, or clinically diagnosed in the absence of a positive test, or not tested at all.
- Patient's GP has investigated and ruled out other potential causes of ongoing symptoms.

Service Provision

- Referral received and clinically triaged (Dec 2021 SEHSCT – 87% GP referral; 13% secondary care).
- Paper triage - allocated to appropriate healthcare professional.
- Patient contacted and appointment arranged (virtual or face to face).
- Assessment and provision of self-management advice and information on COVID recovery app; onward referral.

Assessment

- History, pre-existing conditions, medication.
- Impact assessment.
- Vocation/employment.
- Euro Qual 5DF (mobility; self-care; usual activities; pain/discomfort; anxiety/depression).
- C19 Yorkshire RCT.
- SLT screening voice and throat, swallowing, communication.
- Dietetic screening tool.

Assessment Outcomes

- Onward referral to services to support management of symptoms.
- Onwards referral to services for further assessment and/or intervention.
- Discharge with signposting and provision of self-management information, including COVID Recovery app (Wales COVID recovery app being used; no NI-specific app).

Post-COVID Service Outcomes to Date

- Onward referral pathways to pulmonary rehabilitation, condition management programme, psychology, dietetics, community OT, voluntary sector.
- Additional pathways in place: SLT, spirometry, pain service.
- Outcome measure used is PREM (Patient Rated Experience Measure)- subjective data only:
- *To what extent do you agree or disagree that the post-COVID service has provided you with self-management support or access to other services (strongly agree/agree/neither agree nor disagree/disagree/strongly disagree)*
- *Thinking about the post-COVID service overall, how satisfied are you? (very satisfied/satisfied/neither satisfied or dissatisfied/dissatisfied/very dissatisfied).*
- *How likely are you to recommend the post-COVID service to family, friends, or work colleagues if they need similar support? (not at all/very unlikely/a little unlikely/don't know/a little likely/very likely/definitely recommend).*
- No outcome measure relating to return to work, despite acknowledgement that most referred to the service are of working age.

Current NI Service versus NICE National commissioning guidance

- NICE sets out the minimum requirements for post-COVID assessment services, which should:

- Be available to all affected patients **from 4 weeks after the start of acute COVID-19 illness** if required.
- Equity of access must be a key objective of the service. This may require a proactive, potentially case finding approach in some populations to identifying those who may typically be less likely to access healthcare.
- Multidisciplinary service should be led by a doctor with relevant skills and experience and appropriate specialist support, taking into account the variety of presenting symptoms, and access to diagnostic tests as recommended by NICE/SIGN/RCGP.
- Services should have **clear pathways to ensure direct referral to appropriate specialist services** including specialist investigation or treatment.
- **Diagnostics and testing availability** should include all tests deemed appropriate for the presentation of the patient. This may include imaging, cardiac investigation, physiological measurement, and laboratory investigations.
- Due to the paucity of information surrounding Long COVID, there is an urgent need for data to inform clinical management and health access for those disproportionally impacted by COVID-19. Data is used to support funding, operational decisions and research, and the **quality of data** is a key component of the commissioning for post-COVID assessment services.