



East London
NHS Foundation Trust

Newham and Tower Hamlets Long COVID Service

GP Webinar

19/04/2022



Welcome



- Housekeeping
- Session Overview

Who we are

- What is the Tower Hamlets and Newham Long COVID Service
- The Long COVID Service is a multi-disciplinary service specifically set-up to support patients experiencing symptoms of Long COVID.

- The team is made up of the following members:
 - Occupational Therapists
 - Physiotherapists
 - General Practitioners
 - Rehabilitation Support Workers
 - Psychologically Trained Staff
 - Administrative Staff

- We are a therapy led service

- National Guidance.....
Published December 2020, Updated November 2021
<https://www.nice.org.uk/guidance/ng188>

NICE National Institute for
Health and Care Excellence

**RC
GP** Royal College of
General Practitioners

**Healthcare
Improvement
Scotland** | **SIGN**



COVID-19 rapid guideline:
managing the long-term
effects of COVID-19

- Post-COVID-19 syndrome:
 - Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than **12 weeks** and are not explained by an alternative diagnosis
 - In addition to the clinical case definitions, 'long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 and post-COVID-19 syndrome (defined above)



Statistics on Long COVID?

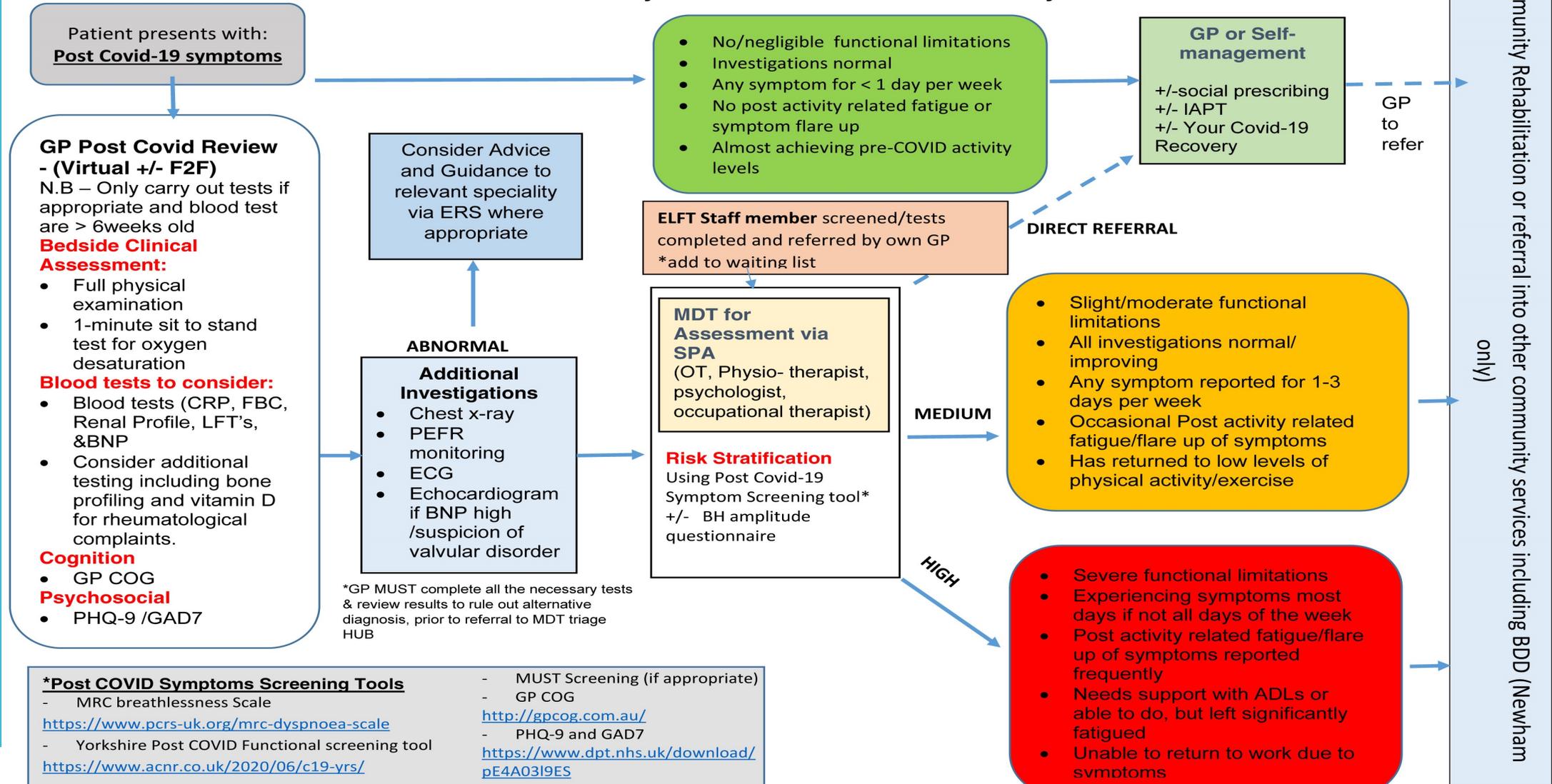
- An estimated 1.3 million people living in private households in the UK (2.0% of the population) are experiencing self-reported long COVID.
- 64% of those with self-reported long COVID say their symptoms affect their day-to-day activities.
- The most common symptoms are fatigue (51%), followed by loss of smell (37%), shortness of breath (36%), and difficulty concentrating (28%).
- The prevalence was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in health care, social care, or teaching and education.



The Journey so far...

- Triage service set up in January 2021
- Therapy service set up in November/ December 2021
- Challenges with changes to referral process
- Initial staff recruitment challenges

Primary Care Adult Community Post-Covid-19 Referral Pathway



*Post COVID Symptoms Screening Tools	
- MRC breathlessness Scale https://www.pcrs-uk.org/mrc-dyspnoea-scale	- MUST Screening (if appropriate)
- Yorkshire Post COVID Functional screening tool https://www.acnr.co.uk/2020/06/c19-yrs/	- GP COG http://gpcog.com.au/
	- PHQ-9 and GAD7 https://www.dpt.nhs.uk/download/pE4A03I9ES

Our Service

Who we work with

Long COVID Service operating across Tower Hamlets and Newham

- Patients must be at least 12 weeks post COVID infection (Confirmed via a COVID-19 test or clinical diagnosis)
- Patients must work with their GP to rule out other causes (as per NICE guidelines)
- This may include F2F review, blood tests, chest X-Rays, ECG's etc, Referrals/A&G to specialist services.
- Patients must consent to work with our service and have a goal/desire to improve their symptoms

Long Covid - complexity

- SOB
- Cough
- Chest pain
- Voice changes
- Unilateral sinus pain
- Coughing when swallowing
- Joint pain
- Muscle pain
- Dry eyes
- Rash
- Fatigue
- Memory/concentration
- Anxiety/mood
- Bowel changes

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RESPIRATORY

CARDIOLOGY
ENT

RHEUMATOLOGY

OT/ NEUROPSYCH
MENTAL HEALTH
LOWER GI

Referral Requirements

- 1) One Contact patient questionnaires complete
- 2) Main symptoms summarised
- 3) Symptom review with own GP - this can be viewed in the MDT

Once a referral gets to us

- 1) Screen the referral (within 1-2 days)
- 2) Add the patient to our waiting list (current waiting time is 12 weeks and is reducing)

Our Service

What we do

Provide a 1-1 initial assessment (usually via telephone) lasting around 45 minutes

- Depending on the clinical need the service then might:
 - 1) Provide onward referrals and advice
 - 2) Invite patients to our 6 week Long COVID group
 - 3) Involve patients in 1-1 fatigue management programme
 - 4) Invite patients to be seen in our Breathing Clinic
- Medical actions remain the responsibility of the GP. Our service is therapy led.

Case Studies



Patient A

- 48 y/o F
- Covid inf: March 2020
- PMH: Anxiety/ depression/ hypothyroidism/ fibroids
- DH: Amitriptyline/ Sertraline/ Levothyroxine/ Fexofenadine
- Ixx: CXR (Apr 21)- L pleural effusion

Dyspnoea

- SOBOE- improved slightly overall. SOB sometimes at rest.
- No: Cough/ wheeze/ sputum/ fever/ CP/ haemoptysis/ weight loss.
- Ixx: CXR- L sided pleural effusion unchanged from previous CXR in Dec 20.
- Resp A&G- suggested Resp ref if any persistent changes noted on re-imaging.
- Outcome :
 - Resp ref advised

Anxiety & depression

- Anxious around strangers and when out in public due to fear of contracting Covid again
- Low mood
- H/o bullying at work- linked to anxiety & depression sxx
- Feeling isolated- very few people in social network
- Outcome of consultation with Hub Clinical Psychologist:
 - IAPT referrals (mood & fatigue Mx)
 - Yoga for life
 - Support groups
 - Bodily Dysfunction Service ref
 - GP r/v of anti-depressant medications

Patient B

- 57 y/o M
- Covid inf: Jan 2021 (ITU admission)

- PMH: CKD₂/ Coronary artery dis/ previous MI/ hypercholesterolaemia/ L ventricular thrombus
- DH: Aspirin/ Rosuvastatin/ Ramipril/ Bisoprolol/ Warfarin/ Lansoprazole/ GTN spray

- Ixx: CXR- b/l shadowing, mid-upper zone fibrosis, some improvements seen when compared to last imaging

Dyspnoea

- SOBOE/ SOB on dressing self. No SOB at rest.
- D/c'ed with LTOT- advised to use 2L o2 on exertion. Currently using o2 only if walking longer distances.
- 2 pillow orthopnoea.
- No: Cough/ wheeze/ CP/ haemoptysis/ weight loss/ PND.
- Outcome :
 - VW ref for sats check/ monitoring- o2 requirement on mobilising- awaiting ref to Telehealth team for further monitoring
 - BNP level
 - Resp ref

Low mood

- Low mood- slowly improving. No RFs
- Social connections- meets work colleagues, supportive employer

Fatigue improved overall. Physical activities- not very active, lives with sister and brother-in-law.

- Outcome :
 - IAPT ref
 - Fatigue self-Mx resources
- Discussed:
 - Medications inc anti-depressants
 - Resistance exercise/ pacing/ getting adequate rest
 - Sleep pattern/ sleep hygiene measures
 - Nutrition

Key Resources

- For more information on long covid and national support available, visit <https://www.post-covid.org.uk/> and <https://www.yourcovidrecovery.nhs.uk/>
- Supporting your recovery after covid - <https://www.yourcovidrecovery.nhs.uk/>
- The Royal college of Occupational Therapists Resources
 - Advice on pacing activities - <https://www.rcot.co.uk/conserving-energy>
 - How to manage post viral fatigue after covid - <https://www.rcot.co.uk/node/3540>
- COVID 19 Patient Rehabilitation Booklet - produced by Leeds University Hospital - <http://flipbooks.leedsth.nhs.uk/LN004864.pdf>
- Resources and webinars - <https://www.longcovid.org/resources/patients>
- Apps – “Your covid recovery” and “Covid recovery”
- Yoga for post covid patients - <https://www.theyogaforlifeproject.co.uk/book-online>

Q&A

