Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Governing Body Meeting

Date: Tuesday 5th January 2021
Time: 1.30pm
Location: MS Teams

Agenda Number :	6.3
Title:	BNSSG Long Covid Pathway
Purpose: For Information	
Key Points for Discussion:	
• Draft future state description of the BNSSG Long Covid "offer" • Progress to date • Indicative programme timeline ○ Next steps and key milestones	
Recommendations:	It is recommended that: - The Governing Body review the draft future state description and provide feedback to the programme team - Acknowledge the progress to date, noting that funding beyond the end of March 2021 is not yet agreed and that the governance of the programme is via the Integrated Care Steering Group - Approve the indicative programme timeline
Previously Considered By and feedback :	GB seminar Primary Care Cell Building Healthier Communities Together Joint Impact Assessment Panel Clinical Executive Long Covid working group: 10th October, 17th November and 9th December Clinical design groups: post ICU and HDU follow up 26th November; SPA referral and signposting 30th November; screening and online assessment 2nd and 16th December, post hospital follow up 3rd December, Clinical Cabinet

Management of Declared Interest:	None identified.
Risk and Assurance:	A risk register is held by the Long Covid Pathway Development Group. The highest scoring risks are detailed in the main body of the report.
Financial / Resource Implications:	None at this stage
Legal, Policy and Regulatory Requirements:	Long Covid care is required by NHSEI, NICE guidelines are expected imminently.
How does this reduce Health Inequalities:	Case seeking is currently being considered by the Long Covid pathway development group so as to ensure that the service reaches those most in need of support across BNSSG communities. A health inequalities clinical design group is being arranged for January.
How does this impact on Equality & diversity	The EIA is under active development and details can be seen in the main body of the report.
Patient and Public Involvement:	Links being made through the NBT Discover research study https://www.nbt.nhs.uk/research-innovation/our-research/covid-19-research/covid-19-discover-study Citizens panel question included in the latest survey. Further details in the main body of the report.
Communications and Engagement:	There is a draft communications plan available and further work is in development with the comms and engagement team.
Author(s):	Rebecca Dunn / Alex Layard / Harriet Pine
Sponsoring Director / Clinical Lead / Lay Member:	Peter Brindle

Report title: BNSSG long Covid pathway development

Background

Long Covid is a newly emerging syndrome with wide ranging presentations and severity characterised by symptoms of fatigue, headache, dyspnoea and anosmia and is more likely with increasing age, BMI and female sex. The severity and duration of long Covid does not always correlate with the severity of the initial Covid infection. National and international evidence on prevalence and effective interventions is limited and in preliminary stages.

Nationally, £10 million is being invested in addition to local funding with the aim to help designate long Covid services in every area across England. BNSSG has been given £245k from this fund for 20/21 to set up a local service.

National clinic guidance states that long Covid services will provide joined up care for physical and mental health, with patients having access to:

- A physical assessment, which will include diagnostic testing, to identify any potential chronic health issues.
- A cognitive assessment, to assess any potential memory, attention, and concentration problems.
- A psychological assessment, to see if someone is suffering potentially from depression, anxiety, PTSD, or another mental health condition.

Patients could also then be referred from designated clinics into specialist lung disease services, sleep clinics, cardiac services, rehabilitation services, or signposted into IAPT and other mental health services.

The service is also being considered in terms of equity of provision for people with non Covid post viral fatigue and other similar presentations. A longer term strategic aim is that this service could develop into provision for a wider group of people than those with long Covid.

Emerging future state description of the BNSSG long Covid “offer

The BNSSG long Covid service went live on the 14th December, and the vision for this is an integrated service, personalised to meet individuals’ health and other support needs. The axis of this provision will be via a community based single point of access (SPA), operated by Sirona Care and Health. A clinical case manager receives referrals and operates a virtual clinic, drawing on physical assessment information completed by primary or secondary care and screening information, which, for the majority of patients, is provided at the point of referral. A positive Covid test is not required for referral to the service. The case manager then considers the various service options available in BNSSG to support individuals to have their needs met, in line with national guidance.

National resources, such as the www.yourcovidrecovery.nhs.uk website are also used to help people understand and self-manage and, where possible, find solutions to resolve the symptoms they are experiencing. The national team have recently added increased functionality to the website, so patients can now be referred by a trained and registered clinician to engage with an interactive rehabilitation offer that includes personalised care plans, activity diaries and symptom checkers. This can be sent out as a free paper manual on request. As more information becomes available on this service, there needs to be further discussion as to whether patients are referred here first from primary care and other services, or once they have been referred and triaged by the SPA.

People can access the Sirona SPA via referral from primary care or from secondary care hospital follow up. Broad criteria for access have been developed and are based on the Yorkshire rehabilitation questionnaire and the clinical history of the patient. However at this stage, the service is not rejecting referrals on the basis that they do not meet criteria. As long Covid is a new condition, there are not yet validated screening tools, but by capturing patient related outcome measures (PROMS) and working closely with clinical academics, BNSSG will start building baseline measures and understand more about the condition and continue to develop, and assessment the impact of, rehabilitation services.

The scope of the 'offer' being discussed her is the community led service and does not include Covid patients who are being followed up in post ICU or HDU clinics, or following other hospital admissions. If clinicians see people in these settings who are presenting with long Covid symptoms, they can refer them directly to the SPA.

In line with the NICE guidance, it is recommended that patients are referred to the SPA12 weeks or more from the onset of initial Covid like symptoms. However where clinically appropriate, referrals can be made at an earlier stage. Diagnostics such as routine bloods or chest x-rays where appropriate are done before referral to the service, but won't delay referral.

Referrals are triaged and patients signposted where there is a clear pathway, for example referral to the fatigue service or where support in the community can be provided from VCSE organisations. More complex cases are discussed at regular virtual MDT meetings and the case manager plays an active role in co-ordinating their care.

One of the challenges with developing the service model is that there is no recognised way of quantifying need and demand. The population health management team have been developing a modelling approach that gives indicative figures and the long Covid pathway is taking a test and learn approach in order to be able to manage the level of demand and also provide the support patients require. A key aim is for the SPA to avoid developing a waiting list and for patients to get support for symptoms that are troubling them the most in a timely way.

Timeline

The key milestones and tasks being undertaken by the programme can be seen below:

Task	Start Date	End Date
Agree referral criteria for service	30/12/2020	30/12/2020
Referral process for additional diagnostics to be agreed	30/11/2020	04/12/2020
NICE guidelines being published	23/12/2020	30/12/2020
Screening tools to be agreed for service	01/01/2021	08/01/2021
Roll out of yourCovidrecovery phase 2	31/12/2020	31/12/2020
Agree how YCR phase 2 fits in pathway	30/11/2020	18/12/2020
Clinicians to be registered and trained on YCR website	07/12/2020	30/12/2020
Health inequalities subgroup	15/01/2021	15/01/2021
Virtual MDT to be set up	15/01/2021	15/01/2021
Modelling of potential wave 2 long Covid demand	29/01/2021	29/01/2021
SPA starts accepting referrals	29/01/2021	29/01/2021
Decision on hospital admission follow up	01/12/2020	15/12/2020
Post ICU follow up mapped across BNSSG	01/12/2020	30/12/2020
Reporting of time from referral to assessment/treatment and activity	30/01/2021	30/01/2021
Include future funding of service in system planning	31/03/2021	31/03/2021
Explore links with development of community pain service	19/04/2021	19/04/2021
Milestones		
Tasks		

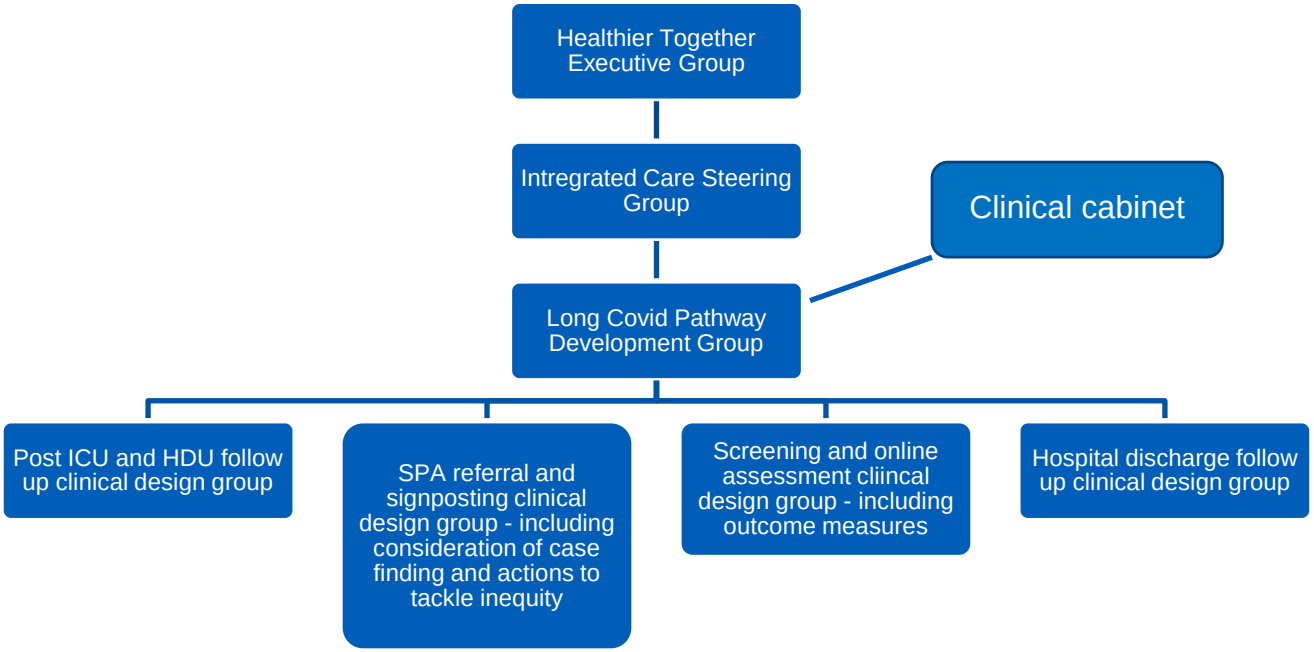
Sirona have appointed a case manager who has now started in post. Initially they are implementing the day to day running of the SPA, including mapping pathways to other appropriate services and making links with potential voluntary sector partners that can support individuals in their community and key specialised services, which are likely to be accessed when clinically indicated, such as chronic fatigue or IAPT. The initial referral criteria and screening tools for long Covid services have been agreed and the SPA has started triaging referrals received since 14th December.

As increasing numbers of are accepted, the SPA will is starting to report on time from referral to assessment/treatment and activity, with the first draft of figures expected by the end of January. Outcome based metrics are also under development (links to the regional and national team are in place to ensure BNSSG draws on any available support for this) and draft metrics have been shared by NHS E/I which may initially need manual collection

Programme governance

The Long Covid Pathway Development Group reports into the Integrated Care Steering Group. Beneath that, four sub groups have been working to develop various components of the service offer. In addition there are also clinical design groups for health inequalities and diagnostics planned for January. The governance structure for the programme can be seen in figure 1 below.

Figure 1 - Programme Governance



Financial resource implications

On 1st December 2020, NHSE/I informed the Programme Management that the BNSSG system had been allocated £245,000 to establish long Covid services in 2020/21.

The proposed costed plan is described below and was submitted to the regional team on 7th December, and approved at the Integrated Care Steering Group on 10th December.

Theme	Estimated cost	Output	Recurrent / Non-recurrent
Sirona SPA	£166k	Case manager for 12 months and SPA running costs	Recurrent
Digital screening questionnaire capture	£34k	Digital completion and data capture	Non-recurrent
Co-production and communications	£20k – TBC through Comms Team	To develop and promote service model to meet needs of range of groups	Non-recurrent
Online long Covid fatigue support group	£25K	Additional B7 resource based on successful pilot	Recurrent
TOTAL	**£245**		

Risk implications

The main programme risks described to date can be seen below:

Title	Initial Risk Score	Target Risk Score	Status	Risk Owner
No recurrent funding agreed to date and this is new activity	12	9		Rebecca Dunn & Alex Layard
There is a risk BNSSG may not be able to respond to the demand of long Covid patient numbers	16	8		Cerdiwen Massey
There is a risk around being able to resource this service amongst all other priorities and with current system pressures	16	6		Cerdiwen Massey

Recurrent funding for the long Covid service provision will need to be considered as part of the 21/22 ICS planning round.

How does this reduce health inequalities?

This proposal will only impact health inequalities if efforts are made to reach people most adversely impacted by Covid-19 and therefore are most at risk of suffering from long Covid.

The programme is working to establish routes to achieve this, such as actively case finding within specific communities and considering alternative entry routes to the service, supported by the voluntary sector. This is at the early stages of consideration but will be a central part of the service development going forward. The work will include approaches such as the Health Equality Assessment Tool and working actively with groups who have been disproportionately impacted by Covid. A health inequalities clinical design group is being arranged for January.

How does this impact on equality and diversity?

The groups that are most likely to be disproportionately affected by long Covid are those with higher numbers of Covid cases and thus more likely to have long Covid, such as BAME and deprived groups. Groups may also be negatively affected if they are unable to have digital access, such as some older people.

Feedback on a draft EIA has already been received from the Joint Impact Assessment Panel and this is in the process of being reviewed and updated. Close links are being made with the above work which aims to directly impact health inequalities associated with health seeking behaviour and access to health services as this new service is established.

Consultation and Communication including Public Involvement

In October 2020, a survey was distributed to all GPs in BNSSG to help understand the presentations that were being seen by primary care. 31 responses were received, that outlined the following key areas:

- On average GPs have seen 5 patients in past 3 months
- Most patients seen 1-5 times, but ~40% of patients have been seen 6-10 times
- Most common symptoms are fatigue, shortness of breath, muscle pains and problems concentrating
- Main interventions currently used by GPs include watch and wait (80%), blood tests (76%) and imaging, e.g. chest x-rays (59%)
- 38% have referred to specialists, with 20% prescribing medications and / or recommended OTC options
- GPs are looking for specialist service or clinic to refer into, with specific support for respiratory, fatigue and the wider impacts (e.g. on work / employment status) and localised advice, guidance and support for patients

Questions regarding long Covid have also been included in the Citizen's Panel survey. The results of this are expected back mid-late December.

Clinicians from across the system, operating a range of related services were also interviewed to understand what activity is being seen and what individual services were doing in response to the new activity they were seeing. This helped the programme understand the associated resource implications, gaps in service provision and aspects of inequity that are emerging as a result of organisations responding to the impact of long Covid presentations within current service provision.

An approach is being developed to go out to the wider public and key stakeholders with a view to understanding more about what is needed in terms of support and to gain more input into the development of the long Covid service from those experiencing the condition. Funding is currently being reviewed to support communication and engagement work due to internal resource limitations. This will help develop long Covid pathway provision further and ensure that the service is proactively responding to the needs of those with long Covid symptoms. It will also enable the programme to reach those communities that may not routinely seek health support but are most in need of long Covid care. The service could evolve into a community based support offer for people with undifferentiated post-viral symptoms that stretch beyond Covid-19.