

Impact of Long COVID in Havering

REPORT TO THE PEOPLE OVERVIEW AND SCRUTINY SUB-
COMMITTEE

What is Long COVID?

- Long COVID is described in United Kingdom guidelines as “symptoms and signs that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4 to 12 weeks) and post COVID-19 syndrome (>12 weeks and are not explained by an alternative diagnosis),
- It can be a debilitating condition affecting an individual’s physical, psychological and cognitive health, and their ability to go about their daily life, to work or attend education.
- The challenge posed by Long COVID is that there are no effective pharmacological or non-pharmacological interventions that exist to cure this condition. Additionally no specific risk factors have been identified yet as being associated with the occurrence of this disease.
- The plan in the NHS is to support service planning, assist continuous improvement in the quality of long COVID services, and address the variation in waiting times across England for these services to reduce health inequalities. This plan aligns with the Elective Recovery Plan and focus on:
 - increasing capacity
 - prioritising treatment
 - transforming the way we provide care
 - better information and support for patients.
- All of which continues to be done with Havering residents and partners.

Supporting residents with Long COVID

GP led Post COVID 4 to 12 weeks

Community service led Post COVID >12 weeks rehabilitation

START

Patient feeling unwell presents to GP post COVID, history taken and physical examination where required *

Investigations:

- Blood tests
 - Chest Xray
 - Desaturation test
 - Blood pressure (? postural)
 - Pulse oximetry to monitor stats
- +/- Direct referral to other speciality via usual pathways

Referrals:

- Social prescribing
- IAPT
- Community respiratory team
- IRS
- Speciality; cardiology, ENT etc.

Self-help:

- <https://www.yourcovidrecovery.nhs.uk/>
- <https://www.bhrhospitals.nhs.uk/coronavirus>
- <https://www.blf.org.uk/support-for-you/coronavirus>

Waiting time from referral to first appointment (ideal 2 to 6 weeks)

BHRUT Post COVID 19 clinic or GP from community referral

First assessment (OT or physio) at MDT Clinic or straight to therapies (80-90%)

**OT makes arrangements if require e.g. fatigue, vocational rehab etc (70-80%)

**Clinical Health psychologist first appointment (60%)

**Physio first appoint (80-90%)

OT follow up sessions OT/Physio assistant some of the sessions (up to six sessions 2/3/4 weeks apart based on patient needs for up to 12 weeks)*

Up to three session for neuropsychological interventions or up to 16 sessions or long COVID interventions for up to 20 weeks*

Physiotherapy / OT/Physio assistant sessions 12 sessions for up to 12 weeks)*

**Joint OT and/or physio three month review before discharge (<90%)

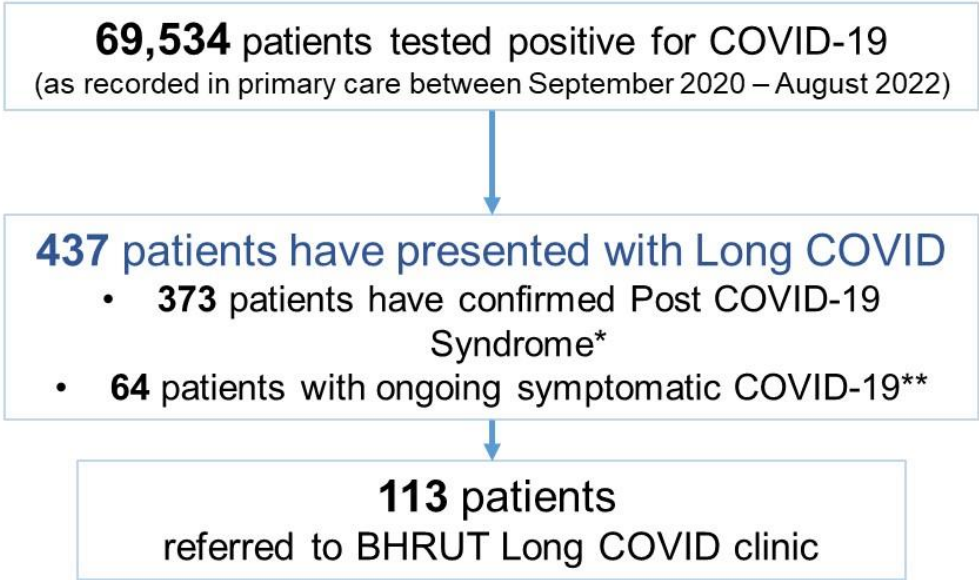
Discharge to GP And step down service were available

LA Commissioned Exercise on Referral service

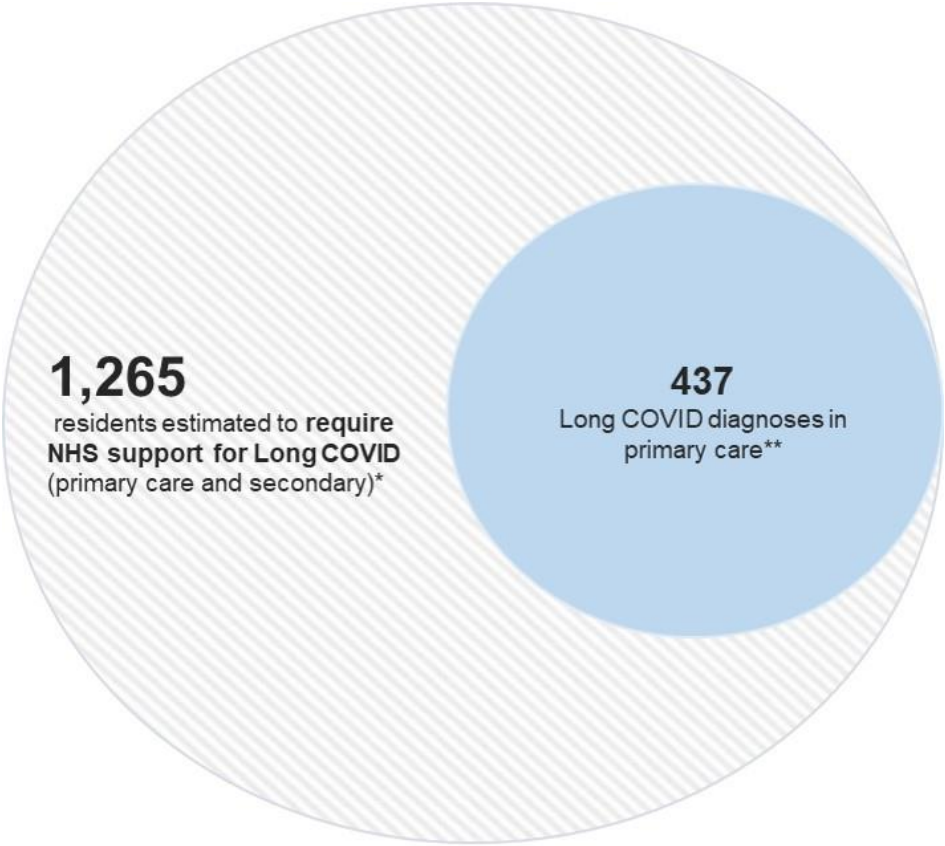
Refer to LTC nurse lead services (hypertension, diabetes, respiratory, heart failure if patients meet criteria)****

OT Occupational Therapy
MDT Multidisciplinary Teams
LTC Long Term Conditions
IAPT Improving Access to Psychological Therapies

Prevalence of Long COVID in Havering



NB: OHID modelling estimates that **1,265** patients will need NHS support (between November 2020 and March 2022)



* Defined as “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. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.”

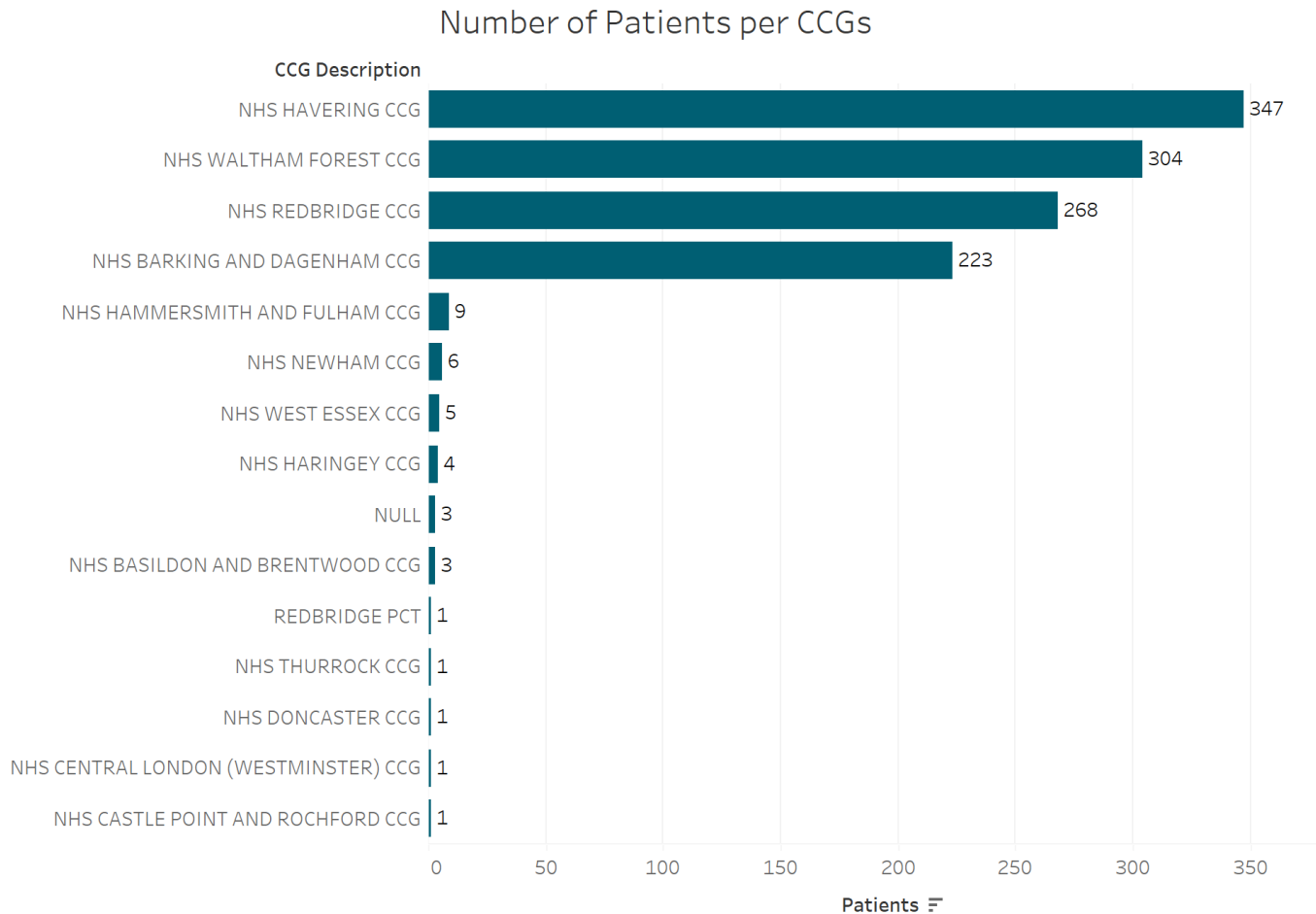
** Defined as “Signs and symptoms of COVID-19 from 4 weeks up to 12 weeks.”

National Institute for Health and Care Excellence. COVID-19 rapid guideline: managing the long-term effects of COVID-19. 2021. www.nice.org.uk/guidance/ng188

Source of primary care data: Clinical Effectiveness Group (CEG)

* Based on OHID modelling estimates for cases between November 2020 – March 2022
** Based on primary care data from the Clinical Effectiveness Group (CEG), collected September 2020 – August 2022

Access to the Long COVID service



Utilisation of the BHR Integrated Long COVID service

The local service has catered more for London borough of Havering residents in comparison to the boroughs of Barking & Dagenham and Redbridge. A total of 1,177 patients have received therapeutic interventions by the service of which almost a third, 30% are from London borough of Havering.

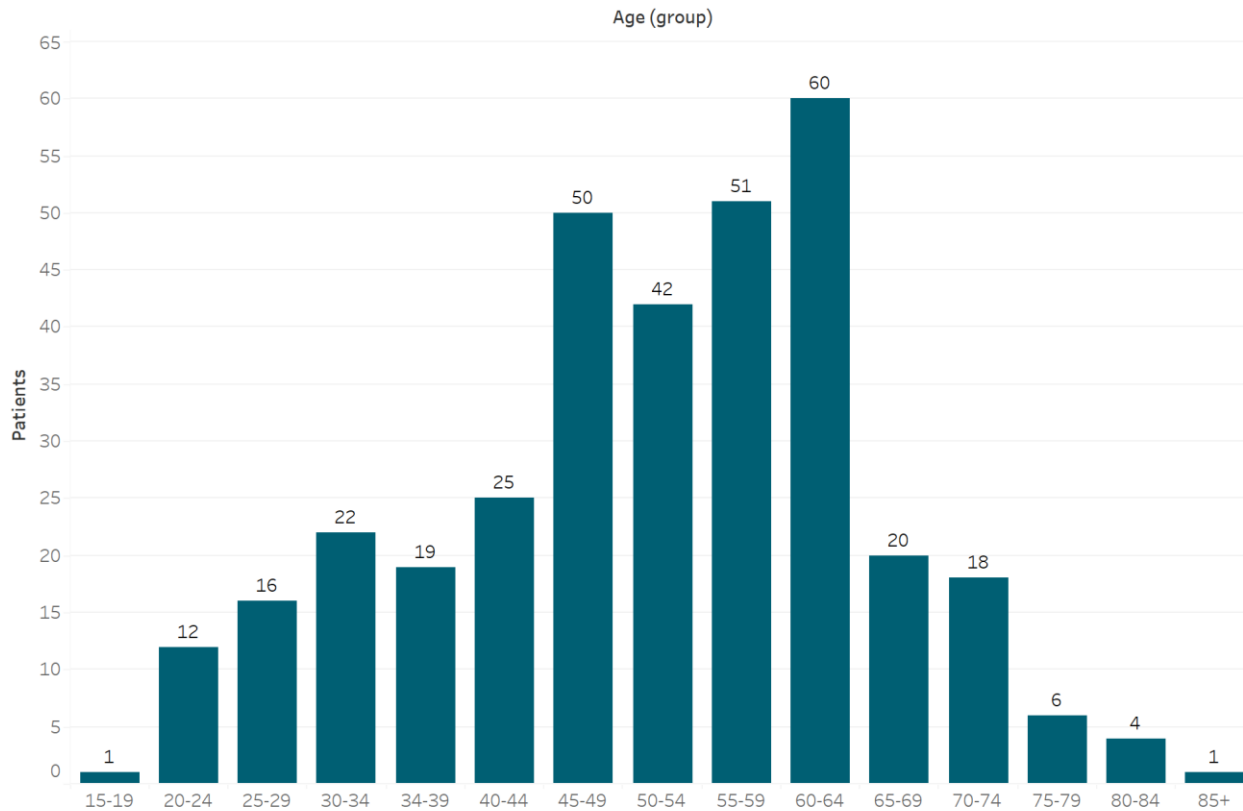
10 other areas referred their residents to our local service from West and Central London, Essex and beyond at the inception of the service of this have now been controlled



Presentation

Therapeutics uptake: demographics

Havering CCG Age



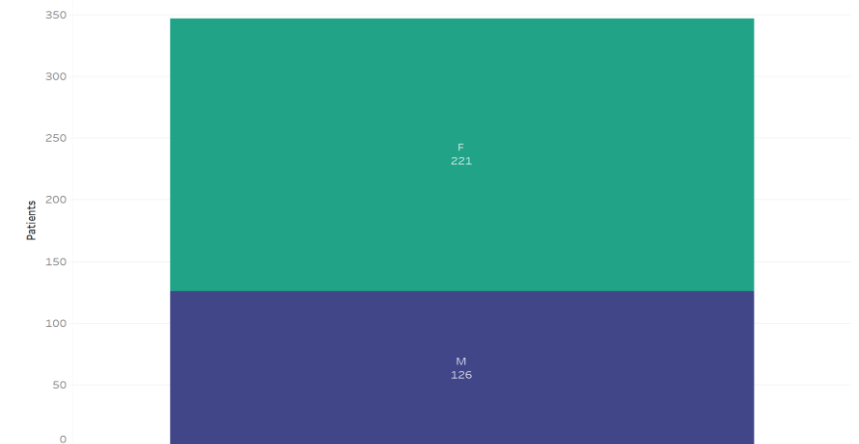
Therapeutics for Long COVID was more to:

- People > 40 years old which made up **80%** of those who accessed the service
- Females in almost a ratio of **2:1** F:M and White British [**52%**]

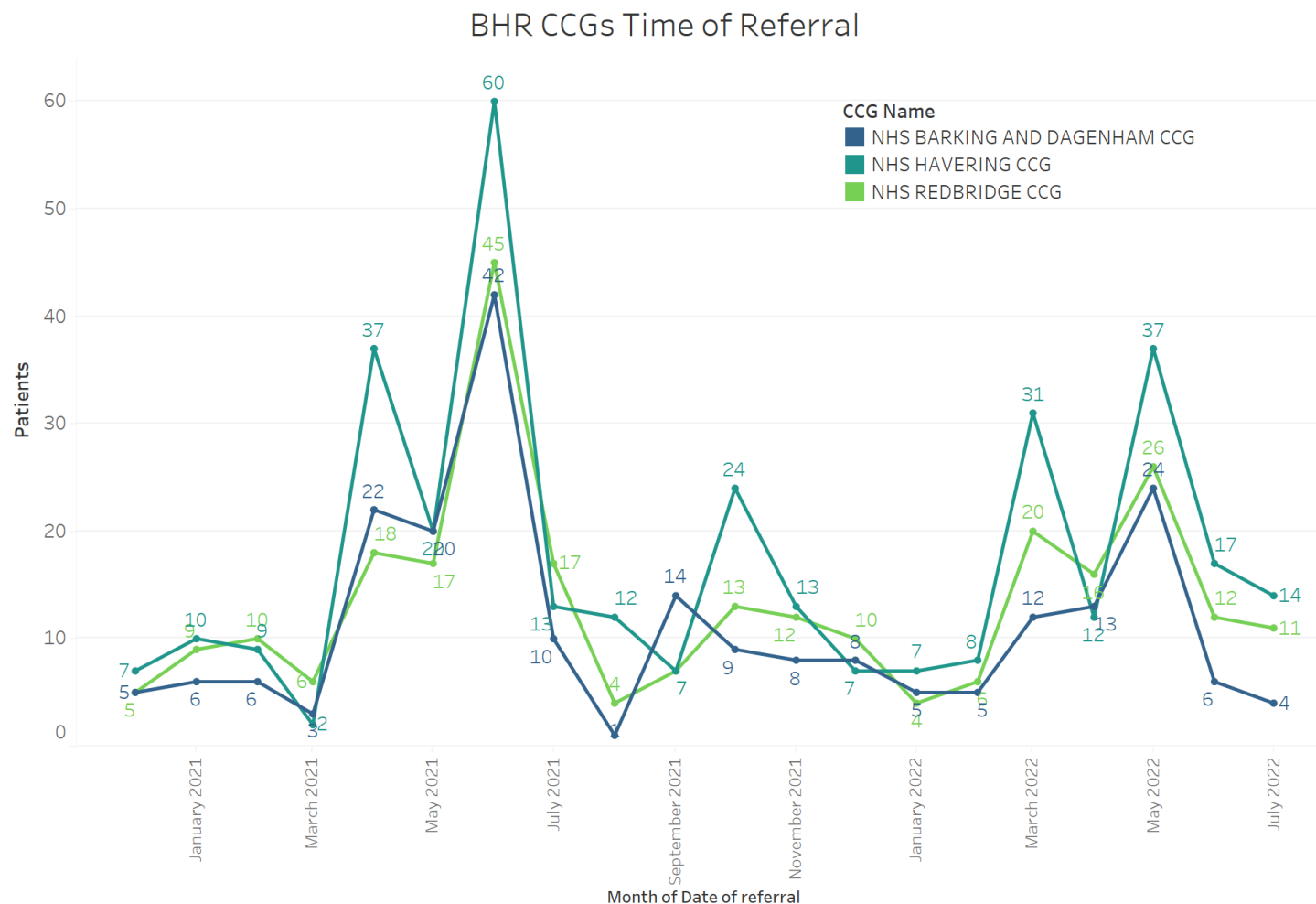
Havering CCG Ethnicity



Havering CCG Gender



Referrals into the Long COVID clinic



Dwindling referrals

Acutely aware of the decreasing referrals across Havering, Barking & Dagenham and Redbridge. Though Havering remains relatively higher than the other boroughs, through our communications and engagement colleagues, we are working on the barriers e.g. timely diagnosis, as we know these barriers are likely to be important for vulnerable groups. Following the BHR HealthWatch Survey, we are consciously working through information and cultural barriers that may impede residents in accessing care.

Commitment of NHS North East London

- Right sizing capacity to deliver care relative to population need
- Continue to develop and refine group sessions to narrow health inequalities
- Developing a single team for all Clinical Health Psychologists working across long term conditions and older people projects in 2022/23.
- Reviewing the initial findings from the BHR Healthwatch survey of Redbridge, Barking and Dagenham and Havering community experiences of Post-Covid-19 Syndrome
- NEL wide community of practice and homeless education plans.