NHS Highland

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Ms Siobhian Brown MSP
Convener
COVID-19 Recovery Committee

By email: Covid19.Committee@Parliament.Scot

Date: 10 February 2023
Your Ref:
Our Ref: LC/LB/PD/CL

Enquiries to: Pam Dudek
Email:

Dear Ms Brown

Inquiry into Long COVID

Thank you for your letter dated 17 January 2023.

Please now find attached as requested our submission which provides further information in relation to Long COVID services within NHS Highland.

Yours sincerely

PDudek

Pam Dudek
Chief Executive

Appendix: Long Covid Information for NHS Highland

LONG COVID INQUIRY: INFORMATION FROM NHS HIGHLAND

Details on the current services available including information on how the Scottish Government funding has been used:

- The Scottish Government funding has provided fixed term posts of 1 WTE OT, 0.5WTE Physio and 0.6 WTE administrator and 1 session per week Respiratory Consultant.
- The Long COVID referral route through SCI Gateway went live on 22 September 2022. Currently approximately 100 referrals - triaging, screening, aligning to groups, 1;1s or supported self-management.

In December 2020 our Clinical Resource Group requested that a clinical sub-group meet to consider Long COVID requirements. The recommendation for a tiered approach of screening, self-management and multi-disciplinary support was established.

The Long COVID national group had its first meeting in March 2021. Scottish Government announced in September 2021 that £10 million of funding would be made available and will be based on a board gap analysis.

NHS Highland bid was submitted on 31 March 2022.

Worked with the NSS team to prioritise:

- Phase 1 - OT, (1WTE) Physiotherapy (0.5WTE) and admin (0.6WTE).
- Phase 2 - to set up a multi-disciplinary complex patient meeting with the rehab team and appropriate secondary care representation.
- There is funding available for this from unallocated funds - currently have one session per week with a Respiratory Consultant. Exploring a primary care representative for this weekly meeting
- Our board has access to the C19-YRS App and we use this for education resources directly available to the patient and for screening and outcome measurement.
- We access a local third sector self-management provider and have funded licenses for e-learning. We are establishing groups collaboratively with “Lets’ Get on With It Together” (LGOWIT) and our clinicians co-hosting to allow for peer support and education in condition management and coping strategies.
- Our service is combined with Occupational Health referrals of our own staff reporting Long COVID, and the Mental health after covid admission to hospital (MACH) Service

It is considered that medical input is essential to support a triage and screen process for more complex patients, ensuring that the appropriate medical investigation and diagnostics have been carried out and there are no red flags.

The Long COVID service is recommended to be a GP referral route only to ensure that the ongoing management of a patient remains in primary care and appropriate diagnostics and screening are facilitated (as per SIGN guidelines).

A board wide COVID Recovery Board has been established and meets regularly and reports into the Condition Management Programme Board, part of the Together We Care strategic oversight. The board requires pathways between primary and secondary care and from the small follow-up team into wider local MDT's including mental health services. This work is ongoing alongside the provision of training for colleagues.

Barriers to service development and provision:

No established funding yet aligned for medical assessment – requires multi-disciplinary, multi-specialty approach that would support the complexity of Long COVID.

Short-term nature of current funding and requirement for security of ongoing funding to ensure those individuals developing expertise in this condition are retained. Confirmed funding agreed by Finance Teams in December 2022 for next financial year recruitment. Letters from Scottish Government did not provide early financial security.

Implementation by Scottish Government of two separate pathways and funding streams for MACH and LC services – same people to a considerable extent.

National funding provision made available in May 2022 left a delay of over a year for some people with Long COVID.

Length of time to recruit, identify and grade job descriptions, plan and set-up services means some long-term patients have established chronic conditions with secondary deconditioning and mental health issues, together with high expectations of what the service can achieve and that rapid access to the service will be facilitated.

Additional funding, in line with submission for medical and primary care support alongside allied health professionals, would enhance the service.

Funding was directed to prioritise mild to moderate presentations and supported self-management. Some of our patients are complex, a handful we are aware of are severely impacted and are bed-bound. Many are moderately impacted and unable to return to work.

Expectations of patients – there is an expectation that patients will be referred to the service, be seen quickly and be provided with an answer. The lack of multi-specialty medical screening makes this more challenging.

Rehabilitation requires behavior change, motivation, compliance with management techniques to make a difference. Some are not well enough to engage with that, some are not at the right point of acceptance.

High expectations of the wider clinical teams of the team to be formed and specialist in Long COVID. Our therapists joined in November 2022 from other clinical areas with a wealth of professional skills but have not worked with Long COVID.

Time is needed to establish skills having seen patients with Long COVID, be supported in their own learning and feel supported by the appropriate medical and primary care expertise. There is still a requirement to understand the impact and pathways for children nationally and within our board.

Leadership time is non-funded and additional to an existing leadership role. The amount of time in developing, leading, education, supporting, advising, responding, meeting and planning is considerable. Currently 1-2 days per week.

Requirement to be a virtual service, funding cannot support local services – too many teams across the board. Not being able to offer face to face is difficult in some cases.

National, and in-board, siloed approach to secondary, primary and community services makes it difficult to provide a holistic approach. Need for service redesign to support.

Health inequalities and issues accessing technology and online support. There is feedback from Long COVID patient groups that people will need access to services via different mechanisms based on their functional ability, ability to work in groups, understand and utilise the education, reading ability.

Lack of alignment with model or provision in England.

Examples of good practice:

Use of C19-YRS App – validated tool, we are the first Scottish Board to use, recommended in NICE guidelines for screening and education.

Involvement of OT to work holistically in physical and psychological presentation and vocational rehab.

Physiotherapy expertise and input from Psychology due to combination with MACH service. Input from Respiratory Consultant to weekly triage.

Work with local third sector provider Lets' Get on with it Together (LGOWIT) with e-learning resource, peer support and progressing to joint delivery of groups

Virtual working and use of technology.

The national Planning group is an excellent form of support and joint learning. More capacity in a Once for Scotland approach would mean each board is not doing its own learning and development with lag of service delivery

Committed clinical and operational leadership. Clinical teams keen to support.

Within our board we requested flexibility with unallocated funds, and this was approved. This is positive as the services need flexibility with the funding to provide additional sessions to cover referrals at the point of service launch, extra leadership for service development, secondary or primary care input and other items like IT equipment and phones.

Details of future plans for long COVID service provision in the short and medium term:

We are currently planning the staffing based on confirmation of year 2 funding. There has been a delay in the clarity on the funding for 2023/24 that means that some secondees are returning to the substantive roles. We hope that the service continues for the third year and is linked to the board's Condition Management Programme where we hope a long-term conditions management service will be provided.

The objective of the board-wide Condition Management programme is to create and implement a holistic framework for the management of long-term conditions, which will focus on symptom management rather than conditions themselves as we know that there are symptoms which cross over multiple LTC's such as chronic pain, breathlessness and fatigue. The aim is to prevent admissions to hospital and improve the outcome of LTCs for our population by taking this symptom management approach-which will promote and provide information/education around self-management and will be partnering with 3rd sector on the design of this service.

Areas of focus for the Inquiry

Therapy and rehabilitation

There is access to 1.5 WTE dedicated OT & Physio in the board for Long COVID patients (and 0.6 WTE admin). This resource is required to screen, triage and treat patients as well as coordinate care. There are currently 100 people referred to the service. Groups and treatment pathways are being developed. Clinicians are developing skills in managing Long COVID and are required to provide education across the health and care teams within the roles.

In NHS Highland we have up to 65 Allied Health Professional teams. Staff are based across the whole board area working in multiple roles like ward, community & out-patients. Our clinicians within community teams will work with many different conditions and presentations. There are no designated community rehabilitation services in the NHS Highland community, teams will carry out many different forms of interventions like provision of rehabilitation, equipment and adaptations. The community teams will also have waiting lists. Patients who have severe and complex Long COVID should be known to the local teams due to the severity of their condition, but the clinicians will be developing skills around management of the condition as they work with the patient and by using the resource in our Long COVID service. A robust education and development programme is required. Patients with mild to moderate presentation may not be referred to rehab and may have to wait on a waiting list alongside others. We have recognised the difficulty in recruitment and capacity across our rehabilitation teams.

There is no long-term Condition Management Service in NHS Highland currently.

Awareness and recognition

There is a huge amount of recognition for Long COVID within the patient group. There is limited awareness and knowledge across the health & care professions currently. People with Long COVID report a lack of recognition by GPs and a lack of clear pathways to access services.

Study & research

We are the Scottish NHS board involved in the UK-wide LOCOMOTIOn study (LOng COvid Multidisciplinary consortium Optimising Treatments and services). This will provide links to the ongoing research programme from established UK clinics.

Research is required to support clinical teams in effective management. There is much research going on and available, time to study and evaluate alongside developing services and seeing patients is difficult. Feedback from other members of the health teams is that time to review current research and learn about Long COVID is extremely difficult with capacity issues and service pressures.