

Lessons Learnt from Rehabilitation Care Pathway Implementation : The Leeds Long COVID Community Rehabilitation

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Pathway Criteria

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”.

GP referral pathway -

<https://www.leedsccg.nhs.uk/about/covid-19-primary-care/resources-for-professionals/post-covid-19-pathway-and-guidance/>

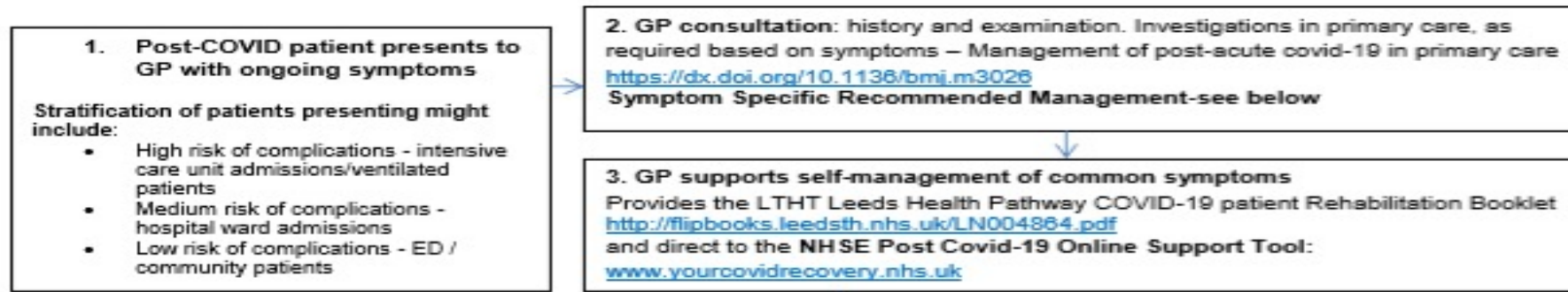
GP responsibility to rule out alternative diagnosis, pre referral investigations include but not limited to; bloods for fatigue, chest X-ray if breathless, STS test to check for desaturating patients, ECG for palpitations. Updated guidance about to be released.

Hospital Pathway - under care of community teams and / or respiratory team if on oxygen. Can be referred into covid rehab pathway at 12 weeks if problems persist – not many patients.



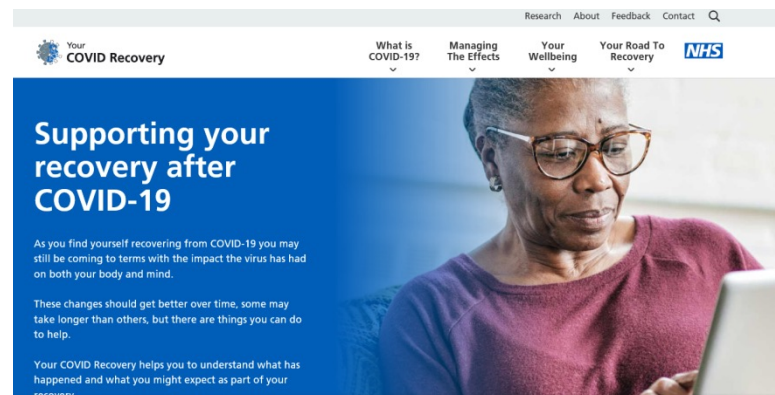
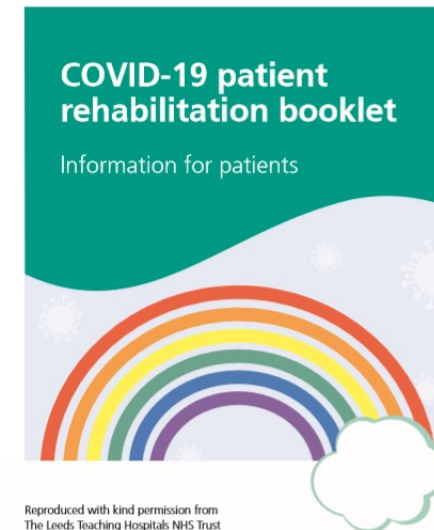
COVID Rehabilitation Primary Care guidance

Leeds Covid-19 Recovery Follow-up in Primary Care



Support self management:

- Leeds COVID Rehabilitation Booklet
- Your COVID Recovery Online Support



Dr Bryan Power

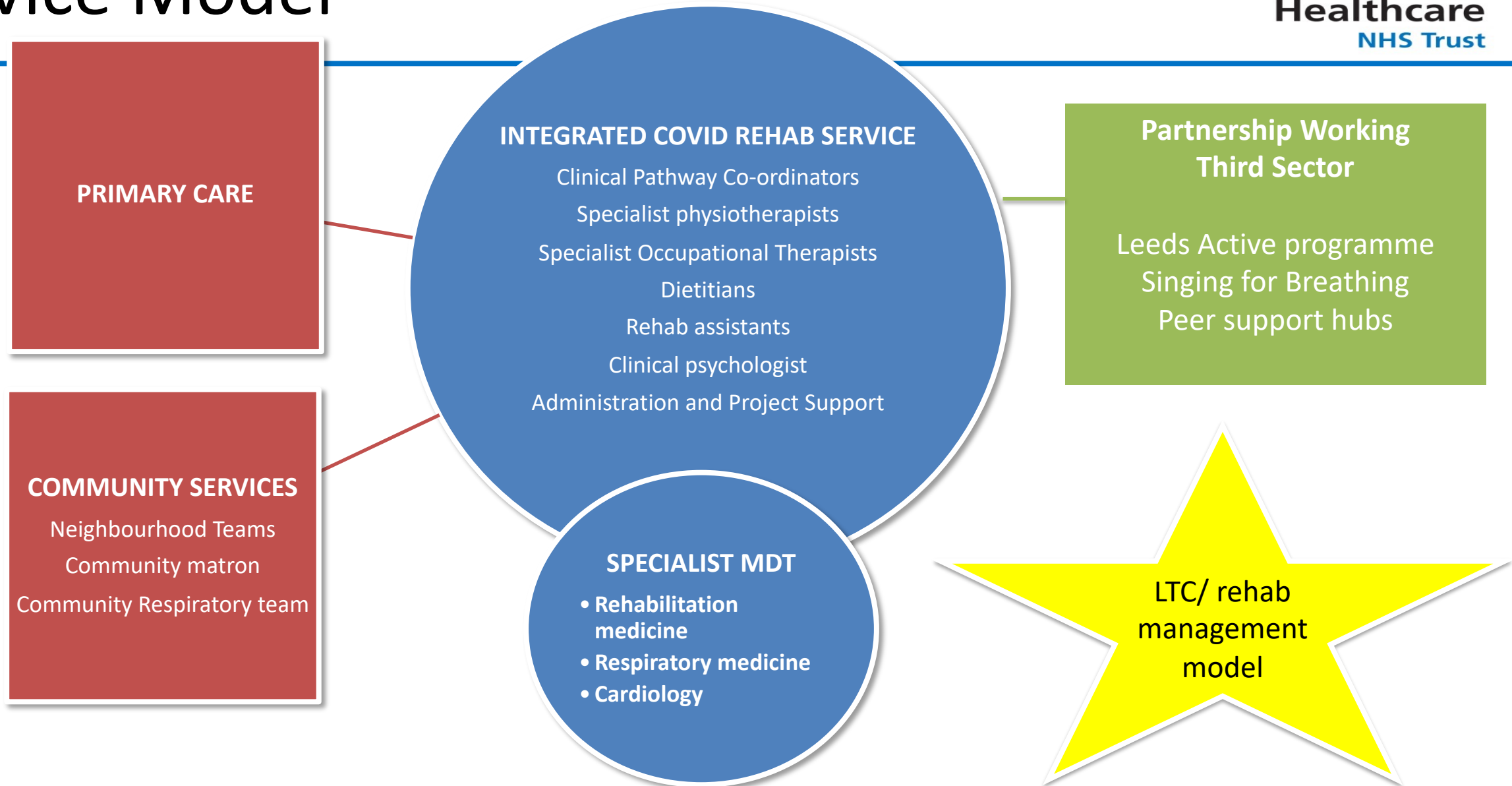
GP

Long Term Conditions clinical lead, Leeds CCG

“The pathway and guidance has enabled primary care to **confidently assess, investigate and manage** patients and refer appropriately to the Covid Rehab service. The key advantage is that it’s **not just as assessment service** but it continues to manage and support patients in the longer term in a **holistic, rehabilitation** manner. It’s been a **great success story for Leeds** and not something I could have envisaged in the pre-Covid era”



Service Model



Service Model changes – 12 months

THEN

Home Visit model

- 8.8 AHPs
- Service need and demand unknown.
- Aetiology and rehab needs not fully known
- Low profile locally, nationally and internationally
- No patient information/resources
- Triage – email/paper/phone

NOW

Hybrid Model – clinic/ home / virtual

- 10 week virtual course
- 19.9 AHPs + admin and ops
- Award winning flagship service – high profile
- Still evolving pathology and learning as evidence is published
- NIHR 'project LOCOMOTION' – leading service
- Long COVID rehab booklet
- Triage – predominately app
- Partnership working & groups
- Health Coaching approach



Service Model changes – 12 months

• HOW

- Leadership & MDT
- Clinical supervision
- NEW team relationships built virtually through different forums for sharing
- Team Resilience/ health & wellbeing – ODI/better conversations/ team ‘blue sky thinking’ days / relaxation sessions
- Every individual involved with every decision – empowering / nurturing and flourishing
- Regular service evaluation / data analysis
- Ongoing recruitment to address service need
- Inequalities working group

• WHY

- To meet increasing demand
- To be able to adapt new learning about the condition and implement relevant service changes accordingly
- Continue to learn about the condition
- Collecting data for a developing national picture
- Improve service access across the city
- Increase awareness of LC
- Providing the best patient care and service
- Ensure equity of access



Rehabilitation Approach

- In clinic
- H/V
- Joint assessments
- OM collection, dysautonomia testing
- Passport
- Virtual 10 week symptoms digital course
- Review after course
- Individualised 1-2-1 approach
- Developing drop in weekly therapy group sessions (relaxation/ yoga / breathing control/ gentle exercise/ self-management support strategies)



Rehabilitation Approach

- Triage / initial assessment is key – C19-YRS
- Identifying PEM
- Slow stream rehab approach (avoid relapses/boom-bust cycle)
- Dysautonomia approach
- Different to normal – not graded / challenged
- Symptom titrated physical activity
- Activity and Fatigue diaries
- Pacing / energy conservation
- BORG and spO2 – challenge safely
- Breathing techniques and re-training
- Vocational rehab
- Dietary/ nutritional support
- Supporting psychological wellbeing / signposting and referring on
- Bespoke resources created - virtual therapy sessions with support network and long haul rehab booklet.



Clinical Outcomes

Measuring the severity and impact of Long Covid is established research practice within the service. Standardised outcome measures are assessed at [baseline and discharge](#), including the C19YRS, EQ5D (Mental Health Wellbeing Measure), Modified Fatigue Impact Scale, MRC Breathlessness Scale, 30 second sit-to-stand test.

- Recent Evaluation of Clinical Outcomes:

- 🕒 86% report an improvement in health-related quality of life assessed through EQ5D (EuroQual 5-dimension instrument)
- 🕒 66% demonstrate improvement in the Medical Research Council breathlessness scale
- 🕒 82% report functional improvement through sit to stand test
- 🕒 85% have improved fatigue scores on the Modified Fatigue Impact Scale



Key Lessons learnt

- Care co-ordination / triage and C19 YRS
- Complexity = longer appointment times
- Slow stream rehab
- Consultant / medical support and skill mix of the team (physical and mental health)
- Partnership working to support flow / longer term management
- Large scale rehab offer utilising virtual approach and apps alongside individualised care
- Vocational rehab needs
- Research embedded



