

# Post COVID

Stockton-on-Tees Health and Wellbeing Board

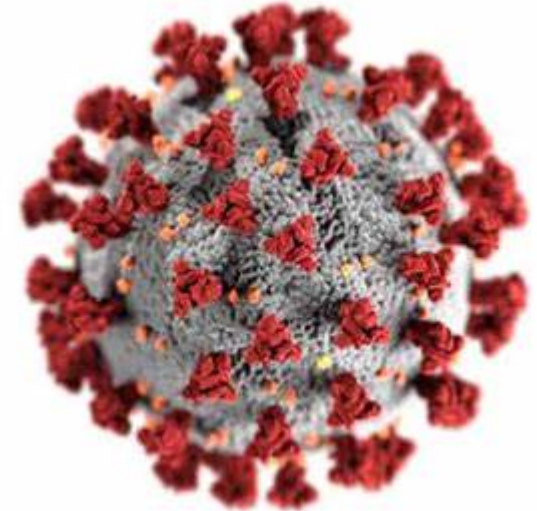
27 April 2022



# Overview

## Post COVID

- What is Post COVID?
- Who is affected by Post COVID?
- What works to prevent and treat Post COVID?
- Which services are available locally?
  - Post COVID service NTHFT
  - Post COVID pilot Tees Active



# Post Covid Definition

NICE states that the term '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 (from 4 to 12 weeks) and post-COVID-19 syndrome (12 weeks or more).

The WHO adds that the post COVID condition occurs usually 3 months from onset of the infections, lasts for at least 2 months, cannot be explained by an alternative diagnosis and impacts on everyday functioning. Symptoms may be new onset following initial recover or persist from the initial illness; symptoms may fluctuate or relapse over time.

# What is Post Covid

## Clinical Picture

- Common symptoms include fatigue, shortness of breath, cognitive dysfunction (brain fog) but also other symptoms that generally have an impact on everyday functioning
- Symptoms may be new onset following initial recovery from an acute COVID-19 episode or persist from the initial illness
- Symptoms may also fluctuate or relapse over time



Source: Science in 5, WHO, April 2022

# COVID 19 Epidemiology

## Infection rates – whole pandemic until 31 March 2022

- Stockton-on-Tees has had high COVID-19 infection rates throughout the pandemic in adults and particularly in children and young people.
- Stockton-on-Tees and The North East infection rates are both above the England infection rate as a whole.
- These high infection rates pose a long term threat on both ability to work and learn if Post COVID occurs, as well as added pressure on the NHS.
- Although we have the national estimate of prevalence it is still unclear what impact the high infection rates locally will have.

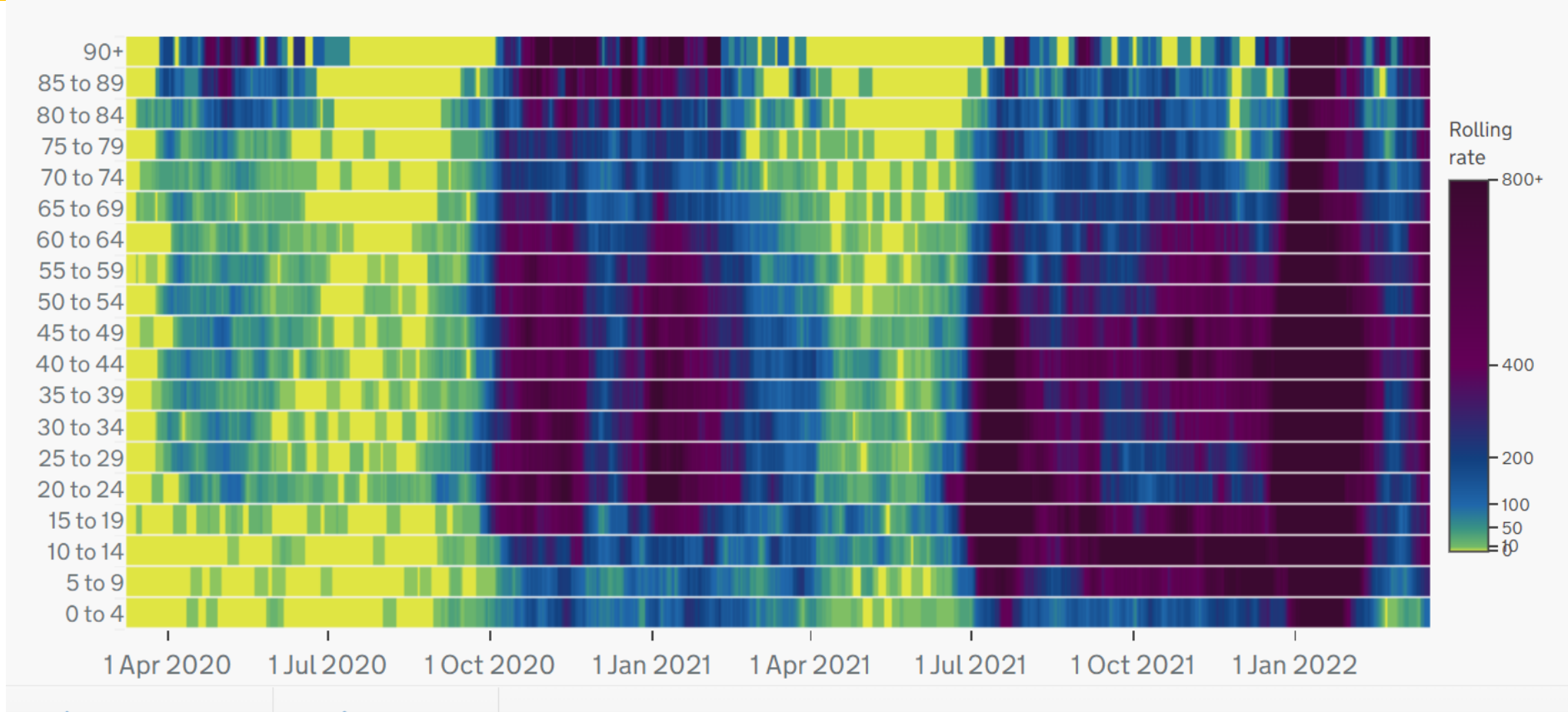
| Area             | Case rate/100 000<br>Whole pandemic |
|------------------|-------------------------------------|
| UK               | 32,260                              |
| England          | 32,214                              |
| North East       | 34,326                              |
| Stockton-on-Tees | 35,582                              |

Source: [Cases in the UK | Coronavirus in the UK \(data.gov.uk\)](#) 12 April 22

# COVID 19 Infection rates

## Age groups in Stockton-on-Tees

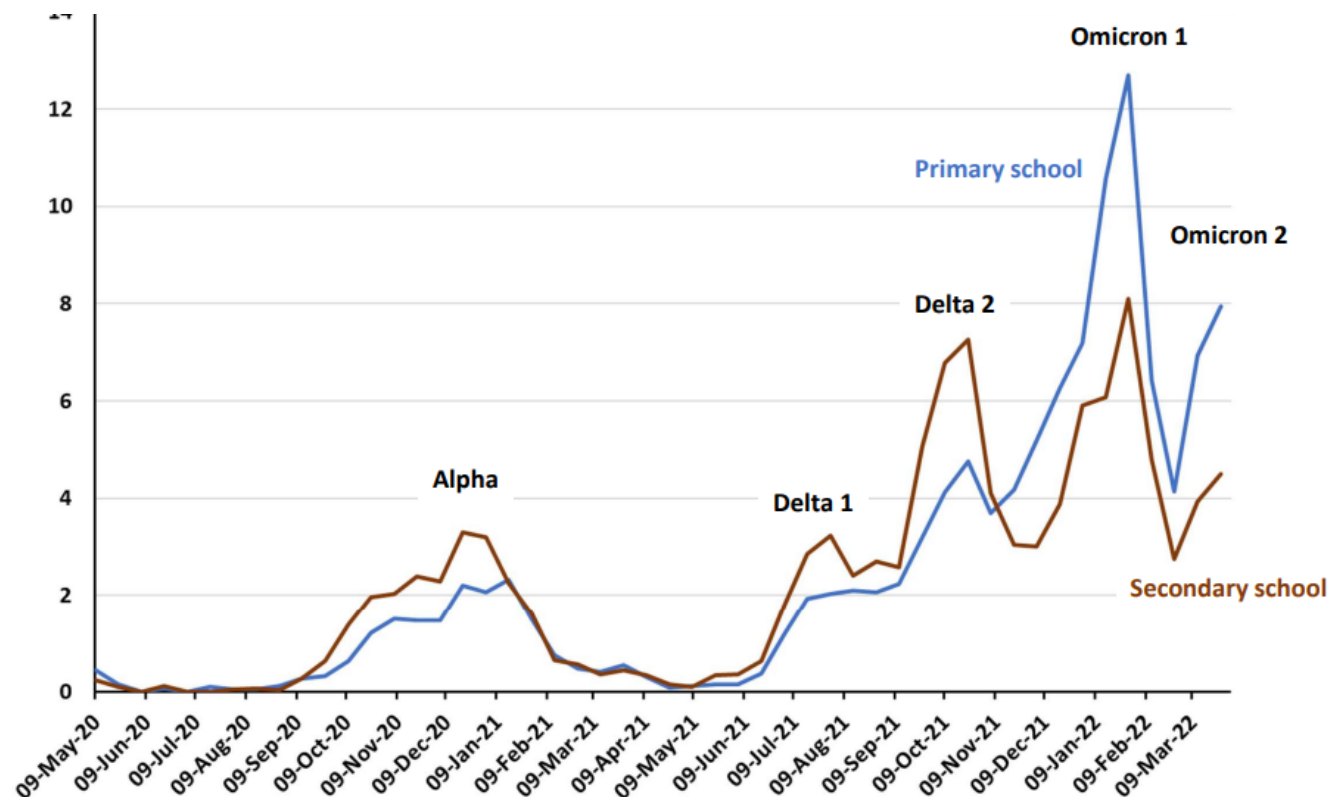
- High infection rates in working age adults in several waves
- High infection rates in children and young people since mid 2021
- High infection rates in older people in first waves again with omicron



# COVID 19 Infection rates

In primary and secondary school aged children and young people across the UK

- Percentage of children testing positive every fortnight (ONS infection survey)
- Since May 2020 there have been 5 significant waves
- High infection rates are increasing the risk of Post COVID



Data from <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/coronaviruscovid19infectionsurveydata>

# Post COVID Prevalence

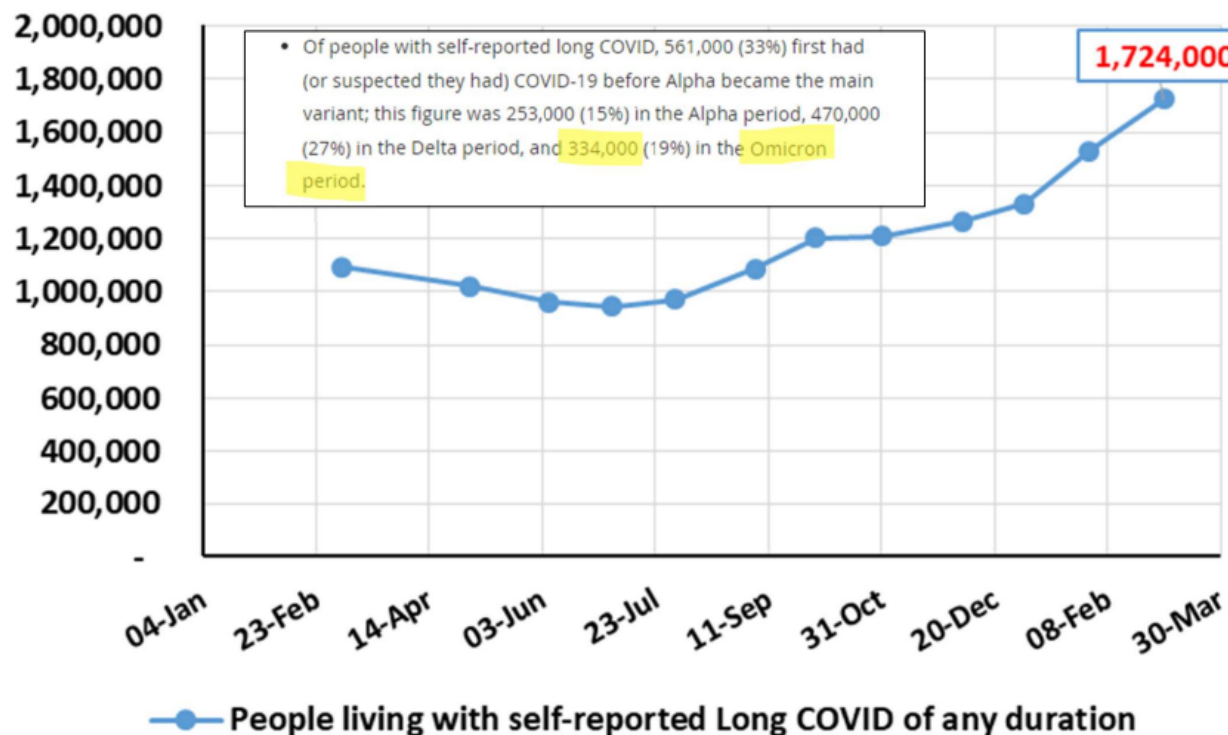
## All ages, UK

- An estimated 1.7 million people living in private households in the UK (2.7% of the population) were experiencing self-reported long COVID as of 5 March 2022
- Prevalence of self-reported Post COVID was greatest in people
  - aged **35 to 49 years**,
  - **females**,
  - people living in more **deprived areas**,
  - those working in **social care, teaching and education or health care**, and
  - those with another activity-limiting **health condition or disability**.
- Shows the impact of Omicron even in a highly vaccinated population.



### Number of People Living with Self-Reported Long Covid in the UK Mar 6, 2021 to Mar 5, 2022 (up to January infections)

(Source: ONS Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK Reports)



Source: Independent Sage based on ONS data, April 2022



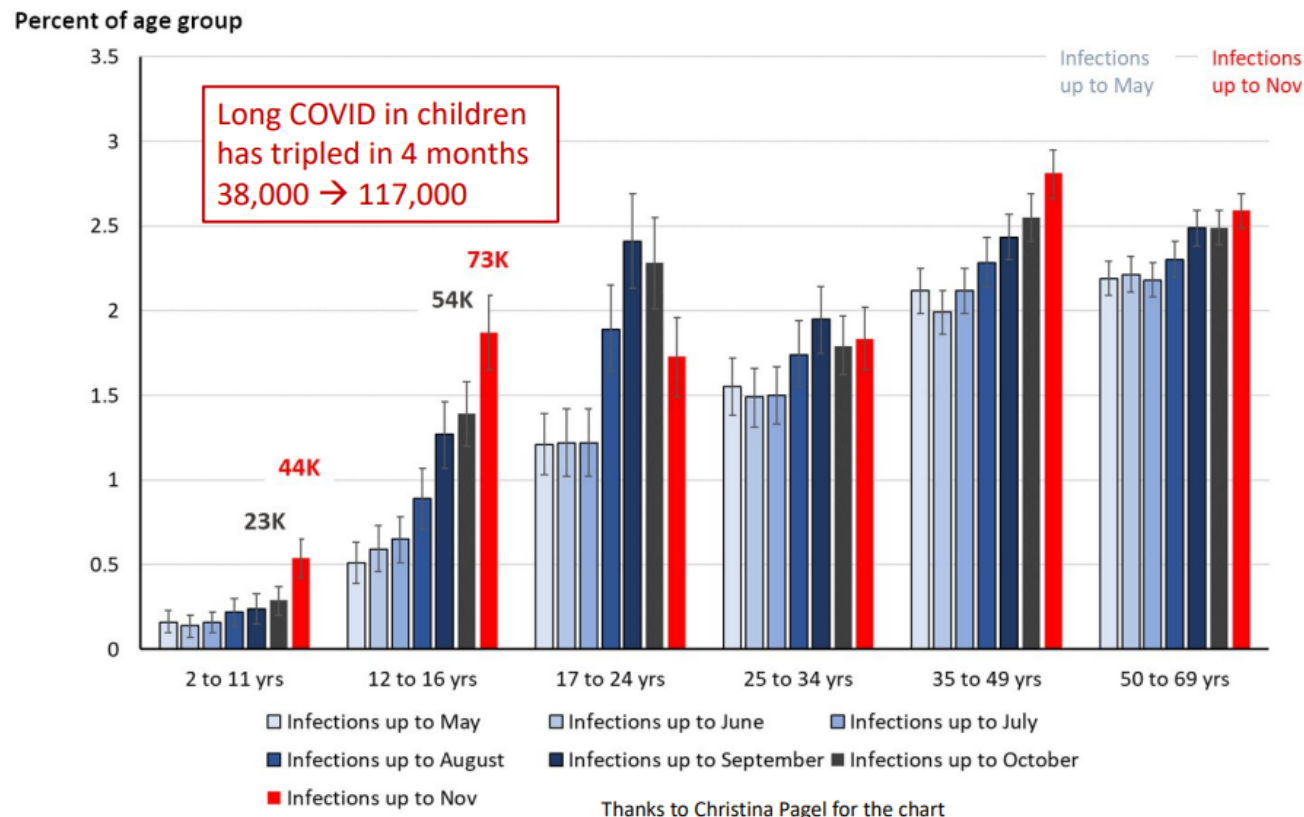
# Post COVID Prevalence

## in children and young people, UK

In the UK since March 2020 an estimated

- 1% of primary school pupils had Post COVID at some point
- 2.7% secondary school pupils had Post COVID at some point

Post covid has increased steeply in children and young people at the beginning of 2022 following high infection rates in autumn and winter



Source: Independent Sage based on ONS data, April 2022

# Post COVID risk

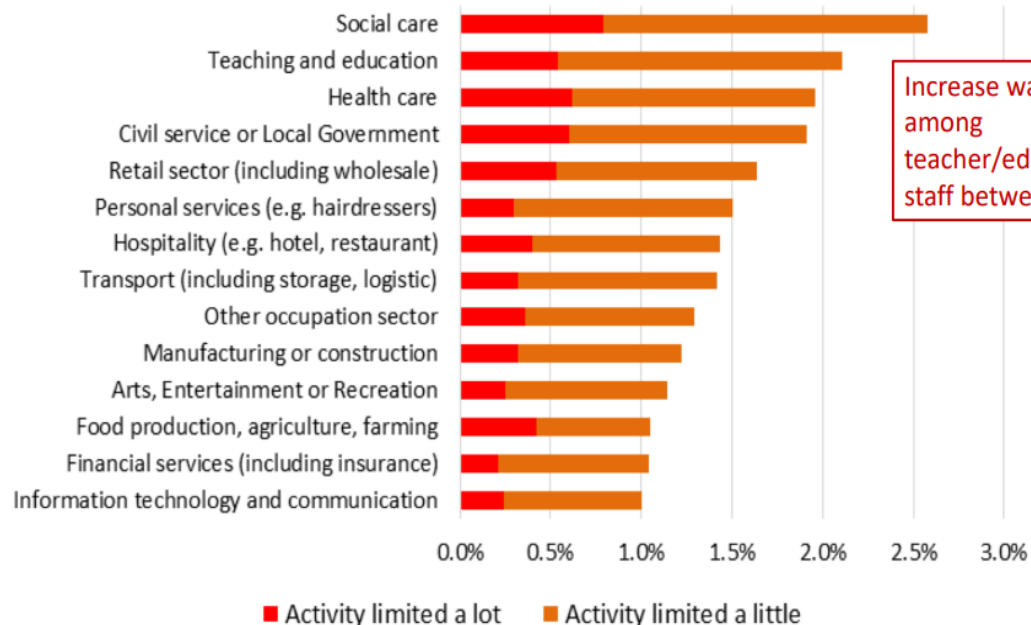
## By profession

- Staff in social care and teaching & education most affected followed by health care
- day-to-day activities of 65% of those with self-reported Post COVID affected, 18% reporting "limited a lot"



### Impact on People Living with Self-Reported Long Covid By Job Sector in the UK: Dec 6, 2021

(Source: ONS Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK Reports)



Increase was greatest among teacher/educational staff between surveys

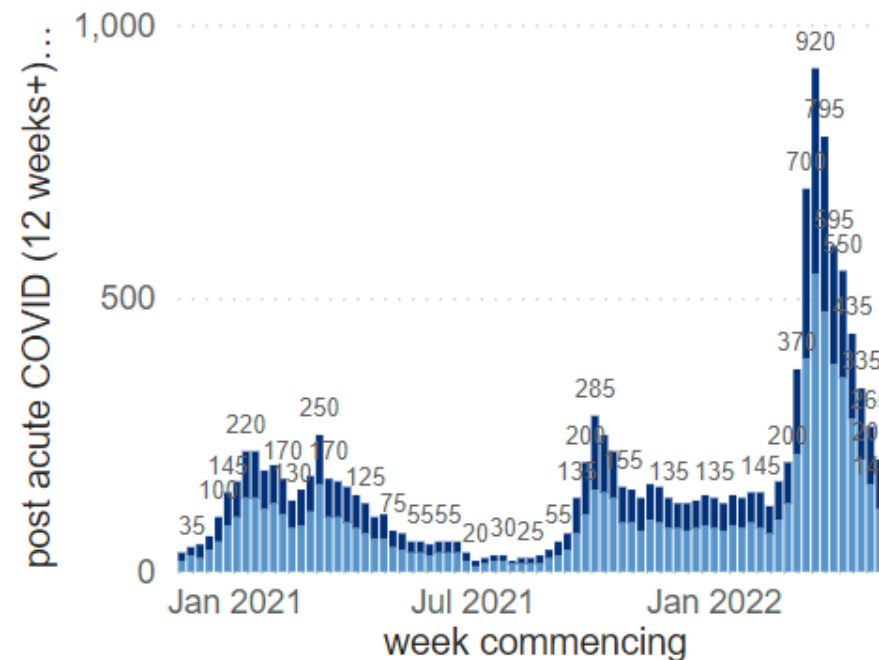
# Post COVID Prevalence

total and by gender in Stockton-on-Tees

**13,285**  
post acute COVID (12 weeks+), new cases

- Definition: new cases who require a service are those that have their activity limited a lot.
- Data based on self reported symptoms in Coronavirus Infection Survey by ONS
- **2,625** - throughout pandemic estimated number of people in Stockton requiring a service
- **655** - estimated number of people in Stockton requiring a service between April and December 2021

Sex ● Female ● Male



# Prevention of Post COVID

## IPC and Vaccination

- Prevention of transmission and resulting infections through Infection, Prevention and Control (ventilation, hand and cough hygiene, cleaning)
- Vaccination can reduce the likelihood of developing Post Covid
  - ONS study finds that full vaccination prevents self reported long COVID in adults by 41% (pre Omicron data)
  - Study with 28356 participants find 12.8% decrease in likelihood to develop Post COVID after first vaccine

[Self-reported long COVID after two doses of a coronavirus \(COVID-19\) vaccine in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

[Changes in the trajectory of Long Covid symptoms following COVID-19 vaccination: community-based cohort study | medRxiv](https://medrxiv.org/)

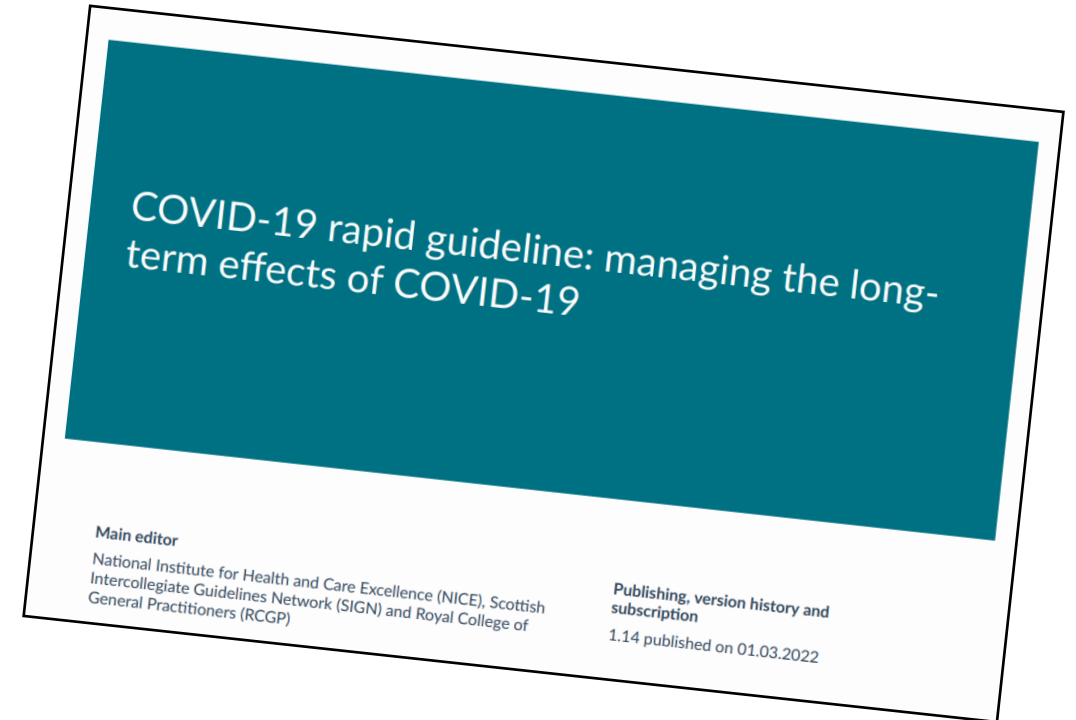
# Treatment

## NICE guidance

### Recommendations

- Advice and information on self management e.g. NHS website 'Your COVID Recovery'
- Comprehensive assessment and appropriate investigations
- Multidisciplinary and personalised approach to physical and psychological rehabilitation e.g. specialist Post COVID services
- Consider ability to return to education or work
- Offer additional support if required e.g. older people, complex needs

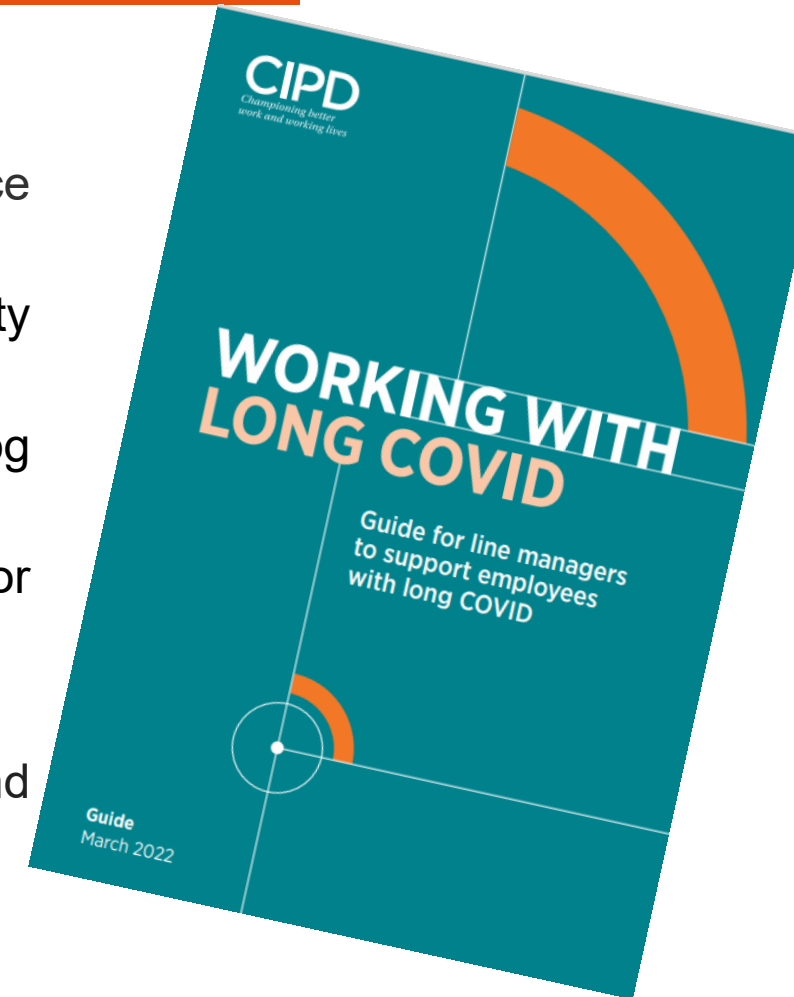
.....ongoing research into treatments



# Occupational Health

## Challenges

- Post COVID adds to the burden of an aging workforce and workforce impacted by continuing COVID-19 infections
- Lasting, varying and fluctuating symptoms of Post COVID impact on ability of staff to work and when back might limit ability to participate fully.
- Limited understanding of new illness with some symptoms such as brain fog which are not visible
- Current capacity and pathways may result in staff not meeting the criteria for support or experience longer waiting times for assessments and support
- Staff may not meet specific criteria for reasonable adjustments
- Financial implications due to lost or reduced employment for employees and the employers



# What help is available locally?

## Post COVID Services

### **Post Covid Service:**

3 services based in acute trusts in Tees Valley. Post COVID Clinic at NTHFT

### **Community Services:**

PCP COVID Resilience project – Psychological support

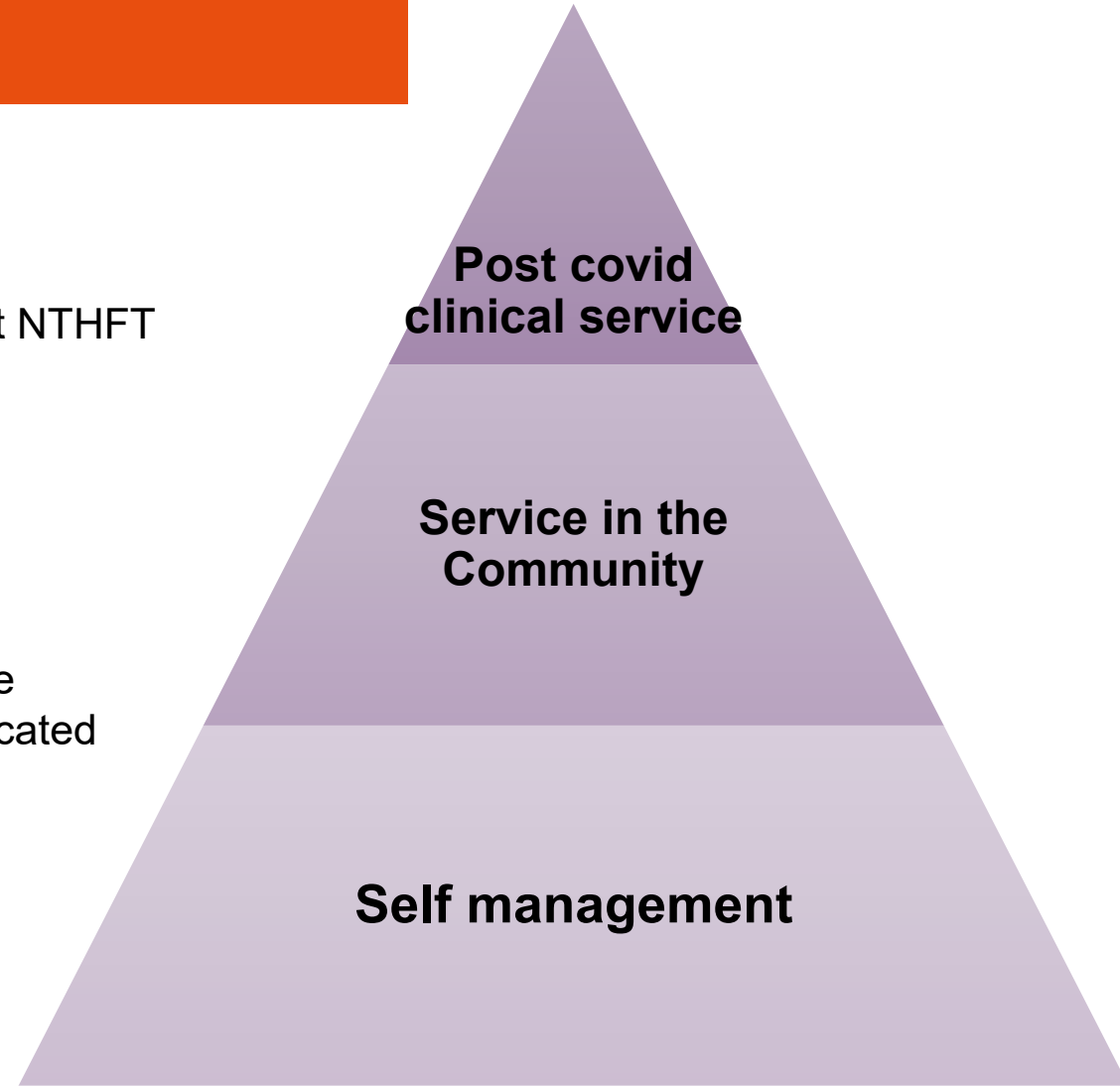
Tees Active Service – supporting through physical activity

### **Self management:**

Your COVID recovery (YCR), Digital platform via referral, other online resources/forums, such as British Lung Foundation who have a dedicated phone line for support for those with Post COVID breathlessness.



Your  
**COVID Recovery**



# PCP Resilience Project

## Emotional and mental health

The Resilience and Recovery Project is delivered by the Pioneering Care Partnership in Stockton -on- Tees.

The Project offers support to help increase emotional and mental resilience in response to Long Covid and the effects of isolation, shielding and government restrictions.

1:1 support is given over a 12 week period to help people move forward and achieve personal goals and milestones.

Behavioural activation strategies are used to help empower and motivate people on their journey such as:

- identifying pressure points
- prioritising actions
- reinforcing healthy behaviours and reducing negative ones





# Development of local community services

## community rehabilitation support

- Discussions with primary care, secondary care, neighbouring authorities and community organisations to understand local services available
- Recognition of the complexity of the multi system disease and the importance of supporting recovery
- Review of Guidance and recommendations on managing Post COVID
- Engagement with Community Champions to understand local perspective and experiences
- Identification of gap for those in Stockton-on-Tees suffering from lower severity Post COVID
- Existing 'Active Health' programme at Tees Active well placed to provide support through physical activity to those with long term health conditions as well as established relationships with primary and secondary care
- Development of bespoke service to support those with less severe symptoms who would specifically benefit from increasing their physical activity levels as **one** element of their recovery
- Evidence base for interventions to decrease sedentary behaviour in terms of health outcomes and Post COVID, the impact of the pandemic on obesity

# Tees Active Post COVID Service

## Physical Activity to Support Recovery

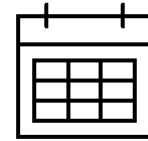
9 month pilot delivered by Tees Active, started in January 22, free to access, offering support through structured physical activity for those specifically identified as benefiting from the service.



Individual referred through primary or secondary care to the free pilot based on suitability, less severe symptoms, there is no option for self referral



The initial consultation with Tees Active GP referral staff includes 4 objective physical measurements and 1 mental wellbeing score: Breathlessness, sit to stand, 6 minute walk test, balance, WEMWBs

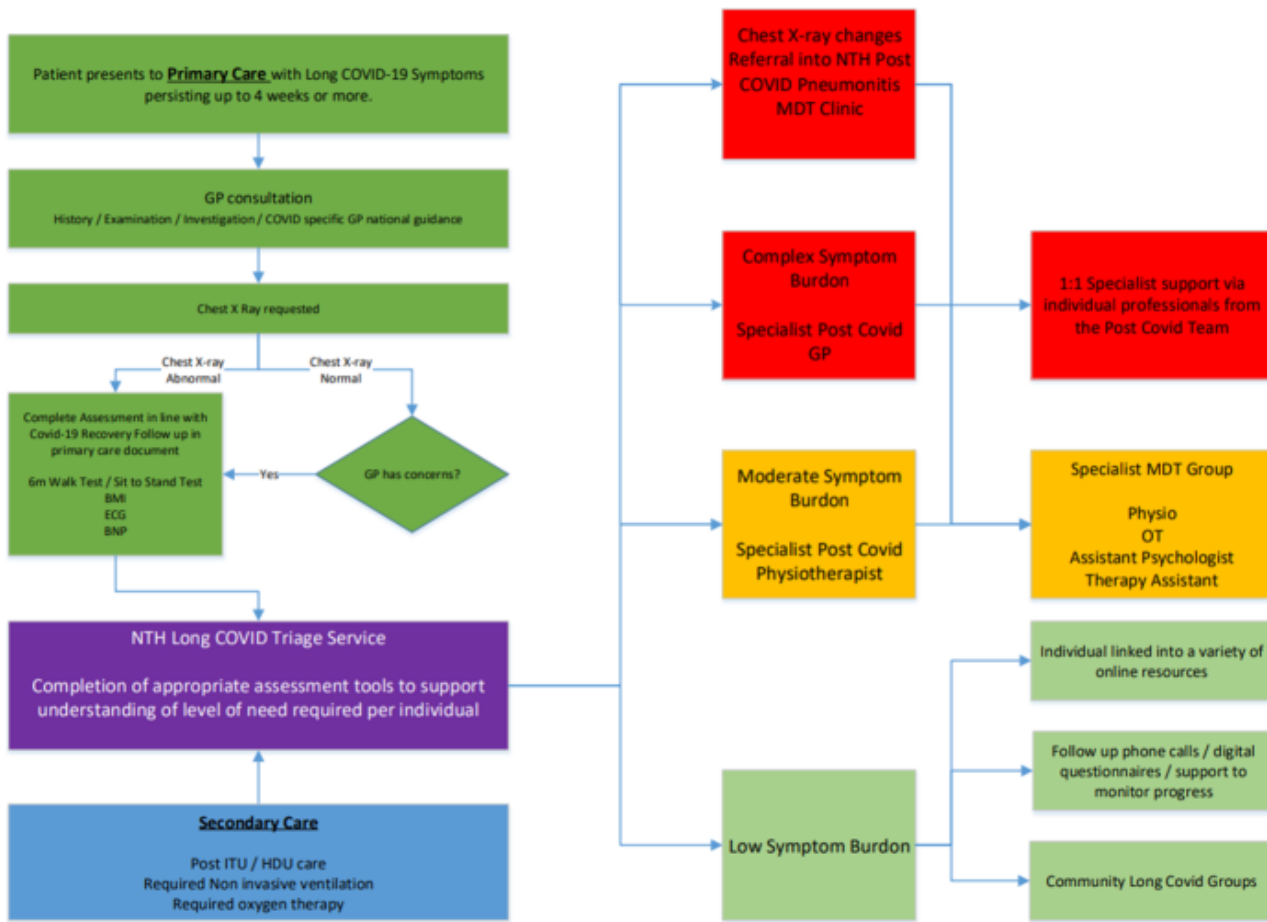


The individual is prescribed and recommended a physical activity plan for 12 weeks, options for group based, low impact, swimming or gym based



The final consultation consists of the same tests, understanding of improvement in ability to carry out day to day activities and service evaluation

# NTHFT Post COVID Assessment Service



6 week education groups, introduction to exercise, information and support on topics such as sleep hygiene

# Post COVID Clinic Staffing



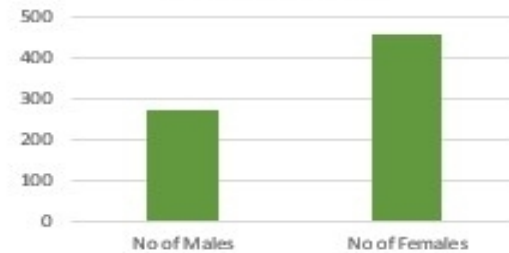
# Post COVID Service Data

| Locality   | Long Covid Referral Numbers | %   |
|------------|-----------------------------|-----|
| Hartlepool | 306                         | 40% |
| Stockton   | 398                         | 60% |

| Referral Source | Total      | %Total |
|-----------------|------------|--------|
| GP              | 605        | 83%    |
| Consultant      | 93         | 13%    |
| Other           | 29         | 4%     |
| <b>Total</b>    | <b>727</b> |        |

| Long Covid by Age Groups | %  |
|--------------------------|----|
| 19-24                    | 2  |
| 25-34                    | 5  |
| 35-44                    | 20 |
| 45-54                    | 30 |
| 55-64                    | 30 |
| 65-74                    | 11 |
| 75-84                    | 2  |
| 85+                      | 0  |

Chart Demonstrating Referrals by Gender 21 /22



Line Graph Demonstrating Change in Referral Flow 21/22



| LongCovid Service Offer      | No of Referrals | No on Wait List | Wait time | Total Patients Waiting |
|------------------------------|-----------------|-----------------|-----------|------------------------|
| LongCovid Triage             | 298             | n/a             | <1w       | n/a                    |
| MDT                          | 136             | 10              | 4w        | 24                     |
| Physio                       | 291             | 36              | 4w        | 15                     |
| <b>Total No of Referrals</b> | <b>725</b>      |                 |           |                        |

| Digital Interface       | Number |
|-------------------------|--------|
| YourCovidRecovery       | 95     |
| Digital interface other | 144    |

# Post COVID Data (cont.)

## Post Covid Data

11. Number of diagnostic tests requested in the post-COVID assessment service for those with completed assessments in the reporting period

| PHYSIOLOGICAL  |     |
|--|-----|
| Pulse oximetry (saturation of oxygen and heart rate) | 117 |
| Lung function  | 63  |
| Peak flow  | 2   |
| Blood gas  | 2   |
| Echocardiogram                                       | 9   |
| Fraction of exhaled Nitric Oxide                     | 1   |
| Exercise tolerance test                              | 1   |
| Blood pressure                                       | 28  |
| ECG  | 2   |
| Tilt table   | 0   |
| Heart rhythm monitor                                 | 2   |
| Physiological - other                                | 2   |
| IMAGING  |     |
| CXR  | 3   |
| CT chest   | 14  |
| MRI brain  | 0   |
| Cardiac MR   | 0   |
| VIQ scan   | 2   |
| Imaging - other                                      | 2   |
| PATHOLOGY  |     |
| Sputum sample  | 1   |
| COVID antibody test                                  | 0   |
| Phlebotomy   | 10  |
| Pathology - other                                    | 0   |

12. In the reporting period, once a patient completed their assessment in the post-COVID assessment service (Q10), what pathway(s) did the patient then follow?

| REHABILITATION  |    |
|---|----|
| Dietics and nutrition services  | 5  |
| Physiotherapy / occupational therapy  | 43 |
| Psychological support referral pathway (Improving Access to Psychological therapies (IAPT) and clinical psychology) | 27 |
| Rehabilitation - other  | 51 |
| Fatigue management pathway / service  | 13 |
| Pulmonary rehab   | 4  |
| Cognitive management  | 0  |
| SPECIALIST  |    |
| Lung disease services   | 17 |
| Cardiac Services  | 2  |
| Pain management   | 0  |
| Gastroenterology  | 1  |
| Endocrine   | 0  |
| Neurology   | 3  |
| Rheumatology  | 0  |
| Dermatology   | 0  |
| ENT   | 8  |
| Infectious diseases services  | 0  |
| Specialist Mental Health (not IAPT)   | 0  |
| Specialist - other  | 11 |

Internal reporting system to keep record of the recommended treatment for each patient assessed in the clinics; diagnostics and onward referrals following completed assessment



# Children and Young People Hubs

- Funding received for a 12 month long-COVID assessment clinic 1 day per month at the FHN.
- Dr Murad is the clinical lead with psychologist and physiotherapist input. Expressions of interest are currently being sought for occupational therapy input to make it an MDT approach to clinical assessment.
- Further funding has been agreed for assessment and treatment from the Newcastle locality down to North Yorkshire.
- Plan to expand into home visits and schools to support children to get back to school; with key focus on exercise and respiratory.
- Hubs to be promoted further to widen participation.

# NHS Tees Valley CCG Next Steps

In order to meet the requirements of the NHSE Post COVID Plan, the CCG are working closely with partners to meet a range of objectives including:

- Continue to support NTHFT to plan and implement ongoing education sessions for primary care to raise awareness of Post COVID pathways and support implementation of the Post COVID Enhanced Service.
- Continue implementation and facilitation of Post COVID Steering Group Meetings to share learning across the Tees Valley.
- Begin to work with colleagues across County Durham to consider evaluation techniques and protocols to understand the impact of Post COVID Assessment services on the local population.
- Re-issue a public engagement survey in early 2022 regarding access to self management support tools, primary care and secondary care services. Evaluation of results to support further communication and engagement plans to raise awareness of Post COVID and increase access to information available
- Development of a detailed communication and engagement plan is underway to ensure that information on the local pathways and self-help resources are available to the population via varied formats to address digital health inequality i.e. social media, webpages, printed leaflets/flyers. As part of this we are considering community drop-in sessions open to all with appropriate support to ensure all people have equitable access to information.



# Summary

## Post COVID

- High case rates throughout pandemic result in higher estimated prevalence of post covid in local population
- Yet to fully understand the impact of Omicron on Post COVID following high infection rates as well as occupational health risk
- Recognition of impact on individuals and population
- Importance of raising awareness and ensure availability and access to individual support
- Local services have developed over the last 18 months
- Ongoing learning as Post COVID knowledge and understanding evolves

# For further consideration

Are current services and support meeting the needs of local residents with Post Covid?  
Where are the gaps?

Do we fully understand the impact of post covid syndrome on children and young people? e.g. education, training, mental and emotional wellbeing

What is the wider impact of post covid on individuals, families and society and their ability to stay in or return to work, support their families and wider economy?

# Thank you