East London
NHS Foundation Trust

Virtual Rehabilitation Group for Long COVID-19 Patients: Standard Operating Procedure & Clinical Guidance

Long COVID Service
Newham & Tower Hamlets

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Valine Graizevsky

Contents

1. Background.....4

2. Purpose.....4

3. Responsibility.....5

4. Referral and Triage 5

5. Administration 8

6. Training Structure 8

8. Resource Pack.....9

9. Outcome Measures.....9

10. Group Agreement.....9

11. Training Evaluation.....10

12. Appendices 11

Appendix A: Summary of ELFT Digital Working Policy.....11

Appendix B: The Long COVID Rehabilitation Group Patient Booklet....13

1. Background

Evidence produced by NHS England has found during the pandemic significant progress has been made on offering virtual alternatives to face-to-face contact. This has helped minimise transmission of infection and is an approach welcomed by patients.
Creative ways to educate patients has taken on a different interface. A virtual group workshop model is being adopted in practices across the country and is allowing health professionals to educate patients on a larger scale offering comparable benefits within a Covid-19 context, where mixing households in a group clinic has not been an option. It is also proving to be both time efficient and cost effective to clinicians, helping to reduce the added pressures of demanding caseloads and schedules. It is also being considered by patients a useful complementary approach to receive peer support, spending more time with clinicians and making connections with others who share their condition.

2. Purpose

The purpose of this document is to outline to clinicians the process of delivering a six-week virtual rehabilitation group to Long COVID patients in Newham and Tower Hamlets. This pathway has been welcomed by the Trust's Commissioners.

Each session has been designed to ensure key areas of clinical and therapeutic education is provided to Long COVID patients to enhance their understanding of the condition and provide practical approaches to managing their symptoms on a daily basis, as recommended in NICE Guidelines (2020).

The aim for clinicians is to provide comprehensive teachings to empower patients to take control of their healthcare and reduce any confusion they may have, improve patient experience, and optimise functional performance with the desired outcome of returning to their functional baseline.

Using a digital tool will allow the service to deliver training to a wider group of patients which could not be achieved in a clinic or classroom space when having to apply social distancing restrictions. Remote learning will also allow patients who are still experiencing

acute symptoms to engage from their own environments as a means to conserve energy and reduce acerbation of symptoms.

Face-to-face sessions may also be made available in the future, for patients who prefer a classroom setting or do not have access to a computer, smart phone or the internet.

3. Responsibility

The title of the sessions ‘The Long COVID Rehabilitation Group’ will be ran by clinicians from the Long COVID Service who will be responsible for producing presentations related to their area of clinical expertise.

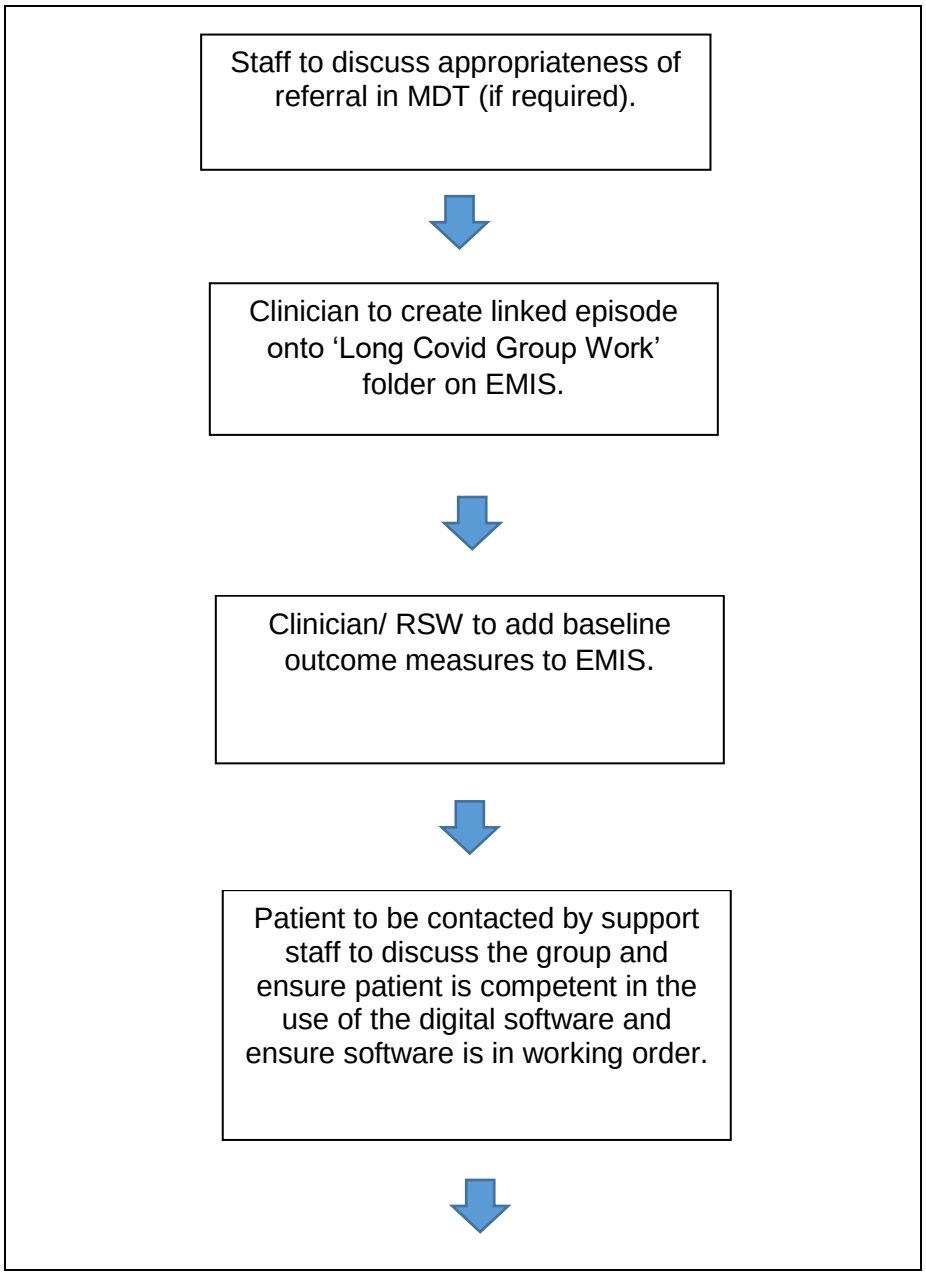
- All clinicians will provide an educational overview of Long COVID.
- Occupational Therapists will present on Fatigue Management, the causes of fatigue and strategies to self-manage symptoms.
- Physiotherapists will teach on Breathlessness/ Dyspnoea and provide practical techniques to control symptoms.
- Psychologists will explore the impact Long COVID can have on one’s mental health and interventions to improve symptoms.
- Medically trained staff will explore lifestyle medicine, including; weight management, exercise, nutrition and sleep.

4. Triage Process and Inclusion/Exclusion Criteria

Triage Criteria

Patients who have been accepted onto the rehabilitation group will have firstly undergone an initial telephone assessment by a clinician from the Long COVID team. This will allow the Long COVID Service to confirm whether the patient meets the criteria and have obtained patient consent to refer the patient onto the virtual rehabilitation group.
Following receipt of the referral, the person will be triaged and placed onto a waiting list.

Flow Chart 1- Triage Process



Inclusion Criteria

- Participants should be willing to participate in remote classes and consent to video consultations.
- Participants should be able to follow verbal instructions in the group, this includes having no significant hearing impairments (unless able to lip read), no mental health condition which will impact following instructions and no significant memory impairment.
- Participants should have a good internet speed to be able to follow the sessions.
- Participants must have the appropriate technology to be able to follow the group sessions and must have the space for movement where it is necessary.
- Participants with mild cognitive impairment or other co-morbidities affecting their ability to use the technology, including anxiety, may be able to join in the group provided that a family member or carer is available to assist when and if required.

Exclusion Criteria

- Severe cognitive impairment and anxiety that would make it difficult to follow instructions and safety parameters.
- Significant health anxiety or PTSD symptoms that would prevent or impact engagement.
- Patients who struggle with empathy and would find it difficult allowing others a space to share information.
- Mental health symptoms that others in the group may find distressing (e.g. reference to self-harm).
- Severe deafness and no ability to lip reading.
- Poor dynamic balance and standing tolerance requiring constant supervision of one person to maintain verticality and prevent from falls.
- Significant visual impairment unless a family member is present to assist as required.

Pre-Group Assessment

All patients are to undergo a pre-group assessment with the referring clinician (usually the clinician who conducted the initial assessment). The pre-group assessment will include the following:

- Ensuring the patient meets the inclusion/exclusion criteria.
- Setting expectations for the group with the patient.
- Discussing 'norms' of the group.
- Explain the role of ground rules and that they will be agreed in week 1.
- Finally, emphasis how group consultations work. Individual concerns should be followed up with the patients GP and the content of the discussions will be more generic information applying to all/most in attendance.
-

Protocol for raising issues

If patients raise information in the group which is of a concerning nature (e.g. acute health deterioration), clinicians to follow these steps:

1. Clinicians to ask patient to stay behind at the end of the group (clinicians to word this sensitivity so it doesn't breach any confidentiality).
2. If patient leaves the session then Clinician to F/U via phone call.
3. Discuss concern in more detail. Agree on management plan. All acute concerns should be managed via an A&E attendance or 999 call. Mental health concerns can be supported by the Crisis Teams.
4. If patient does not answer then contact patients GP practice for advice. Discuss with on-call manager/ other clinicians if outside of working hours.

5. Administration

Admin/ support staff will book patients onto the rehabilitation group and will send out a letter or email confirming dates/times for the course via EMIS. Confirmation from the patients 2 weeks prior to the start date will need to be received in order to accept them onto the course.

Admin may be requested to print supporting information on behalf of clinician.

6. Group Structure

- The group will run over a 6-week period and will take place once a week for a maximum of 1 hr. The timeline for each session will start with 5 mins of introductions/welcomes and housekeeping rules, 5 min on the aims of the training, 35 mins of teaching, 15 mins of questions and answers before the training ends.
- A maximum of 12 attendees for each session.
- Although Virtual learning will be a primary medium used; face-to-face groups may also be offered to patients who do not have access to technical equipment or not IT literate.
- AccuRx/ Webex will be the digital platform used to deliver all virtual training.
- Rehabilitation Support Workers will manage weekly attendance lists on EMIS to ensure an electronic record is maintained.

8. Resource Pack

Each group member will receive a resource pack prior to the digital sessions commencing, this folder will include:

- Tips around online safety and a summary of ELFT digital working policy.
- A patient booklet which will provide an overview of the remote rehabilitation group and what to expect.
- Contact numbers/ email address for the core group staff.

9. Outcome Measures

Each group member will have baseline and post intervention outcome measures allowing staff and patients to understand the engagement benefits. These outcome measures will consist of:

1) **Goal Attainment Score (GAS)**- Quantitative
2) **EQ5DL- Self reported quality of life scale**- Quantitative
3) **Subjective narratives**- Qualitative

10. Group Agreement

The group will operate with the following agreements between staff and patients:

1) If a patient does not attend a session they will be contacted after that session to discuss the reasons why. If a patient does not attend a second session they will then not be appropriate to continue with the group. Core staff will contact the patient to establish if they should be deferred to a later group or whether another means of input is required (e.g. 1-1 work).

2) Patients and staff will be mindful of what is on camera during the sessions to ensure identifiable information is not within camera view.

11. Training Evaluation

At the end of the 6-week course, patients will be encouraged to complete post group outcome measures with the support staff. These will be added onto Emis, allowing an audit trail.

12. Appendices

Appendices A: Summary of ELFT Digital Working Policy

- All staff – ensure personal responsibility for the safe and confidential processing of information about individuals.

- Participants must able to use digital meeting technology from the commencement of the meeting. Participants should not wait until the meeting starts to discover there are barriers to participation. If unsure, attempt a dummy session prior to the meeting or seek help which may be from the Chair, ICT or other colleagues.

- Clinical activities which might be undertaken virtually include:
  Group therapy.

- Patients and service users must be actively involved in considering options for contact prior to any digital consultation taking place. Where appropriate they should be supported throughout their care to develop digital skills to enable this.

- Points for consideration may include:
  - Is face-to-face care a better option or is it actually viable?
  - Has this individual made good use of technology previously?
  - Are there potential risk concerns that require a face-to-face or domiciliary assessment? Examples might include concerns about the home environment or vulnerability to domestic abuse
  - Is the individual likely to find a place where they can safely speak, at home, with an appropriate level of privacy
  - Is this individual well enough to cope with a virtual consultation currently (capacity to engage with a telephone call or managing the potential physical constraints of being in front of a computer/tablet for a period of time)
  - Will there be limitations in the extent and range of non-verbal communications?
  - Are the clinician and the patient likely to cope with the technology?
  - Would a blended approach of initial face-to-face followed by virtual follow-ups be best?
  - Is an interpreter needed? This will add a layer of complexity and require more planning.

- Discussion points with the patient should include:
    - The reason for offering a digital rather than face to face consultation. A digital consultation is voluntary, but in some circumstances (such as during a pandemic) it may not be possible to offer a face to face consultation. Be mindful that not everyone has the technology or technical ability for a digital consultation
    - Some digital applications store information locally on the computer being used. Patients should be mindful if using a public or shared computer.
    - If they are likely to be disturbed by other people in their home, consider locking the door or placing a 'Do not disturb' notice to prevent distraction. Professionals should also consider this option to reduce the risk they will be disturbed during a consultation.

- Virtual consultations must be planned in advance:
    - Agree what platform will be used.
    - Arrange the appointment by phone and follow-up by e-mail with connection instructions.
    - Be absolutely clear about start and end times of the appointment. Virtual consultations may take more time so this should be scheduled in.
    - Be available to start the consultation on time as late starts can be distressing and anxiety provoking and may cause the recipient to think their technology is not working.
    - Agree back up plans if the IT fails.

- Where group (non-family) sessions take place there should be clear boundaries on sharing information and the right to confidentiality.

- Participants at non family sessions should be asked not to record sessions as this may affect the right to confidentiality of other participants.

- Where there are a large number of participants such as in family therapy, meeting structure is especially important. Ensure participants are aware of processes for speaking and that everyone should be heard. Some platforms include a raised hand symbol, otherwise participants could use the chat function, especially where they may want to raise a private comment.

- Participants may not be able to see or hear everyone in a digital consultation. Draw their attention to anyone they may be unable to see or hear.

Click here for the full Digital Working Policy

Appendix B: The Long COVID Rehabilitation Group Patient Booklet

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Page | 1 ELFT Long COVID Rehabilitation Group

This booklet gives you general information on the Long COVID Rehabilitation Group that you will be attending. It does not replace individual advice from a healthcare professional if you are currently receiving input.

What is the Long COVID Rehabilitation Group?

The programme consists of education classes held once a week over four weeks, ran by different health care professionals.

The programme is designed to help you:

- Understand your condition better and the benefits of rehabilitation
- Cope with your breathlessness and fatigue
- Self-manage your mental health
- Adapt healthy lifestyle choices

The benefits of the Long COVID Rehabilitation Group

The aim of the Long COVID Rehabilitation Group is to help you feel more confident to self-manage your symptoms and gradually increase your fitness level.

Over time, you should find it easier to self-manage your breathlessness, fatigue, and mental health and make healthier lifestyle choices to return to daily activities that are important to you, such as walking, using the stairs, shopping, getting dressed, going to work, taking care of your family.

You should be able to manage your symptoms better and have more control over how you are feeling.

It will also give you the opportunity to meet other patients who are experiencing similar issues and share ideas on holistic approaches that can help improve your ability to live a full and independent life.

Education

The sessions will help you to understand your condition better.

Topics include:

- An overview of Long COVID
- How the lungs work and breathlessness
- Airway clearance techniques
- Benefits of exercise
- Fatigue management and energy conservation
- Advice on your diet
- How to manage stress and anxiety
- Relaxation techniques
- Managing your body weight
- Benefits of sleep hygiene

After each session you will be emailed or posted supporting material to help you to put into practice the techniques and strategies you have learnt.

What resources you will need to attend the Long COVID Rehabilitation Group

The programme is mainly run by virtual classes and you will therefore need a computer, tablet or smart phone with a camera to participate in all four sessions.

If you do not have access to these devices, a face-to-face class could be arranged but this will depend on obtaining enough delegates to run this type of group.

The digital platform that will be used to run the virtual groups will be AccuRx. You will receive a text message with a link and this will open a web page to the virtual training session.

How the virtual sessions are structured?

You will need to attend all four sessions to gain the full benefits of the programme.

Each session will be for a maximum of one hour to help you to conserve your energy and concentration.

We want you to enjoy the programme and learn at a comfortable and manageable pace.

The Team

Comprises of:

- General Practitioners
- Psychologists
- Occupational Therapists
- Physiotherapists
- Rehabilitation Support Workers

Together, we will provide specialist advice on how you can holistically self-manage your Long COVID symptoms to optimise your health and quality of life.

Group Agreement

Due to the high intake of patients for this programme our attendance policy is: if you do not attend two sessions then you will be automatically taken off the programme.

If you are unable to attend, you can notify our administrative team on longcovid.elft@nhs.net

Online Safety Tips

- You must be able to use the technical device that you will access the virtual classes on, i.e. your computer, smart phone or tablet.
- Test the hardware works (camera, speaker, microphone) especially if external hardware is being used.
- Ensure you have good internet connection to be able to stay connected for the full duration of the virtual training.
- Close unnecessary applications and tabs as this may slow the session down.
- Set yourself up in a quiet room to avoid any disruptions. You may want to consider using headphones to cut out unwanted noise and maximise the sound quality of the voices from other group members.
- You will not be able to record the sessions due to patient confidentiality for all group members.

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Long COVID Service
East London Foundation Trust
Shrewsbury Road Health Centre
Shrewsbury Road
London
E7 8QP

Email: longcovid.elft@nhs.net

Website: www.elft.nhs.uk

We look forward to seeing you.

Page | 8 ELFT Long COVID Rehabilitation Group