

Expert testimony to inform NICE guideline development

Section A: Developer to complete

Name:	George Roycroft
Role:	Head of Policy and Campaigns
Institution/Organisation (where applicable):	Royal College of Psychiatrists
Contact information:	George.Roycroft@rcpsych.ac.uk
Guideline title:	Management of the long-term effects of COVID-19
Guideline Committee:	Expert panel convened for development of this guideline. Meeting 4: 19-11-20.
Subject of expert testimony:	Service models (mental health focus)
Evidence gaps or uncertainties:	Very limited evidence in the literature about the components required for a service for management of the long-term effects of COVID-19

Section B: Expert to complete

Summary testimony:

Suggested model

People with post-COVID-19 syndrome experience a range of symptoms which are highly variable and multisystemic, including physical, psychiatric, and neuropsychological problems. This means that an integrated care pathway for patients with post COVID-19 syndrome should meet the needs of mental health problems which have a range of severity, complexity, and risk.

Patients with increasingly complex mental and physical comorbidity require different expertise and services to meet their mental health needs. This would be applicable to post COVID-19 syndrome, with the most complex and high-risk patients requiring psychiatric expertise, predominantly from Liaison Psychiatry and Neuropsychiatry

A stepped care approach is a way that allows different services with different expertise to focus on patients with problems of different degrees of severity and complexity.

This includes the following steps:

- Supported self-care (primary and secondary care staff)
- Comorbid anxiety and depression with a low level of complexity (psychological therapy services [IAPT], primary and secondary care staff with appropriate expertise)
- Comorbid mental health problems requiring more complex psychological interventions (psychological therapists with additional expertise clinical and health psychology, medical psychotherapy)
- High level of complexity and risk (liaison psychiatry services)

In addition to the assessment and management of complex cases, psychiatrists can also participate in the multidisciplinary discussion of cases, facilitating the movement of patients up and down the different levels as their needs change.

Developing an integrated care pathway based on this framework requires a single commissioning process, agreed funding for each part of the service and common referral protocols. As well as integrated management of post COVID-19 syndrome, the pathway should link with services managing acute COVID-19 infection to help prevent the development of longer-term symptoms.

Examples of COVID-19 services being set up

The following are examples of new service models being developed across the country that we are including for information rather than endorsing the different approaches being taken.

- Southern Health NHS Foundation Trust

A hub and spoke model, setting up a service for ICS. It will be a community-based MDT with strong psychiatric presence with initial referral by primary care,

then rapid assessment and signposting to most appropriate intervention. There is menu of interventions which will include MyCoVIDRecovery website. If more severe needs, then care coordination of specialist services, referral to community therapy, pulmonary team, cardiac team, IAPT (combinations of these as required).

The idea is both to signpost people early to services to stop them suffering in silence, but also to reduce over-investigation of weird and wonderful symptoms which clinician may not connect to CoVID.

Early stages but plan has been agreed by local ICS, primary care, acute care and MH services all engaged, and clinical and commissioning input (as well as expert by experience input).

- ELFT/ Bedfordshire hospitals NHS trust

Set up an integrated psychological/psychiatric/IAPT offer for post ITU/Critical Care Pathway patients. This aims to pick up COVID patients coming out of ITU on the critical care pathway specifically and also people coming out of hospital generally if the resource is available.

They are working on the IAPT integration and have used liaison psychiatry within current resource to start this off. It is a remote offer but the clinicians are integrated into the acute trust set up. People coming through this Pathway would ideally transfer into the long covid community health service. They would aim to have the same approach with integrated psychology/psychiatry and hopefully IAPT. For now post covid resp goes to resp psychology, and cognitive problems would go into secondary care memory assessment services if needed.

- North Wales

In North Wales, they are creating a clearer pathway for patients with persistent physical symptoms (not just post – Covid) which will cover all age groups. They are in talks with GP, liaison psychiatry, also involving chronic pain teams, liaison teams, GPwSI, Physiotherapy, occupational therapy, psychologists working with children.

- Northern Clinical Network

In the process of setting up a long covid clinic with partners from primary care and the acute trust and are developing it at the moment with an initial cohort of NHS staff.

Patients get online screening tools in advance and sends them back. Then has an initial screening appointment with GP and mental health, MDT discussion and if appropriate, this then goes to a hospital appointment - 30 minutes with medics (resp/ cardiology) and 30 minutes with AHP's looking at rehab. Then MDT to discuss final plan going forward.

'Not sure if psych is going in with the GP's or the medics at the moment - think it is more likely GP's given possible high prevalence of mental health.'

'The psych bit is to look at initial assessment and triage into appropriate level of service - self help, support worker services (wellbeing for life), IAPT or the specialist persistent physical symptom service that I work in for the most complex'

- Colchester, Essex

There is a planned Post COVID Clinic that will be Consultant Clinic delivered. It will consider: anxiety, depression, OCD, Post Covid Stress Disorder, Post Covid Fatigue Disorder, psychosis and substance misuse. Assessment will be using clinical interviews and scales, and treatment including the best available choice of medications, therapy etc.

- Guy's and St Thomas Hospital

Has Critical Care Recovery Clinic where the neuropsychiatry team reviews the covid-19 patients who have required ICU admission

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