A QI project of active case finding for identification of Long COVID in a rural population using the Yorkshire Rehabilitation Screen Tool

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Overview

The post infectious sequelae of COVID infection include Long COVID symptoms. It is well recognised that under resource pressures, these conditions can be unidentified and this poses an unmet need of patients. Lack of patient and clinical awareness can cause delays in identification and diagnosis. Delays in commissioning of Long COVID clinics has been an underlying reluctance towards case findings as there are no services to offer patients. This study relates the local experience of active case finding across a rural population in Essex looking for the prevalence of Long COVID cases within the given population using the Yorkshire Screening Tool with an intention to refer to local Long COVID services [1].

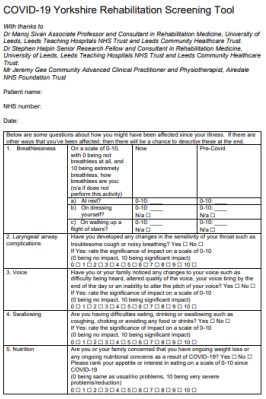
Objectives & Methodology

Based on a rural population of circa 5500 patients, an active case finding strategy was deployed to screen patients who had developed Long COVID symptoms over 12 weeks of testing positive. In doing so, the NICE guidelines were followed. [2] Patients who screened positive were then offered baseline investigations and referred to newly commissioned COVID services.

The clinical system SystmOne, (code Y2b8c), (Snomed, 1325081000000107) retrieved an identified patient cohort who were then offered screening. It was our experience from anecdotal accounts from patients that they were suffering previously from unidentified symptoms. In keeping in line with NICE guidelines and best practice, we began to screen patients to be able to offer them a referral rather than allow potential Long COVID symptoms to go undiagnosed. [2]

Results & Findings

Of a population of 5500 patients, 339 patients had COVID and were followed post-12 weeks, 36 patients screened positive for the referral to the Long COVID clinic. 196 patients had no persistent symptoms; 92 patients were non responders to telephone contact; 14 patients had mild persistent symptoms but did not meet the referral criteria to the long COVID service. Out of these 14; 9 had a change of smell and/or taste, 2 complained of hair loss, 1 complained of reduced near vision, 1 had tinnitus and 1 had persistent stomach pain. Overall, 50 people had Long COVID symptoms.



COVID-19 Yorkshire Rehabilitation Screening Tool

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Mr Jeremy Gee Community Advanced Clinical Practitioner and Physiotherapist, Airedale NHS Foundation Trust

Patient name:

NHS number:

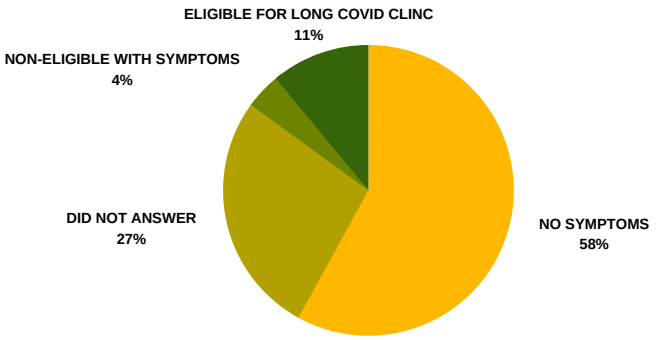
Date:

Below are some questions about how you might have been affected since your illness. If there are other ways that you've been affected, then there will be a chance to describe these at the end.

		Now	Pre-Covid
1. Breathlessness	On a scale of 0-10, with 0 being no breathless at all, and 10 being extremely breathless, how breathless are you: (n/a if does not perform this activity)		
	a) At rest?	0-10	0-10
	b) On dressing yourself?	0-10 / N/a ☐	0-10 / N/a ☐
	c) On walking up a flight of stairs?	0-10 / N/a ☐	0-10 / N/a ☐
2. Laryngeal airway complications	Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing? Yes ☐ No ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐		
3. Voice	Have you or your family noticed any changes to your voice such as difficulty being heard, altered quality of the voice, your voice tiring by the end of the day or an inability to alter the pitch of your voice? Yes ☐ No ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐		
4. Swallowing	Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks? Yes ☐ No ☐ If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐		
5. Nutrition	Are you or your family concerned that you have ongoing weight loss or any ongoing nutritional concerns as a result of COVID-19? Yes ☐ No ☐ Please rank your appetite or interest in eating on a scale of 0-10 since COVID-19 (0 being same as usual/no problems, 10 being very severe problems/reduction) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐		

Figure 1 - Yorkshire Screening Tool

Figure 2 - Overall Findings



Conclusion

National prevalence studies show that 10% were found to have persistent COVID symptoms, however using active case finding strategy at the medical centre - it has shown a higher prevalence of 20.2% in the adjusted population. [3] In addition 92 patients were non-responders despite being contact on two occasions and as a result are excluded from the study, adjusting the population to 247. 14.5% of patients met the referral criteria for the Long COVID clinic. However, there were a further 14 patients who had some persistent symptoms but did not meet the referral criteria.

The higher prevalence could be due to using an active case finding method this will also relate to local prevalence rates, given the long term consequences it should be either enhanced service or recognised as a Long Term Condition (LTC) . As for all LTC, earlier recognition and appropriate referral will result in improved QoL scores, better patient satisfaction from earlier support and recognition . Additionally unless a national registry and coding is available on SystmOne, appropriate services won't be commissioned in the future. We believe this may be the tip of the iceberg with emerging variants it may be possible to link specific post-COVID long term complication to particular variants which at present this is an emerging science .

Further Development

Screening of patients 6 months Post-COVID to see if they have persistent symptoms unless they have been explicitly complaining after 12 weeks. This would ensure patients receive help as soon as feasibly possible. The cost effectiveness of methods to screen patients can reduced the overall burden of such patients on the NHS by identifing their needs earlier in the progression of their symptoms.

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[2] National Institute of Health and Care Excellence (2020) COVID-19 Rapid Guideline: Managing the Long-Term effects (Nice Guideline 188) https://www.nice.org.uk/guidance/ng188 [Accessed 4 July 2021]

[3] Office of National Statistics (2021) Update on Long-COVID prevalence estimate. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962830/s1079-ons-update-on-long-covid-prevalence-estimate.pdf [Accessed 4 July 2021]