

**Derby City Council Adults and Health Scrutiny Review Board**

**Derby City Council House**

**Tuesday 16<sup>th</sup> April**

**Item: 08**

<b>Report Title</b>	Long COVID 24/25 Service Proposal						
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<b>Sponsor (Executive Director)</b>	Dr Chris Weiner, Chief Medical Officer						
<b>Presenter</b>	Dr Chris Weiner, Chief Medical Officer						
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>
<b>Appendices</b>	Appendix 2: Pre-Engagement Report						

**Recommendations**

The Derby City Council Health Overview Scrutiny Committee (HOSC) are recommended to **NOTE** the Derbyshire Long COVID 24/25 service proposal paper.

Following an option appraisal process the Derby and Derbyshire Integrated Care Board (ICB) have recommended to continue the service for 24/25, but with reduced resource (staffing and funding) aligned to current demand (Option 3).

**Purpose**

The paper is presented for information and to evidence the progress following the report submitted to HOSC on 3<sup>rd</sup> October 2023.

**Background**

**1.0 Summary of 3<sup>rd</sup> October Report**

The Derbyshire Post COVID Syndrome Assessment Clinic was launched in December 2020 to provide physical, cognitive, and psychological assessments to patients experiencing complex post COVID syndrome (Long COVID) symptoms. In April 2022, the service was expanded to include rehabilitation hubs in the north and south of the county to manage patient symptoms. The rehabilitation offer includes support for Breathlessness, Chronic Fatigue, Occupational Health, Vocational and Health Psychology.

**1.1 Case for Change**

A case for change document was developed. The document describes the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system. It provides the platform for change.

The key challenges identified within the case for change include:

- Referrals: Since December 2022 there has been a downward trend in referrals from 20 per week to 12 per week. This is in line with national trends.
- 24/25 Funding: The ICB was notified by NHSE in June 2023 that funding will be reduced in 2024/25 due to the reduction in referrals across the region. Bringing into question the financial sustainability of the service. NHSE's funding stance changed in December 2023 following the release of updated commissioning guidance which confirmed funding would be received in line with 23/24 allocations.
- Workforce recruitment and retention: Service staff are aware of the demand and financial challenges faced by the service for 2024/25. There is a risk that staff will start to look for alternative employment, destabilising the service in-year.
- Discharges and Patient Initiated Follow-up: There were 966 patients on the rehabilitation caseload in October 2023. There is a risk that this caseload will carry over into 24/25 impacting the efficiency of future service models.

## 1.2 Service Opportunities

The ICB requested that an options appraisal and business case is developed to recommend a future service model for 2024/25. The options are required to consider and mitigate the key challenges identified.

The service options included:

1. *Decommission Post Covid Service (signpost [www.yourcovidrecovery](http://www.yourcovidrecovery) and existing services).*
2. *Decommission Post Covid Service and enhance existing services to accommodate long covid patients.*
3. *Continue with the current service model but with reduced (staffing and funding) resource aligned to current demand.*
4. *Develop and expand the current service to also include early access rehabilitation offer for post-viral symptoms.*

## Report Summary

### 2.0 Pre-Engagement Report Findings

Throughout the month of September 2023, engagement activities took place across the county and city. This included workshops (virtual and face to face) and a survey. See **Appendix 2** for the Pre- Engagement Report.

#### Summary of Findings:

- There is a lack of awareness of the Post (Long) COVID Service with nearly 90% of people who have not used the service not being aware of it and 66% of people who have used the service not being aware of it before accessing.
- Nearly 70% of people rated the current service as good and above, 92% rated it as acceptable and above, and 8% rated it as poor.

Overall, there was concern and queries raised by the public regarding the future service options.

- Option 1 - Concerns raised, the website and this option being inappropriate for someone with the condition.
- Option 2 - Concerns raised around increased waiting times and lack of holistic and joined up approach.
- Option 3 - Concerns raised about the increased waits, workloads, and reduction of service – that the impact would need to be fully understood. Positive comments regarding keeping the specialist knowledge.
- Option 4 - Positive comments about this being a progression of the service and keeping the experience of the team but concerns that it would reduce focus on the specialism.

The Research & Implementation Officer also contributed to the report and identified that people who need the Post (Long) COVID Service are not accessing it. This includes people living in deprived areas as well as some people from inclusion health groups. The barriers to accessing this service are listed within the report.

The Pre-Engagement Report findings have been used to support the development of the service options and ongoing service improvements.

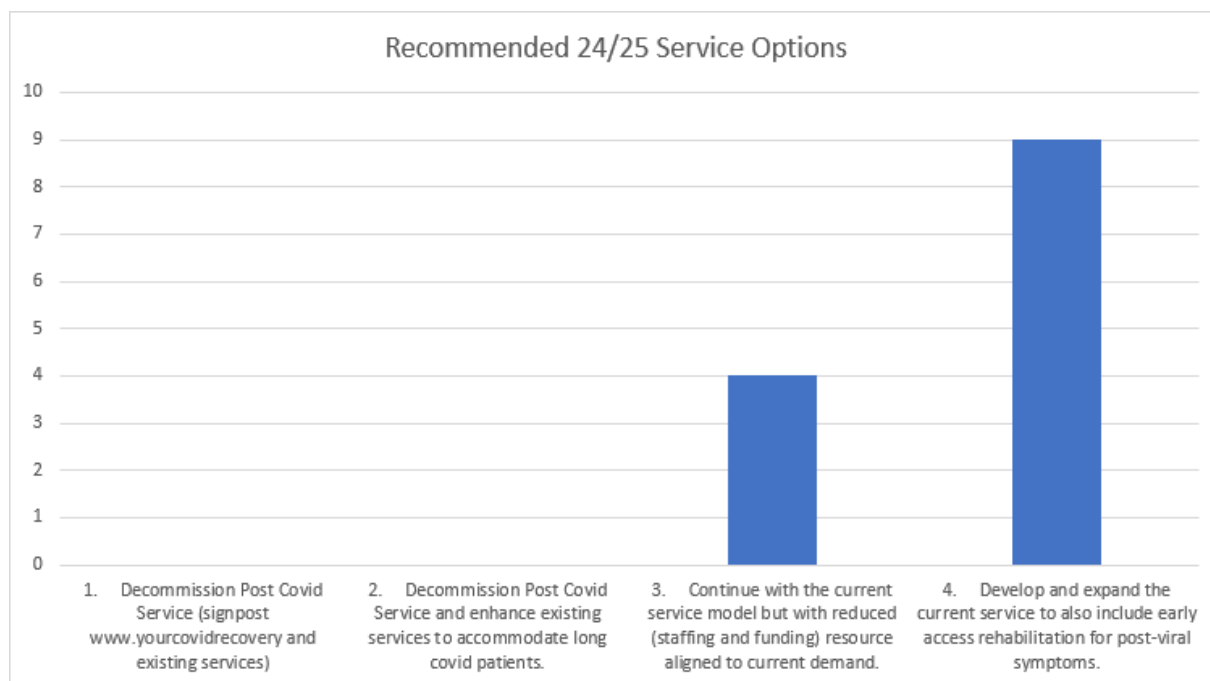
### **3.0 Service Evaluation Process**

An evaluation panel reviewed the four service options on 11<sup>th</sup> December 2023. The panel included clinicians, commissioners, providers, patients, and finance representatives.

The panel received information packs for all four options consisting of the case for change, pre-engagement report, Quality and Equality Impact Assessments, patient pathways, service costs and staffing model.

The panel reviewed each of the service options against the following themes: Deliverability, Clinical Effectiveness (Quality of Care), Accessibility (Access to Care), Affordability, Workforce and Health Inequalities.

The panel was asked to jointly form a view and recommend a service option through a ranking process. The panel recommended Option 4 as the preferred service option to be considered by ICB Executive Team and the Population Health and Strategic Commissioning Committee.



Option 4 was selected as the preferred choice by 69% (9) of panel members. Option 3 was selected as the preferred choice by 31% (4) of panel member.

During the evaluation it was found that Options 4 and 3 were selected as either the first or second choice by all panel members. No panel member selected either Options 1 or 2 as their first or second choice.

Panel member feedback for selecting Option 4 as the preferred choice include:

- Supports a wider range of patients with equitable and improved access, while also providing scope for expansion which would benefit other patients with long-term health needs.
- Makes best use of and safeguards highly trained workforce, protecting acquired learning and the training of next generation by utilising experiential knowledge.
- Holistic and interdisciplinary approach to treating patients under one service, as opposed to referring to multiple services.
- Promotes self-care with a flexible tiered approach to treatment, leading to a personalisation of patient care.
- Deliverable and affordable with current predictions, with potential to realise wider system savings.
- Innovative use of online, face to face, group consultations, and 1-2-1 consultations which facilitates personalisation of care.

Panel members feedback for selecting Option 3 as the preferred choice include:

- Provides the best value for money in the present climate. This still provides a multi-disciplinary team approach.
- Will continue to deliver the outcomes, but with reduced capacity matching reduced demand, delivering cost reductions.

#### **4.0 Clinical and Professional Leadership Group (CPLG)**

A paper was presented to CPLG on 16<sup>th</sup> January 2024 to gain assurance on the clinical effectiveness of the four service options. In addition, for the service option recommended by the evaluation panel (Option 4), feedback on the patient pathway and criteria was requested.

CPLG noted the four service options and supported Option 3 and 4. Option 1 and 2 were not supported or deemed clinically effective.

#### **5.0 Contract Duration**

To implement option 4 there is a requirement to amend the service pathway and criteria. This will require a refresh of communications to general practice and secondary care, amendments to service documentation and changes to working practices. Due to these additional operational tasks, service providers instructed that it is only feasible to implement this model if the service can be commissioned for a minimum two-year period.

The benefits of commissioning the service for a two-year period include:

- Workforce retention and stability.
- Capacity to work through the patient caseload.
- Scope to evidence the holistic and interdisciplinary approach to care, whilst evidencing productivity gains across the system.
- Releases ICB and provider project management resource.

If the service cannot be commissioned for more than one-year, key stakeholders recommended that the current service model is continued but with reduced (staffing and funding) resource aligned to current demand (Option 3).

#### **6.0 Governance**

The ICB Executive team reviewed the service proposals on 28<sup>th</sup> February 2024 and recommended Option 3, the continuation of the Long COVID service for 24/25, but with reduced resource (staffing and funding) aligned to current demand.

The ICB Executive Team cannot commit to a 2-year model. It was noted that the system is in recurrent deficit, current expenditure plans are unaffordable, and actions to reduce costs need to be taken.

The Population Health and Strategic Commissioning Committee reviewed the service proposals on 14<sup>th</sup> March and also recommended Option 3, the continuation of the Long COVID service for 24/25, but with reduced resource (staffing and funding) aligned to current demand.

#### **7.0 Next Steps**

This decision will be communicated to all stakeholders that have contributed to the review and it will be uploaded the Joined Up Care Derbyshire engagement platform.