

Long Covid (>12 week post-Covid) Management and Referral Guidance

Contents:

[Description](#)

[Definitions](#)

[Initial primary care management](#)

[Referral to MDT assessment clinics](#)

[Required Pre-Referral Investigations and Information](#)

[Referral proforma](#)

[Covid 19 Yorkshire Rehab Screening tool \(C19-YRS\)](#)

Description

Increasing numbers of people are presenting to primary care with persistent symptoms following illness with Covid-19. Covid-19 should be considered to be a new long term condition, requiring access to a wide range of support options in primary, community, voluntary sector, and acute settings.

NHSE have recommended the establishment of dedicated assessment clinics for Long Covid. These clinics are to provide MDT assessment of patients with ongoing (>12week) symptoms consistent with the newly emerging post-Covid syndrome.

This guidance outlines the range of support that is currently available to primary care, including the referral criteria for the new acute-based MDT assessment clinics.

Definitions

Post-COVID-19 syndrome:

Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks, and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.

Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.

Long COVID:

In addition to the clinical case definitions, 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).

<https://www.nice.org.uk/guidance/ng188/chapter/context#post-covid-19-syndrome>

Initial primary care management

A generic list of services available is included Appendix 3, This list is being refined and is subject to local variation. It therefore may not be fully comprehensive.

Signposting to the Your COVID Recovery Website for Self-Management:

For patients able to self-manage and access digital services Your COVID Recovery is a public website which includes a wealth of information to educate patients on their condition and how to manage well at home.

<https://www.yourcovidrecovery.nhs.uk/>

In addition to the public website Your COVID Recovery also hosts an online tailored interactive self-management programme developed by NHS England and NHS Improvement with the University Hospitals Leicester NHS Trust.

Your COVID Recovery programme is a password protected app programme and can only be accessed by a referral from a healthcare professional.

The Your Covid recovery app programme has been developed to give a more personalised and tailored approach to care. It is designed to help individuals recover from the long term effects of coronavirus (COVID) and manage the effects both on their body and mind effectively, reducing the impact it has on their day-to-day life.

This is an additional tool available to support patients but requires healthcare professionals to access the training delivered by UCL to monitor patients through this platform. For more information on how to access the training visit

<https://www.yourcovidrecovery.nhs.uk/app/>

RCGP Guidance & Health Education England e-learning modules

To best equip clinicians to help patients with post-COVID syndrome, the Royal College of General Practitioners (RCGP) have produced tips on the [management of long-term effects of COVID-19](#) and Health Education England (HEE) have set-up e-learning modules on [COVID-19 recovery and rehabilitation](#).

Health trainers / social prescribers:

Covid-19 should be managed through a primary care-based model, but not exclusively through GP practices. Patients who may benefit for signposting for

support from services in the wider voluntary sector or community as part of their recovery should be referred to the PCN's health training / care navigation / or social prescribing service(s).

Mental Health

TEWV recommend primary care use the following tools to help measure the frequency of symptoms and their impact.

- PHQ-9 Public Health Questionnaire - 9
- Gad-7 Generalised Anxiety Disorder Scale – 7
- WSAS Work and Social Adjustment Scale

[Click here](#) to access the MST – MDS document which contains these tools

The normal and established routes into mental health services in North Yorkshire and York still apply if onward referral is required.

Talking Therapies - Mild to Moderate:

For mild to moderate anxiety and depression including PTSD patients may want to make an appointment with their GP to discuss their problems. If appropriate, the GP can refer them to an IAPT service.

Patients can also visit the IAPT websites (listed below) which provides a wealth of information about the support and services available, as well as an option for anyone registered with a GP in North Yorkshire, York and Selby to self-refer online. As part of the self-referral process, patients will be asked to complete a series of questions designed to help determine if the service is suitable. If the service is deemed suitable they would then be offered an initial assessment over the phone, after which they will be directed to the most appropriate treatment option for their needs.

York & Selby: www.yorkandselbyiapt.co.uk Tel 01904 556820

North Yorkshire: www.northyorkshireiapt.co.uk

- Scarborough Whitby Ryedale 01947 899270
- Harrogate 01423 852137
- Northallerton 01609 768890
- Catterick Garrison 01748 831964

Risk: Please follow existing guidelines and protocols for managing high risk patients.

NICE Guidance

NICE Covid-19 guidance for managing the long-term effects of Covid-19: [click here](#)

Reminder to use Long COVID SNOMED CT codes:

A [set of SNOMED CT codes](#) to support the management of these long term effects have been released and are available on all major GP EPR systems. Knowledge about Post-COVID syndrome is currently limited so it is vital that we increase the use of Post-COVID syndrome codes where appropriate, to allow data to be captured for

learning, service planning and research. You can find more information about the codes on the [PCN Future NHS](#) workspace.

Referral to MDT assessment clinics

A minority of patients presenting to primary care may require referral to for a full MDT assessment clinic (estimated as 1% of those infected with Covid-19).

MDT clinics will be held at each of the four main acute hospitals in North Yorkshire and York: York Hospital, Scarborough Hospital, Harrogate District Hospital, and the Friarage Hospital, Northallerton. Whitby patients may also attend the STHFT service at Redcar Community Hospital.

Broadly, MDTs will involve respiratory consultant / nurse/ physio, with psychology and diagnostic support, and the ability to consult with wider consultant expertise (e.g. cardiology, neurology) where needed.

Inclusion Criteria:

Previous history and clinical signs consistent with Covid-19 infection and persistent post Covid-19 symptoms lasting greater than 12 weeks from the time of suggested infection, and one of the following:

- New onset **AND** unexplained shortness of breath since presumed infection
- New onset **AND** unexplained cough since presumed infection
- New onset **AND** unexplained musculoskeletal or organ pain since presumed infection
- New onset **AND** unexplained fatigue since presumed infection
- New onset **AND** unexplained neurological symptoms since presumed infection
- New onset psychological or mental health issues occurring in relation to presumed infection

In addition, patients are required to have been sent and self-completed the Covid 19 Yorkshire Rehab Screen (C19-YRS) (attached as appendix 1), and a PHQ-9 depression score.

PATIENTS DO NOT NEED POSITIVE LAB CONFIRMATION OF COVID-19 INFECTION.

Exclusion Criteria:

Specific diagnosed pathology does not exclude referral but should not be the reason for referral. Specific diagnosed complications should be referred directly to the appropriate specialty. The service is NOT an acute or emergency service.

Specific Exclusions:

- Risk of Suicide (refer CMHT at appropriate urgency)

- Severe hypoxaemia or oxygen desaturation on exercise
- Signs of severe lung disease
- Cardiac chest pain
- Multisystem inflammatory syndrome (in children).
- Suspected VTE
- Any condition where routine waiting times or longer may result in clinical risk to the patient.

Required Pre-Referral Investigations and Information

Exact referral arrangements will be specific to each provider (see appendix 2 for place-specific information), but the prior work-up in primary care and broad clinical pathway will be the same across the sub-system, as described below.

Respiratory:

- CXR (if clinically indicated)
- Spirometry (if accessible and clinically indicated)
- Pulse Oximetry
- Sit to Stand test

Cardiovascular:

- ECG (if clinically indicated)
- Lying and Standing Blood Pressure (if clinically indicated)

Examination Findings:

- General Examination:
- Respiratory Examination:
- Cardiovascular Examination:
- Gastrointestinal Examination:
- Musculoskeletal Examination (if appropriate):
- Neurological Examination (if appropriate)

Blood tests as clinically indicated:

- FBC
- U+E, Ca⁺⁺
- LFT
- CRP
- B12/Folate/Haematinics.
- Fasting Glucose/hba1c/TFT's
- D-Dimer (only if VTE suspected, if positive exclude VTE)
- BNP (Only if heart failure suspected)
- Evidence of positive PCR if available.
- REQUIRED: Covid-19 Serology +ve or -ve (if no evidence of positive PCR)

Further information:

- Current reasons for referral including functional problems:

- Significant Past Medical History

- Significant Psychiatric History

- Current Medication and Allergies:

To refer

Vale of York and Scarborough and Ryedale practices:

Where GPs / practices wish to refer patients, they should ensure they fit the referral criteria into the service and complete the specific pro forma in line with this guidance. All referrals from Scarborough and Ryedale and Vale of York practices need to be submitted via RSS. Practices need to complete an ICG proforma referring to Respiratory/ Long COVID MDT (York) Clinical Assessment Service and attach completed referral proforma and patient completed Covid 19 Yorkshire Rehab Screening tool (C19-YRS).

HDFT practices

HDFT are now able to accept electronic referrals for those people requiring Post COVID MDT assessment. Access is via Dr Heather Mortimer in Respiratory Medicine.

Referral proforma

- EMIS - EMIS letter template along with a guide on how to import the letter into the clinical system can be found [here](#)
- SystemOne – The referral proforma has been published in the reporting units and can be located as follows, Set up>Referrals & Letters>”New” Word Letter template>NECS>GP Referral to Post Covid MDT Assessment
- Covid 19 Yorkshire Rehab Screening tool (C19-YRS) for patients to complete prior to referral can be found [here](#)

Covid 19 Yorkshire Rehab Screening tool (C19-YRS)

Appendix 1

Covid 19 Yorkshire Rehab Screen (C19-YRS)

Patient name and NHS number:

Opening questions:

<p>Have you had any further medical problems or needed to go back to hospital since your discharge?</p> <p>Re-admitted? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>
<p>Have you used any other health services since discharge (e.g. your GP?)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details:</p>

I'll ask 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 let me know these at the end.

1. Breathlessness	On a scale of 0-10, with 0 being not breathless at all, and 10 being extremely breathless, how breathless are you: (n/a if does not perform this activity)	Now	Pre-Covid
	a) At rest?	0-10: _____	0-10: _____
	b) On dressing yourself?	0-10: _____ N/a <input type="checkbox"/>	0-10: _____ N/a <input type="checkbox"/>
	c) On walking up a flight of stairs?	0-10: _____ N/a <input type="checkbox"/>	0-10: _____ N/a <input type="checkbox"/>
2. Laryngeal/airway complications	<p>Have you developed any changes in the sensitivity of your throat such as troublesome cough or noisy breathing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>		
3. Voice	<p>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 <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>		

4. Swallowing	<p><i>Are you having difficulties eating, drinking or swallowing such as coughing, choking or avoiding any food or drinks? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
5. Nutrition	<p>Are you or your family concerned that you have ongoing weight loss or any ongoing nutritional concerns as a result of Covid-19? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
6. Mobility	<p>On a 0-10 scale, how severe are any problems you have in walking about? 0 means I have no problems, 10 means I am completely unable to walk about.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
7. Fatigue	<p>Do you become fatigued more easily compared to before your illness? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how severely does this affect your mobility, personal cares, activities or enjoyment of life? (0 being not affecting, 10 being very severely impacting)</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
8. Personal-Care	<p>On a 0-10 scale, how severe are any problems you have in personal cares such as washing and dressing yourself? 0 means I have no problems, 10 means I am completely unable to do my personal care.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
9. Continence	<p>Since your illness are you having any <u>new</u> problems with:</p> <ul style="list-style-type: none"> • controlling your bowel Yes <input type="checkbox"/> No <input type="checkbox"/> • controlling your bladder Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Usual Activities	<p>On a 0-10 scale, how severe are any problems you have in do your usual activities, such as your household role, leisure activities, work or study? 0 means I have no problems, 10 means I am completely unable to do my usual activities.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
11. Pain/discomfort	<p>On a 0-10 scale, how severe is any pain or discomfort you have? 0 means I have no pain or discomfort, 10 means I have extremely severe pain</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>

	Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/>
12. Cognition	<p>Since your illness have you had new or worsened difficulty with:</p> <ul style="list-style-type: none"> • concentrating? Yes <input type="checkbox"/> No <input type="checkbox"/> • short term memory? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Cognitive-Communication	<p><i>Have you or your family noticed any change in the way you communicate with people, such as making sense of things people say to you, putting thoughts into words, difficulty reading or having a conversation?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes: rate the significance of impact on a scale of 0-10 (0 being no impact, 10 being significant impact) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
14. Anxiety	<p>On a 0-10 scale, how severe is the anxiety you are experiencing? 0 means I am not anxious, 10 means I have extreme anxious.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
15. Depression	<p>On a 0-10 scale, how severe is the depression you are experiencing? 0 means I am not depressed, 10 means I have extreme depression.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
16. PTSD screen	<p>a) Have you had any unwanted memories of your illness or hospital admission whilst you were awake, so not counting dreams? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these memories bother you? (is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>b) Have you had any unpleasant dreams about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much do these dreams bother you? (is the distress: mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>c) Have you tried to avoid thoughts or feelings about your illness or hospital admission? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how much effort do you make to avoid these thoughts or feelings? (mild <input type="checkbox"/> / moderate <input type="checkbox"/> / severe <input type="checkbox"/> / extreme <input type="checkbox"/>)</p> <p>d) Are you currently having thoughts about harming yourself in any way? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
17. Global Perceived Health	<p>How good or bad is your health overall? 10 means the best health you can imagine. 0 means the worst health you can imagine.</p> <p>Now: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p> <p>Pre-Covid: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/></p>
18. Vocation	<p>What is your employment situation and has your illness affected your ability to do your usual work?</p>

	Occupation: _____ Employment status before Covid-19 Lockdown: _____ Employment status before you became ill: _____ Employment status now: _____
19. Family/carers views	Do you think your family or carer would have anything to add from their perspective?

Closing questions:

Are you experiencing any other new problems since your illness we haven't mentioned?

Any other Concerns:

Trust and place-specific support and referral information

York Teaching Hospitals Foundation Trust (YTHFT)

Recovery following Coronavirus (COVID-19): Information for patients, relatives and carers booklet

[Click here](#) to access the booklet

The aim of this booklet is to provide people with information about coronavirus and what they can do to help their recovery whilst at home. The booklet includes information and exercises for people to complete including signposting to other information including: managing fatigue, British lung foundation exercises, falls prevention, mental health, sleep support and how to conserve energy.

YTHFT COVID Follow-Up Guidance

In the interim of the post-COVID assessment clinics being set up YTHFT have developed advice for GPs reviewing patients who present after COVID-19 pneumonia. [Click here](#) to access the guidance.

Harrogate District Foundation Trust (HDFT) Follow-Up Guidance

In the interim of the post-COVID assessment clinics being set up HDFT have developed advice for GPs reviewing patients who present after COVID-19 pneumonia

[Click here](#) to access the guidance

Attached/below are HDFT's assessment process, questionnaires and supporting materials to help clinicians support patients and/or to help determine which specialty to refer a patient to.

- [HDFT Post-COVID rehab needs telephone audit](#)
- [Breathlessness management resource pack](#)
- [Fatigue management resource pack](#)
- [Making the most of every bite](#)
- [Nutrition resource pack](#)
- [Voice resource pack](#)
- [Psychology resource pack for ward level or community patients](#)

South Tees Hospitals NHS Foundation Trust (STHFT)

To be added

CCG Webpages

Please note: All of the above information in this guidance can be found on the NYCCG Clinical Portal [here](#) and can also be accessed from the Primary Care Covid page (private) [here](#) (both require a log in).

Vale of York information can be found on the Referral Support Service Website on the [Respiratory page](#).

SUPPORT FOR POST-COVID (ICU, INPATIENTS, COMMUNITY AND PRIMARY)		
NICE DEFINITIONS	SUPPORT	SERVICES/TOOLS
<12 WEEKS	<p>Self-management</p> <ul style="list-style-type: none"> • Advice from secondary care (if inpatient/ICU) • Local support/signposting <p>In addition to the above:</p> <p>Primary/community support</p> <ul style="list-style-type: none"> • Advice • Assessment/screening tools to help determine what support may be appropriate • Referral to existing support services if appropriate 	<p>Signposting to national and local resources</p> <ul style="list-style-type: none"> • Your covid recovery website • Develop some FAQ's? public website • YTHFT advice leaflet • Charity/organisation leaflets (BLF etc.) • NICE guidance <p>Signposting to resources – local and national</p> <p>Refer to existing support services where appropriate and available:</p> <ul style="list-style-type: none"> • IAPT/Mental Health Team • Pulmonary rehabilitation • Social prescribers • Health trainers • Covid support hub (central York) • Community nursing team • Patient support groups • Care coordinators • Specific acute hospital specialities if specific complications.
12 WEEKS +	<p><u>Management as above</u>, however if complex needs and specialist assessment <u>STILL</u> required <u>DESPITE</u> self-management and signposting:</p> <ul style="list-style-type: none"> • Exclude other LTC's consider eligibility for referral to local MDT assessment service 	<ul style="list-style-type: none"> • Eligible for MDT assessment clinic for complex patients being established by acute trusts