**All Wales Community Pathway for Long-COVID**

**Long COVID**

COVID-19 infection is now a global topic of research, and as the pandemic continues, we are understanding more about the disease process and its longer term impact on patient health. Whilst initially it was thought that symptoms could last a few weeks and, once they subsided, the individual could return to their previous lifestyle, it is now becoming apparent that some people experience much longer term effects.

Increasing evidence and testimony from people’s experiences shows that a small, but significant number of people who contract COVID-19 are experiencing effects weeks and even months after initially falling ill. Some estimates suggest that approximately 1 in 5 people affected by COVID-19 may still experience different groups of symptoms more than three weeks after infection; and 1 in 10 people could still be affected at three months, or longer, after initial infection.

The National Institute for Health and Care Excellence (NICE) has developed a clinical guideline, published on 18 December 2020 <https://www.nice.org.uk/guidance/NG188>

This guideline covers identifying, assessing and managing the long-term effects of COVID-19 and uses the following clinical definitions:

* **Acute COVID-19**: signs and symptoms of COVID-19 for up to four weeks.
* **Ongoing symptomatic COVID-19**: signs and symptoms of COVID-19 from four to 12 weeks.
* **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.

**Long COVID**: In addition to the clinical case definitions, NICE acknowledges *'long COVID'* is commonly used to describe signs and symptoms that continue or develop after acute COVID‑19 i.e. it includes both ongoing symptomatic COVID‑19 and post‑COVID‑19 syndrome.

SNOMED terms/codes (released and available between February and March 2021) to record patient activity and status on GP systems in relation to Long COVID, will enable a clear picture to be developed of the number of people presenting to services with long term effects from Covid-19.

**All Wales Community Pathway for Long COVID**

The Welsh Government has collaborated with health board Directors of Therapies and Health Sciences, Assistant Medical Directors and other stakeholders to draw up an All Wales Community Pathway for Long COVID.

 The Pathway is set out below and is designed to complement the NICE clinical guideline. Both should be used to inform and underpin local pathways to help ensure a consistent approach across health boards in line with *A Healthier Wales, w*hile recognising services and access to these may be organised and communicated according to local needs and circumstances,

This Pathway follows on from the existing all Wales COVID -19 Community Pathway for the initial acute infection. In line with *A Healthier Wales,* the Pathway is founded on avoiding harm, promoting and supporting self-management and value based care accessed in the community and agreeing care with the individual tailored to their specific needs.

For some people, advice, information and reassurance about the actions they should take themselves to recover will be all they need. People may also be signposted to self- help, online or community support. Others however, may need referral to appropriate professionals or specialties specifically relevant to their symptoms.

Each health and care professional needs to know their local pathway and how to direct people to the right service.

The Pathway will be updated in the light of continued research and evidence optimise people’s recovery.

**Investigations and referral**

Initial assessment by MDT if possible, Investigation as appropriate, considering wider Prudent Healthcare principles and avoiding unnecessary escalation and over medicalisation.

Assess for “red flags”. Detect and treat new or existing co-morbidities

Where indicated undertake appropriate systemic or organ specific investigation or referral using agreed local HB pathways, but in a timely and co-ordinated manner Note indication for CXR if ongoing respiratory symptoms > 12w

<https://www.nice.org.uk/guidance/ng188/chapter/3-Investigations-and-referral>

**Symptomatic patient**

**Not likely**

**Self referral**

Or via consultation with any Healthcare Professional Including 111, AHP, GP, ED

**Rehabilitation**

Personalised plans relevant to key symptoms and impacts

Specific input e.g. pulmonary or neuro rehab, occupational, dietetic or exercise, anxiety management

Psychological support

Fatigue or pain management

Home adaptation

**Enable self-management**

Education and advice

Lifestyle and wellbeing actions

Community groups or facilities (gyms, social groups, leisure, etc.)

Support groups

Self-help tools

**General advice**

Specific focussed advice considering

Financial

Employment

Relationships

Wellbeing and lifestyle (exercise, diet, mental wellbeing etc.)

**Self-management and supported self-management**

Consider the NHS Wales Covid Recovery App and Health Board information

[https://www.nice.org.uk/guidance/ng188/chapter/5-Management#self-management-and-supported-self-management](https://www.nice.org.uk/guidance/ng188/chapter/5-Management)

**Follow-up and monitoring**

Provide symptomatic management following local HB policies and support self or professional monitoring

<https://www.nice.org.uk/guidance/ng188/chapter/6-Follow-up-and-monitoring>

**Consult with primary care**

**Single point of contact**

With first practitioner assessment in line with HB policy (this is not necessarily the GP unless able to do so)

**Suspicion of Long-COVID**

<https://www.nice.org.uk/guidance/ng188>

Patients present to any healthcare setting with signs and symptoms that develop during or following an infection consistent with COVID-19, continue for more than 4 weeks and are not explained by an alternative diagnosis, irrespective of whether they were hospitalised or had a positive or negative SARS-CoV-2 test (PCR, antigen or antibody. Presentation is usually with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Discussion should be sympathetic and supportive.