

Primary Care Referral Form and Criteria for MDT Assessment of post-COVID Syndrome

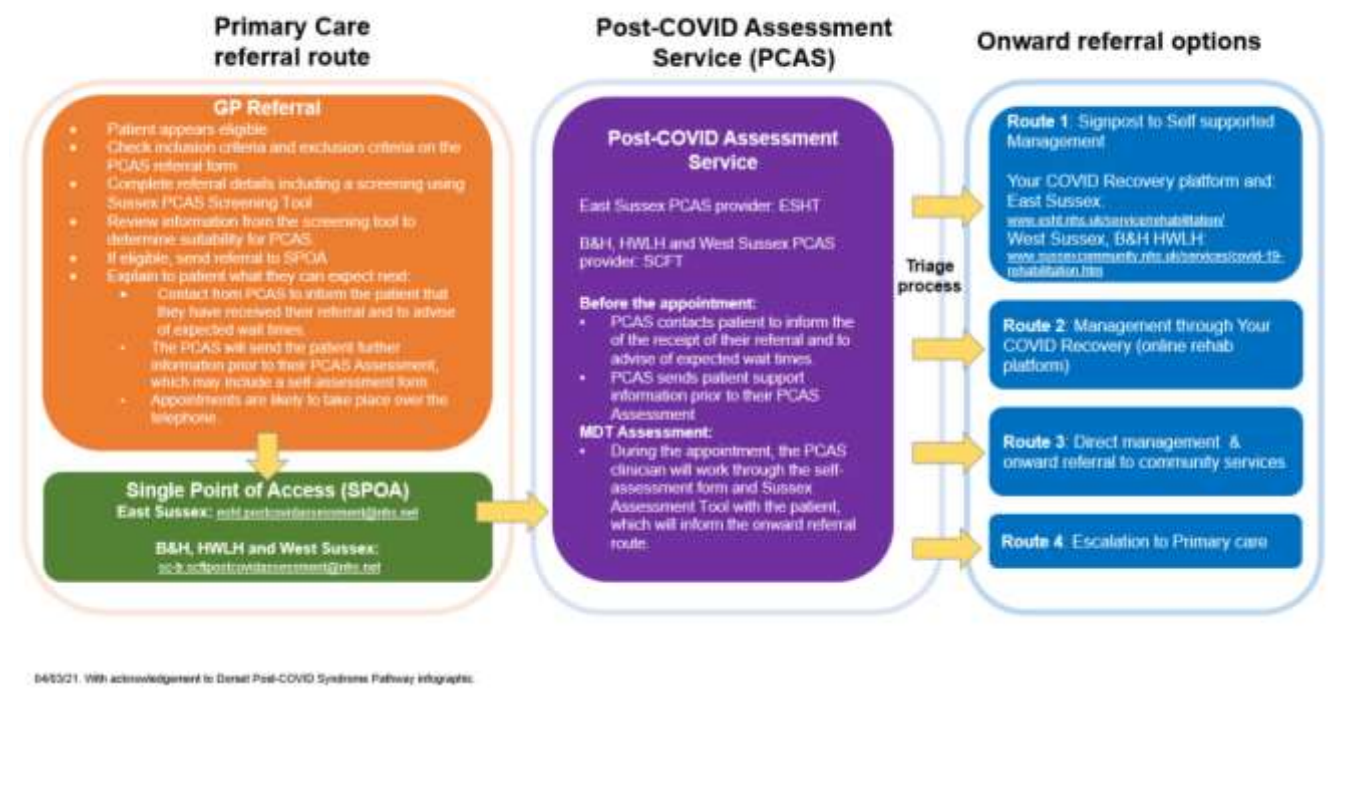
This form brings together the relevant guidance and forms for this new service for easy reference. It is applicable for patients in East Sussex, West Sussex and Brighton and Hove CCGs.

Making a Primary Care Referral

- Patient appears eligible (COVID ≥12 weeks ago)
- Check **Inclusion Criteria** and **Exclusion Criteria** below
- Use the **Sussex PCAS Screening Tool**
- Patient completes **Patient Symptom Scoring Tool**
- Review information from the screening tool to determine suitability for PCAS.
- If eligible, send completed **Referral Form for MDT Assessment of post COVID Syndrome**
- Explain to patient what they can expect next:
 - Contact from PCAS to acknowledge and advise of expected wait times.
 - The PCAS will send the patient further information, which may include a self-assessment form
 - Appointments are likely to take place over the telephone.

Background

- Some people experience ongoing health effects following COVID-19 infection.
- Many people managed their condition independently at home while acutely infected and not all patients seriously impacted in the longer term were hospitalised or had a positive test.



Inclusion criteria

- **Patients with ongoing post-COVID symptoms for 12 weeks or more following COVID-19 infection.**
- Reporting ongoing difficulties following confirmed, or probable, COVID-19 infection
- MUST be medically stable with no acute symptoms
- MUST be able and willing to engage in the service

Case definition of post-COVID-19 syndrome (NICE/RCGP/SIGN):

- **“Post:** Signs and symptoms that continue after the acute phase of COVID-19. This does not assume that the COVID-19 illness is over or that people have recovered, but the acute phase has usually ended.
- **COVID-19:** The person was diagnosed with COVID-19 based on clinical symptoms with or without a positive SARS-CoV-2 test (PCR, antigen or antibody). This clinical diagnosis can be made retrospectively based on symptoms alone for those who self-managed their acute illness.
- **Syndrome:** Signs or symptoms that exist together. People may have one or more ongoing symptoms and still be included in the definition.
- **12 weeks:** Recovery from any infective illness can take time. Although some studies address prevalence, these are subject to bias and the prevalence of COVID-19 symptoms at different time points remains unclear. The 12 week time period used for the purposes of this guideline has been developed by consensus and aligns with other related guidance on appropriate follow-up and discharge.
- **Clusters:** Signs and symptoms may arise from any system in the body, often overlap, and may change over time. This includes but is not limited to the cardiovascular, respiratory, gastrointestinal, neurological, musculoskeletal, metabolic, renal, dermatological, otolaryngological, haematological and autonomic systems, in addition to psychiatric problems, generalised pain, fatigue and persisting fever.”

See <https://www.nice.org.uk/guidance/ng188/documents/final-scope> for full detail
 Patient information available: www.yourcovidrecovery.nhs.uk

Exclusion criteria

- **COVID infection < 12 weeks ago**
- Patients who have underlying serious pathology, acute or life threatening mental or physical health illness, or symptoms that can be accounted for by an existing condition.

Sussex PCAS Screening Tool

Use the guidelines below to assess any symptoms reported by the patient to rule out other pathology *before* making the referral to the post COVID MDT assessment service.

If no specialist medical input required (normal blood tests and no evidence of desaturation) as well as clear confirmatory history or proven diagnosis via PCR, antibody or radiology testing. Refer into post-COVID Assessment MDT using the form on the following page.

Breathlessness

Due to rare but recognised respiratory and cardiac complications, this assessment is mandatory for patients referred with breathlessness.

Respiratory Causes:

1. **Assess SpO₂ at rest and on exertion** (e.g. 1 min stand to sit), to check for oxygen desaturation:

- Refer to ambulatory care / AMU for CTPA if:
 - **Any drop to $\leq 93\%$ refer and no long term respiratory condition**
 - Any worsening from usual exertional desaturation if **prior** long term respiratory condition

After CTPA:

- If CTPA shows no thromboembolic disease and normal lung parenchyma then symptoms would be expected to improve over time
- If there is radiological suggestion of post-COVID fibrosis, refer to respiratory outpatient clinic (OPC).

Complete patient symptom score and consider whether referral to Post COVID assessment MDT indicated

See [Performance of the One Minute Sit-to-Stand Test \(1M S2S\) - YouTube](#) for further detail

2. **Request CXR if no oxygen desaturation.** Remember to give relevant COVID history.

- CXR abnormal: act as per report (e.g. if ILD refer to respiratory OPC)

Cardiac Causes:

3. **Check BNP** to assess for possible cardiomyopathy/heart failure.

- If BNP > 400 refer to cardiology:
 - BNP 400-2000, for echo within 6 weeks and referral to RAHF (rapid access heart failure) clinic
 - BNP >2000 then urgent echo for review in RAHF clinic within 2 weeks

4. **Consider 12 lead ECG**

(Breathlessness Continued)

If CXR, physical examination and BNP are normal symptoms would be expected to improve over time

Consider other diagnoses, e.g. assessment for airways disease as per Primary Care Respiratory Society advice:

www.pcrs-uk.org/resource/diagnostic-work-patient-presenting-respiratory-symptoms-during-covid-19-pandemic

- **Complete patient symptom score and consider whether referral to Post COVID assessment MDT indicated. Signpost to Your COVID Recovery website: www.yourcovidrecovery.nhs.uk**

Fatigue

If predominant symptom is fatigue *without* breathlessness then test:

- FBC, TFTs, renal profile, CK, BNP.
- Other tests that could be **considered if clinically indicated**:
 - Vitamin D levels coeliac screen, EBV serology, CMV serology, pituitary function screen
- **Complete patient symptom score and consider whether referral to Post COVID assessment MDT indicated**

Other symptoms

Assess clinically with appropriate investigations. If symptoms felt to be secondary to post-COVID:

- **Complete patient symptom score and consider whether referral to Post COVID assessment MDT indicated**

Using the Patient Symptom Score Tool

Print the form on the next page and give it to the patient to complete.

Use the key below to interpret management options.

Key	
Green	Consider signposting to self-supported managements (Your COVID Recovery platform www.yourcovidrecovery.nhs.uk)
Amber	Consider referral to post-COVID assessment team. Follow primary care screening pathway (above) prior to referral.
Red	Ensure primary care screening tool (above) has been undertaken. Consider secondary care referral.

Include a copy of the patient scoring tool with your referral.

Patient Symptom Score Tool

Name: _____

DOB _____ NHS No _____

Post COVID Symptom Score

On a scale of 1-10 (where 0 = I do not have this problem and 10 = this symptom is very significant), please rate the following symptoms:

Also grade the severity at maximum and in general whether staying the same, getting better or getting worse. Please use an **X** to indicate your usual symptoms and **M** to indicate your maximum symptoms.

	0	1	2	3	4	5	6	7	8	9	10
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last few weeks, my symptoms are getting:

	Better	Staying the Same	Worse
Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological and mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How close to 100% of your usual best health do you currently feel?	
Any other important symptoms?	

Referral Form for MDT Assessment of post-COVID Syndrome

Has the Sussex Screening Tool been completed? <small>(Sussex Screening Tool for pre referral clinical assessment of patients suffering with post COVID symptoms, and exclusion of serious underlying pathology)</small>	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>

Patient details							
Name				DOB			
Ethnicity				Gender			
Address				NHS No.			
Telephone no.				Email address			
Interpreter needed	Yes	<input type="checkbox"/>		Happy to receive voicemail?	Yes	<input type="checkbox"/>	
	If yes, what language?				No	<input type="checkbox"/>	
Preferred contact method				Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>
				Video	<input type="checkbox"/>		

GP details				
GP			Practice Name	
Tel No			Email	

Clinical details							
Date of acute COVID infection		Confirmed with COVID test	Y	<input type="checkbox"/>	Required hospital admission	Y	<input type="checkbox"/>
			N	<input type="checkbox"/>		N	<input type="checkbox"/>
Reasons for referral							
<i>Please note: The PCAS is not able to perform medical assessments. Please share the results of pathology investigations and diagnostic tests with the Post-COVID Assessment team, to enable the exclusion of serious underlying pathology.</i>							
Interventions/ investigations to date							
Sussex Screening Tool	Resting SpO2: MERGE FIELD						
Breathlessness Investigations	SpO2 on Exertion: MERGE FIELD						
	BNP: MERGE FIELD						
	Last CXR result: MERGE FIELD						
Patient Symptom Score	Patient Symptom Score completed & attached to this referral?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Pathology Investigations	<i>Attached at end of document</i>						
Past medical history	<i>Attached at end of document</i>						
Drug history	<i>Attached at end of document</i>						

Diagnostic tests					
To help the CCG understand potential increased demand for test caused by the COVID-19 pandemic as part of the rule-out process, please select any applicable diagnostic tests which you have undertaken or requested. (If none, please leave blank)					
Phlebotomy	<input type="checkbox"/>	CT chest imaging	<input type="checkbox"/>	Chest X-RAY	<input type="checkbox"/>
Sputum sample	<input type="checkbox"/>	Echocardiogram	<input type="checkbox"/>	Physiological measurement (e.g. sit to stand, cardiopulmonary exercise test or field exercise test)	<input type="checkbox"/>
Spirometry (pulmonary function test)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		

Referral details			
Name of referrer		Designation	
Referral contact details		Date of referral	
THIS FORM MUST BE COMPLETED FULLY BEFORE THE REFERRAL IS ACCEPTED			
SINGLE POINT OF ACCESS (WEST) West Sussex, Brighton & Hove and High Weald, Lewes & Havens: Please email completed form or any referral queries to: sc-tr.scftpostcovidassessment@nhs.net			
SINGLE POINT OF ACCESS (EAST) East Sussex: Please email completed form or any referral queries to: esht.postcovidassessment@nhs.net			

This referral form is based on NHSE&I guidance for MDT Assessment of post-COVID Syndrome and Sussex Community NHS FT Referral Form & Criteria for COVID Rehabilitation Assessment template