

Physiotherapy Management of Breathlessness in Long Covid

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Background

The Suffolk and North Essex Long COVID Assessment Service (SNELCAS) started on 1st December 2020 and referred patients who were continuing to experience problems with their breathing after COVID-19 to the Ipswich Hospital Chest Physiotherapy Outpatients Department. Most of these patients were troubled with breathlessness.

This was a challenging time within the Chest Physiotherapy Outpatients service as it had been closed on several occasions during the pandemic causing our existing patient cohort to wait longer for their follow up appointments and new patients for their assessments and commencement of treatment. As a small team (1.95 WTE), these pressures were further exacerbated by staff sickness, staff secondment and recruitment issues.

By December 2021 we found ourselves with a large and growing number of SNELCAS-referred patients with breathlessness on our waiting list; some of whom had been waiting for eight months. We had no capacity to manage this caseload in the same way without increasing all patients' wait times further.

Aim

To reduce the number of appointments required to see 100 patients referred from SNELCAS to our Chest Physiotherapy Outpatient Department three times, from 300 appointments to <200 to optimise the delivery of respiratory physiotherapy to this patient group.

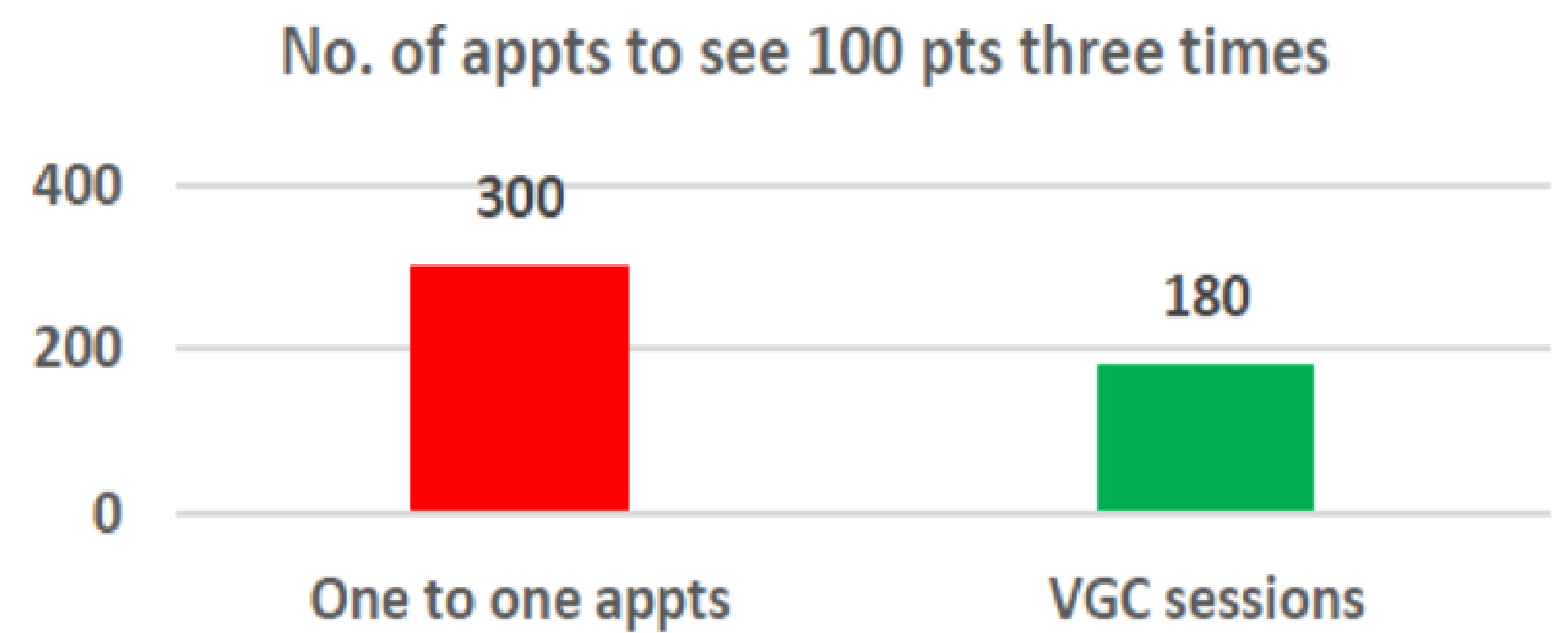
Methodology

With the assistance of Redmoor Health, in December 2021, we explored the possibility of using virtual group consultations to manage the SNELCAS referred patients with breathlessness. The VGC model of care had been used successfully with other patient groups, including diabetes, menopause and asthma.

Starting in January 2022, we invited eight patients at a time to attend three virtual group consultations (VGC). During these sessions patients received an individual consultation as part of the group, enabling information to be shared and patients to learn from each other. Education and treatment were provided, and clinical outcome measures recorded.

Patients were requested to complete the Dyspnoea-12 (D-12) and Medical Research Council (MRC) Dyspnoea Scale on the Long Covid Living With App prior to attending sessions one and three. Additionally, all patients were guided through a self-assessment of their breathing pattern using the Brompton Breathing Pattern Assessment Tool (BPAT) during session one and three. Whilst this outcome measure is not validated for patient self-assessment it was felt to be useful as a teaching tool for patients and an opportunity to record the outcome. A small number of patients were invited for a further 1:1 appointment to address other clinical needs, for example management of chronic cough.

Results



Clinical Outcome Measure	Number of patients completed outcome	Outcome Improved	Outcome No Change	Outcome Deteriorated
BPAT	100	72%	9%	19%
D-12	50	64%	6%	30%
MRC	41	34%	39%	27%

Conclusion

By using the VGC model to manage our breathlessness in Long Covid patients we were able to significantly reduce the number of appointments required to see 100 patients three times from 300 to 180. Patient wait time for treatment was therefore reduced.

Using this model of intervention most patients showed an improvement in BPAT and D-12 scores. On reflection MRC was chosen as this was available on the long covid living with app however appeared to be less sensitive to change in this patient group.

The unique nature of VGCs allows patients to hear and learn from the experiences of others in the group and the importance of this was reflected in patient feedback.

In conclusion in this group of patients respiratory physiotherapy support delivered by VGC was efficient, effective and valued by patients.

References

Hylton H, Long A, Francis C, Taylor RR, Ricketts WM, Singh R, Pfeffer PE. [Real-world use of the Breathing Pattern Assessment Tool in assessment of breathlessness post-COVID-19](#). Clinical Medicine. 2022 Jul;22(4):376

Hayhoe B, Verma A, Kumar S. Shared medical appointments A promising response to escalating demand for healthcare. BMJ 2017;358:j4034

Patient Feedback:

"Learning so much from experiences, can feel very isolated in the world at the moment. Thankful for the openness of everyone."

"Originally, I was concerned about doing a group appointment but feel it helps. Hearing other people's stories and what has worked for them. Also knowing I'm not the only one. I also felt I had enough time to discuss my issues and help was offered."

"It has made me feel I'm not alone."