

# B4 Therapy Assistant Practitioner

Leeds Community Healthcare Trust Long Covid Rehabilitation Service

the **bmj** awards

Winner of Clinical Leadership  
Team of the Year 2021

 **medipex**<sup>®</sup>  
healthcare innovation hub  
[www.medipex.co.uk/awards](http://www.medipex.co.uk/awards)

 Winner of Medipex  
NHS Innovation Awards  
and Showcase 2021

**HFMA**  
AWARDS 2021

# Who are we?



Megan Parker



Graduate (BSc Hons) Sports and Exercise Therapist from Leeds Beckett University in 2019.



Tony Callaghan



Birkbeck University of London Counselling and Counselling Skills Qualification 2012. Studied S.T. Psychodynamic Psychotherapy and C.B.T. Graduate of Hoffman Process 2010



Worked privately in clinic for just under 2 years prior to entering this role.



Currently studying a Masters degree part-time in Sports & Exercise Medicine. Due to graduate in 2022.



Freelance P.T. and Pilates Teacher and Biomechanics Coach, private clientele and classes. Specialised in M.S.K. injury rehabilitation . 15 years Ealing West London.



-Member of London Therapy Group. Currently studying Hypnotherapy distance learning course designed by Dr Kate Beaven-Marks

# Our service currently...

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Hybrid model consisting of clinic, home and virtual appointments. We also have a 10-week virtual course and a printed Long Covid Rehabilitation booklet.

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We are an award-winning flagship service! Here's what we've achieved so far: BMJ Clinical Leadership Team of the year 2021, Winner of Medipex Innovation Awards & Showcase & HFMA finance award to close partnering and collaboration – Yorkshire and Humber

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Media profile – radio, TV, social media exposure:

Yorkshire evening post x2 articles, BBC Leeds radio interview, ITV Calendar piece

Webinars/conferences: WHO LC rehab conference last month - UK representative service, RCOT/CSP LC webinar, RCOT annual conference, CSP webinar, Webinar Thailand Physios, Multiple NHSE LC webinars

Some publications: Dieticians article on British Dietetics association website & in Complete Nutrition, CSP Innovations database have published our work, OT news article.

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Current team profile – what does our team look like?

**In one year the service has gone from 8.8 to 19.9 AHPs, plus admin and ops**

MDT comprises of: PTs, OTs, Dieticians, TAs, CBT therapist, Psychologist, Research fellows, Doctors

We have a weekly MDT virtual meet which is great for learning and development.

## The introduction of TAs to the service

- For this presentation, we spoke with our Pathway Coordinators Rachel Tarrant and Jennifer Davison to ask why they felt recruiting TAs was a necessary step in the progression of the service. Here's their response:

*“We decided to recruit to Band 4 Rehabilitation Assistants to support the clinical staff with the outcome measures and observations that are crucial to a holistic assessment in Long covid and to be able to review the effectiveness of interventions. In addition to use their individual skills to deliver group virtual sessions, and in the future to follow up patients with low activation to assist them in participating in their rehabilitation programmes and helping them to progress through the stages of recovery.”*

# Our role as TAs within the Long Covid Rehab Service:

Our core responsibilities are similar to those of a TA within a trust community team, covering administrative tasks, organisation of workload and professional responsibilities and communication.

However, our rehabilitation and risk management is specific to post covid-19 syndrome. We are required to hold a breadth of knowledge in order to understand and interpret patient symptoms and data collected.

# Our scope as TAs within the Long Covid Rehab Service:

Knowledge of breathlessness management techniques.

Awareness of common pathologies and conditions and how this is likely to impact on the patient.

Knowledge of function and major muscle groups and bones & to be aware of what normal ROM is.

MDT involvement and additional project work.

Understanding of equipment prescription, fitting and usage.

Outcome measures and observations - we will go into more detail on the next slide regarding our current outcome measures that are being used in clinic.

# Outcome measures and observations



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**Outcome measures:** C19-YRS, MRC Dyspnoea rating, EQ5D, PAM (if requested by clinician), MFIS

Cover physical, emotional, cognitive triggers of LC symptoms.



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**OBS:** Sitting, lying and standing BP, HR and SpO2 → The NASA 10min Lean test, Temperature, Resp rate, 1min STS



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**Why are these being used?**

Service evaluation and auditing purposes.

Used to measure change within patients – initial, interim and final assessments.



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*C19-YRS is now a validated outcome measure.* We also have the C19-YRS app that has been developed by ELAROS, where patients are provided log-in details to complete these outcome measures via this platform.



# A day in clinic...

Our current clinic model aims for patients to attend a pre-assessment appointment with TAs prior to their initial appointment with the clinician.

Our TA slots are 60mins in duration, where we gain baseline measures of the outcomes aforementioned, in addition to a NEWS2 score. This is used as a method to alert the clinician of anything concerning.

Often the T.A. is the first point of face-to-face contact for N.P. so our role is to reassure the patient but not to diagnose.

We recognise that the patient will often want to relate their experiences in detail, we acknowledge this and advise that they wait until their appointment with the O.T. or P.T. for a more in-depth consultation.

Recognising our remit and referring any concerns or findings that warrant intervention or investigation to an O.T. or P.T. either on duty in clinic or remotely by telephone

The readings/results of these outcome measures can then be interpreted prior to the initial assessment, to allow for treatment to be individualised and specific for each patient. E.g., if any further investigations may need to be requested to determine dysautonomia or other condition.

Additional  
project  
work –  
what else  
have we  
been  
getting up  
to?



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The service has welcomed our previous experience and allowed us to initiate a project focusing on improving movement to aid the breathing exercises prescribed by our clinicians. Termed “*Movement Improvement for Breathing*”



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Tony is involved with the Relaxation group, which is a new virtual module that we are aiming to deliver in the near future – currently in pilot stage.

This involves teaching simple and effective soft manual massage stimulation exercises directly affecting the Vagus Nerve. Proven techniques to regulate breathing function and lower autonomic heightened nervous system responses.



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Megan is involved with the research team. Carrying out a service evaluation of our current exercise advice within, to assess the effectiveness of using the Borg CR-10 scale in managing PEM.



What will  
our work  
lead on to?

Further projects/CPD

More TAs as the service  
grows

Holistic role



Thank you for  
listening!

Any questions?