CHARTERED SOCIETY OF PHYSIOTHERAPY

CSP COVID-19 Rehabilitation Standards

Community rehabilitation: physiotherapy service delivery

CSP STANDARD [RS3]

July 2021

How these standards were developed

The standards are underpinned by national guidance and standards, in particular by National Institute for Health and Care Excellence (NICE), National Institute for Health Research (NIHR), government and profession-specific guidance on COVID-19. COVID-19 is a new condition with an emerging evidence base.

The standards draw on available evidence, expert opinion and the lived experiences of people with Long COVID. The background information and scope of the standards includes papers which have not yet been peer-reviewed. Where referenced, they are identified as preprints.

The standards will be reviewed and updated as the knowledge base and expert experience develop.

Acknowledgements

The Chartered Society of Physiotherapy wishes to acknowledge the expert peer reviewers for their contribution to the development of these standards.

Expert peer reviewers

ACPIN (Association of Chartered Physiotherapists in Neurology) (Version 2)

ACPIVR (Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation) (Version 1)

ACPRC (Association of Chartered Physiotherapists in Respiratory Care) (Version 2)

AGILE (Chartered Physiotherapists working with older people) (Version 1 and 2)

ATOCP (Association of Trauma and Orthopaedic Chartered Physiotherapists) (Version 1 and 2)

BACPAR (British Association of Chartered Physiotherapists in Amputee Rehabilitation) (Version 1)

Stephen Ashford - Senior Clinical Lecturer, Consultant Physiotherapist and member of the CSP Community Rehabilitation Physiotherapy Expert Reference Group (Version 1)

Darren Brown - Specialist Physiotherapist HIV and Oncology, person living with Long COVID and member of the CSP Long COVID Network (Version 2)

Ruth Calder - Deputy Clinical Services Manager - Physiotherapy and member of the CSP Long COVID Network (Version 2)

Suzy Delves - Deputy Clinical Services Manager - Physiotherapy and member of the CSP Long COVID Network (Version 2)

Alice Hughes - Senior Physiotherapist and member of the CSP Long COVID Network (Version 2)

Rebecca Livingstone - Respiratory Physiotherapist, Clinical Lead for Medicine Urgent and Emergency Services and member of the CSP Long COVID Network (Version 2)

Pamela Hancock - Respiratory Lead and member of the CSP Long COVID Network (Version 2)

Fiona Jones - Professor, Rehabilitation Research and member of the CSP Community Rehabilitation Physiotherapy Expert Reference Group (Version 1 and 2)

David McWilliams - Clinical Academic Physiotherapist/ Associate Professor and member of the CSP Community Rehabilitation Physiotherapy Expert Reference Group (Version 2)

Myless Mwanza - Highly Specialised Neurophysiotherapist in Rehabilitation and member of the CSP Long COVID Network (Version 2)

Jenny Riley - Senior Physiotherapist and member of the CSP Long COVID Network (Version 2)

Jennifer Roe - Specialist Physiotherapist and member of the CSP Long COVID Network (Version 2)

Stephanie Scott – Community Physiotherapist and member of the CSP Long COVID Network (Version 2)

Catherine Thompson – Physiotherapist, person living with Long COVID and member of the CSP Long COVID Network (Version 2)

Julia Thorpe - Senior Physiotherapist and member of the CSP Long COVID Network (Version 2)

CSP project team

Authors:

Fran Hallam
Gabrielle Rankin
Julie Blackburn (standard 7)

Reviewers:

Tamsin Baird
Ruth ten Hove
Rachael Wadlow

Community rehabilitation: physiotherapy service delivery

CSP Standards [RS3] are one of a series of CSP COVID-19 Rehabilitation Standards.

They can be used in conjunction with:

- **CSP Standards** [RS1]: **Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery**
- **CSP Standards** [RS2]: **Palliative rehabilitation and end of life care: physiotherapy service delivery**

Scope

These standards cover community rehabilitation and physiotherapy care for adults of 18 years and over with COVID-19. Community rehabilitation is assessment, personalised rehabilitation, advice and supported self-management that takes place in any setting outside of acute hospital wards and that optimises function, reduces disability, and improves people's health and wellbeing. The standards include COVID-19 assessment clinics established for people with ongoing signs and symptoms of COVID-19 who remained at home or in a care setting and people who have been discharged from hospital.[1]

The standards apply to anyone with rehabilitation needs who has acute COVID-19 or Long COVID, and their families and carers. This is whether their care is managed in community settings throughout or if they were admitted to hospital at any stage.

Acute COVID-19 describes signs and symptoms of COVID-19 for up to 4 weeks.[2] Long COVID is a term commonly used to describe signs and symptoms that continue or develop after acute COVID-19.[2] There is enormous variation in the estimated prevalence of Long COVID and differences between people who were hospitalised and those not admitted to hospital.[3] It appears that at least 10% of people with COVID-19 experience at least one symptom for 12 weeks or longer.[3,4] Long COVID affects people of all ages including those with mild initial symptoms.[4] People with Long COVID have multi-dimensional symptoms across many different body systems.[3] One study (preprint) lists 205 different symptoms relating to 10 different systems.[5] Symptoms can be episodic,

unpredictable and fluctuating in severity.[3] Long COVID is an umbrella term and little is known about different clusters and patterns of symptoms.[3] Various classifications have been suggested such as Post Intensive Care syndrome, Post Viral Fatigue, Long Term COVID and permanent organ damage, which some people may be experiencing simultaneously.[3] Organ damage has been seen in people with Long COVID, one study showing single organ impairment in 66% and multi-organ impairment in 25% of individuals.[6] The diverse presentations of COVID-19 may have different causal mechanisms requiring a variety of rehabilitation approaches.[3]

COVID-19 disproportionately affects some groups and there is evidence that the impact of COVID-19 has replicated existing health inequalities, and in some cases, increased them.[7] The standards highlight key considerations for planning, delivering and evaluating equitable physiotherapy services. They should be used in conjunction with the *Allied Health Professionals (AHPs) health inequalities action framework (The King's Fund, 2021)* which helps AHPs consider their role in tackling health inequalities.

In these standards the term COVID-19 encompasses acute COVID-19 and Long COVID.

The standards are for the physiotherapy workforce delivering rehabilitation in a multidisciplinary care context. The standards are key for facilitating safe and rapid decision making and ensuring the delivery of consistent, high quality, personalised assessment and physiotherapy. They should be used in conjunction with local policies and procedures.

The guidance, emerging evidence, including people's lived experiences, underpinning these standards are specific to the delivery of community rehabilitation for people with COVID-19. However, the key principles are applicable more widely to community rehabilitation service delivery both during and beyond the COVID-19 pandemic.

1. *National guidance for post-COVID syndrome assessment clinics Version 2 (2021) NHS England*
2. *COVID-19 rapid guideline: managing the long-term effects of COVID-19 (2020) NICE guideline NG188*
3. *Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID) (2021). National Institute for Health Research*
4. *The Independent SAGE Report 32: Independent SAGE Report on Long COVID (2021) The Independent Scientific Advisory Group for Emergencies (SAGE)*
5. *Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact. (2020) Davis HE et al, medRxiv, 2020: 2020.12.24.20248802. Preprint.*
6. *Post-covid syndrome in adults admitted to hospital with Covid-19: retrospective cohort study. (2021) Ayoubkhani D et al, BMJ. 2021,372:n693*
7. *COVID-19: Review of disparities in risks and outcomes (2020) Public Health England*

Updates in version 2

Version 2 of these standards has been updated to take into account updated guidance and emerging evidence including people's lived experiences regarding:

- recovery trajectories and sequelae of COVID-19 including Long COVID
- clinical risk stratification, functional screening tools and ongoing assessment
- personalised symptom management
- monitoring response to rehabilitation and individualising timing, intensity and frequency of rehabilitation
- supported self-management and self-monitoring, including principles of pacing and energy management
- rehabilitation models including COVID clinics
- impact of inequities and disparities in outcome

In these standards the term COVID-19 encompasses acute COVID-19 and Long COVID.

Quality standards

1. **Needs assessment, rehabilitation planning and review**
2. **Personalised rehabilitation and symptom management**
3. **Supported self-management**
4. **Communication and information sharing with people with COVID-19**
5. **Integrated and coordinated rehabilitation**
6. **Evaluation, audit and research**
7. **Personal Protective Equipment (PPE) and infection control**

Standard 1:
Needs assessment, rehabilitation planning and review

Quality statement 1

1. **People with COVID-19 in community settings are offered comprehensive, holistic needs assessments, with the opportunity to discuss, co-produce and review a personalised rehabilitation plan.**

    1.1 Undertake a person-centred, holistic needs assessment coordinating, as appropriate, with the individual's family and carers and the multidisciplinary team taking into account clinical history, emerging evidence about the multi-dimensional sequelae of COVID-19 and variation in outcomes from COVID-19

    1.2 Consider risk stratification and functional screening to inform personalised rehabilitation planning

    1.3 Rehabilitation planning, goal setting and outcome measurement is personalised and involves shared decision making, including families and carers as appropriate, based on what matters to the individual, their strengths, needs and preferences

    1.4 Physiotherapy assessments contribute to the overall multidisciplinary needs assessment and to the identification of specialist expertise requirements

    1.5 Assessments, care planning and reviews are timely and responsive to the person's changing clinical and rehabilitation needs, their response to rehabilitation and their personalised outcome measures

    1.6 Responsive and regular clinical needs assessment identifies people who are at risk of rapid deterioration, worsening disability, or require urgent input and rehabilitation planning

    1.7 Identify the needs and preferences of families and carers of people with COVID-19 and provide information about how they can access advice, support and a carer's assessment.

Rationale

People with COVID-19 often present with a wide range of clinical, physical, psychological (including cognitive), emotional, cultural, social and spiritual needs. A holistic assessment considers the overall health and wellbeing of the person. The emerging evidence about the aetiology and sequelae of COVID-19, including inequalities and disparities in outcomes, should be taken into account. Age, gender, areas of deprivation, ethnic minority groups, disabilities, comorbidities such as diabetes and obesity, occupation, and lifestyle factors such as smoking are associated with disparities in risk and outcomes. Pre-existing health conditions affect individual needs. The impact of COVID-19 related restrictions on individuals and services should also be considered.

COVID-19 is a multisystem condition and therefore a wide range of expertise from across specialities and multidisciplinary teams (MDTs) may be required for individualised assessments and rehabilitation. Focussing on assessing needs and including a comprehensive clinical history, helps the person and MDT to develop an individualised rehabilitation plan. Outcome measures should be personalised and repeated as part of ongoing assessment, monitoring response to rehabilitation and informing the rehabilitation plan.

It is important that people with suspected Long COVID have been medically assessed and where necessary have undergone investigations to exclude serious pathologies and differential diagnoses. The physiotherapy workforce has a key advocacy role in ensuring people referred to rehabilitation have been appropriately medically assessed, to undertake risk stratification and liaise with the MDT where necessary. Risk stratification requires awareness of COVID-19 sequelae that contraindicate rehabilitation and require onward referral and investigation, and those that require careful monitoring during rehabilitation. For further detail about risk stratification and screening prior to rehabilitation, see the *World Physiotherapy briefing paper 9* (2021) and *Alberta Health Services Rehabilitation and Allied Health Practice Considerations Post COVID-19* (2021).

Functional screening tools identify problems that are likely to require more detailed evaluation by members of the MDT and inform development of the personalised rehabilitation plan. Screening also helps to stratify rehabilitation requirements in terms of who, how and when rehabilitation is delivered including specialist expertise requirements. Functional screening tools have been developed for people with Long COVID, for example the COVID-19 Yorkshire Rehabilitation Scale (C19-YRS) *(C19-YRS* ; *Sivan, Halpin and Gee, 2020*). Functional screening tools have also been developed

specifically for people who have received critical care, for example PICUPS-Plus for people who are progressing towards discharge from hospital and PICUPS-Community which is a self-reported tool for monitoring ongoing rehabilitation needs following discharge to community settings *(National Post-Intensive Care Rehabilitation Collaborative, 2020)*.

Some people with COVID-19 may have post-exertional symptom exacerbation (PESE), also known as post-exertional malaise (PEM). One definition of PESE is the triggering or worsening of symptoms that can follow minimal cognitive, physical, emotional or social activity, or activity that could previously be tolerated. The timing of PESE after exertion is variable and unpredictable. This should be taken into account when assessing people with COVID-19 and planning their rehabilitation. For more information on PESE, see the *Long COVID Physio website*. The *NIHR Living with COVID-19 second review (2021)* synthesises the evidence in relation to the use of exercise as part of rehabilitation. Personalised assessment means people have choice and control over the way their rehabilitation is planned and delivered, based on what matters to them. People with COVID-19 should be able to work with services to actively manage their health and rehabilitation needs, rather than passively receive care from services.

Personalised needs-based planning involves shared decision making between the individual and the professionals supporting them, putting the person at the centre of decisions about their rehabilitation. People's personal strengths, preferences, aspirations and needs help inform the choice of goals, rehabilitation planning and outcome measurements. Both the MDT and the person have a role and responsibility for contributing to the decision making process. The MDT contribute information about diagnosis, cause of disease, prognosis, treatment options and outcomes. Whereas, the person contributes the experience of their illness, triggers that may exacerbate their symptoms, how they manage their illness, social circumstances, attitudes to risk, values and preferences. Providing the person gives consent, carers should be supported to actively participate in decision making and care planning.

Timing of assessments and outcome measurement needs to be individualised due to the diverse clinical presentations of COVID-19, the episodic nature of symptoms and late onset of new symptoms. Needs assessment, outcome measurement, personalised care planning and review should be an ongoing and proactive process involving the individual that is both planned and responsive to changing needs.

The clinical status and symptoms of some people with COVID-19 can fluctuate for example, oxygen saturation levels, heart rate, and symptoms occurring with PESE. This needs to be identified as part of the initial assessment or triage process, requires careful monitoring and should inform the ongoing assessment and rehabilitation plan. The timing, length and setting of an individual's assessment should be flexible and adapted based on the individual's symptoms, needs and preferences. This should also be taken into account in relation to rehabilitation planning and outcome measurement.

Consideration of current *national* and local guidance should inform whether needs assessments are undertaken in person or remotely. This may impact on the assessment tools which can be used, for instance measurement of blood oxygen saturation or using a validated pulse oximeter. Recognition of people in community settings requiring oxygen and specialist respiratory input may avoid hospital admission.

Advance care planning is one part of personalised care planning and involves discussions about an individual's preferences and wishes for types of care or treatment available that may be beneficial in the future. People with COVID-19 may deteriorate rapidly and need urgent hospital admission. For further detail in relation to palliative rehabilitation and end of life care see *CSP COVID-19 Rehabilitation standards RS2 (Palliative rehabilitation and end of life care: physiotherapy service delivery)*.

Regular needs assessment helps ensure signs of deterioration and/or worsening disability are recognised and appropriate care and/or rehabilitation is in place.

It is important to identify carers and at the earliest opportunity assess their needs and preferences. Carers should be encouraged to recognise their role and rights and provided with information about accessing advice and support. Anyone who is an unpaid carer for a family member or friend has the statutory right to a carer's assessment with their local authority. This provides the opportunity to discuss what matters most to them, including their health and wellbeing and any help and support they may need.

Source guidance

COVID-19 rapid guideline: managing COVID-19 (2021) NICE guideline NG191, recommendations 4, 5 and 6.1.1

COVID-19 rapid guideline: managing the long-term effects of COVID-19 (2020) NICE guideline NG188, recommendations 1.5, 2.1-2.4, 3.5, 3.6, 5.4, 6.1, 6.2, 6.5

Shared decision making (2021) NICE guideline NG197, recommendations 1.2-1.4

Supporting adult carers (2021) NICE quality standards QS200, standards 1-3

Patient experience in adult NHS services (2019) NICE quality standard QS15, standards 4 and 6

Falls in older people (2017) NICE quality standard QS86, standards 2 and 9

Multimorbidity (2017) NICE quality standard QS153, standards 2 and 3

Rehabilitation after critical illness in adults (2017) NICE quality standard QS158, standards 3 and 4

Mental wellbeing and independence for older people (2016) NICE quality standard QS137, standard 1

Stroke in adults (2016) NICE quality standard QS2, standard 6

Dementia: support in health and social care (2010) NICE quality standard QS1, standard 4

Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID) (2021) National Institute for Health Research

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

National guidance for post-COVID syndrome assessment clinics Version 2 (2021) NHS England

Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24 January to 20 November 2020 (2021) Office for National Statistics

COVID-19 Clinical Advice. Supporting people with COVID-19 related illness in the community setting: Clinical management of those with moderate to severe illness Version 2.1 (2020) Scottish Government

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation (2020) NHS England and NHS Improvement London

COVID-19: Long-term health effects (2020) Public Health England

COVID-19: Review of disparities in risks and outcomes (2020) Public Health England

Developing a modelling resource to understand the rehabilitation needs of people during, and following, the COVID-19 pandemic (2020) Welsh Government

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Hospital discharge service requirements: COVID-19 (Wales)
(2020) Welsh Government

Implementing phase 3 of the NHS response to the COVID-19 pandemic
(2020) NHS England

Rehabilitation: a framework for continuity and recovery 2020 to 2021
(2020) Welsh Government

Reducing health inequalities associated with COVID-19. A framework for healthcare providers (2020) NHS Providers

Hospital discharge service: policy and operating model
(2021) Department of Health and Social Care

Inclusion Health: applying All Our Health (2021) Public Health England

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

NHS RightCare: Frailty Toolkit (2019) NHS RightCare

RightCare: Progressive Neurological Conditions Toolkit (2019) NHS RightCare

Commissioning guidance for rehabilitation (2016) NHS England

NHS Standard Contract for Specialised Rehabilitation for Patients with Highly Complex Needs (All Ages) (2013) NHS England

COVID-19 Clinical management: living guidance (2021) World Health Organisation

Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance
(2021) Centers for Disease Control and Prevention

In the wake of the pandemic: Preparing for Long COVID
(2021) World Health Organisation

World Physiotherapy Response to COVID-19 briefing paper 9. Safe rehabilitation approaches for people living with Long COVID: physical activity and exercise
(2021) World Physiotherapy

A National COVID-19 Resilience Programme: Improving the health and wellbeing of older people during the pandemic (2020) The Physiological Society

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

COVID-19: Managing the COVID-19 pandemic in care homes for older people Version 4 (2020) British Geriatrics Society

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance (2020) British Thoracic Society

Keeping Me Well: COVID-19 Rehabilitation Model (2020) Cardiff and Vale University Health Board

Rehabilitation in the wake of COVID-19 - A phoenix from the ashes Version 1 (2020) British Society of Rehabilitation Medicine report

Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care. Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

Royal College of General Practitioners – Written evidence (COV0051). Ongoing or persistent symptoms of COVID-19 (Long COVID) (2020) UK Parliament

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

Silver Book II: quality urgent care for older people (2021) British Geriatrics Society

Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme (2017-2020) (2020) Good Things Foundation

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2] (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery [RS1] (2021) Chartered Society of Physiotherapy

Digital or physical consultations: supporting you to make safe decisions about patient contact (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-3

Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

Standard 2:
Personalised rehabilitation and symptom management

Quality Statement 2

2. People with COVID-19 in community settings are offered individualised, equitable rehabilitation and/or symptom management as early as clinically appropriate, based on their personalised needs assessment and rehabilitation plan.

2.1 Rehabilitation and symptom management is holistic and undertaken in collaboration with the multidisciplinary team

2.2 During rehabilitation the person's clinical presentation (e.g. respiratory and cardiovascular function) may require close monitoring

2.3 Timing, intensity, frequency and setting of rehabilitation is personalised and flexible to the person's individual needs, symptoms and response to rehabilitation

2.4 Principles of pacing and energy management, including recognition of signs of post-exertional symptom exacerbation, are incorporated into rehabilitation interventions

2.5 The physiotherapy workforce share knowledge, skills and expertise with the multidisciplinary teams, families and carers so that rehabilitation and symptom management is integrated within daily care and activity

2.6 Rehabilitation and symptom management includes facilitation of participation in education, work and meaningful life roles

2.7 The potential of technology-enabled rehabilitation requires consideration taking into account the person's needs, symptoms and preferences

2.8 Families and carers of people with COVID-19 are offered holistic support appropriate to their current needs and preferences.

Rationale

Effective rehabilitation is holistic and personalised to reduce physical, psychological (including cognitive), emotional, social and economic impacts of COVID-19. People with COVID-19 may have other health conditions and may have very different abilities and rehabilitation needs. The aim of symptom management is to optimise the person's clinical status and ability to undertake activities of daily living, to do the things that matter most and/or rehabilitation. Rehabilitation should take into account the complex interaction between the person's health conditions, the contexts and environments they live in, their values and beliefs, to actively reduce inequalities.

Delays in starting rehabilitation can increase the risk of further deterioration in the person's condition and lead to reduced independence. Starting rehabilitation early can improve physical, psychological (including cognition) and emotional recovery and prevent future problems. However, people with COVID-19 often have complex clinical presentations and therefore the decision of when it is appropriate to start rehabilitation requires discussion with them and the multidisciplinary team (MDT). The recovery trajectory of COVID-19 is individualised and can be unpredictable and episodic, requiring ongoing input from the MDT to tailor rehabilitation.

People with COVID-19 can deteriorate rapidly. Fatigue/exhaustion, breathlessness, oxygen desaturation and 'brain fog' are examples of symptoms that may be exacerbated by exertion. Oxygen desaturation may occur on exertion and can be unrelated to oxygen saturation at rest and the degree of dyspnoea. Desaturation on exertion that is 3% or more requires investigation. Symptoms must be assessed, monitored and managed carefully during and following rehabilitation.
For further details, see the *World Physiotherapy briefing paper 9 (2021)*.

Physiotherapists who are experiencing Long COVID have developed a *website* which includes resources about rehabilitation for some of the frequent sequelae of COVID-19, for example breathing pattern disorders, autonomic dysfunction and postural orthostatic tachycardia syndrome and brain fog. Considerations for COVID-19 rehabilitation are outlined in guidance developed by *Alberta Health Services (2021).*

"Stop. Rest. Pace", energy and activity management, and heart rate monitoring may be effective rehabilitation approaches for people experiencing post-exertional symptom exacerbation (PESE). These approaches aim to stabilise and improve symptom severity over a period of time and optimise function.

Timing, intensity, frequency and setting of rehabilitation is individualised taking into account the person's needs assessment, the fluctuating nature of COVID-19 and response to rehabilitation. Facilitating rehabilitation and symptom management little and often and integrated into daily care and activity minimises the risk of complications and empowers people to regain physical functioning and independence as soon as possible.

The physiotherapy workforce provides a vital role in sharing their expertise to enable all the MDTs, families and carers (formal and informal) to be actively involved in delivering personalised rehabilitation plans, to optimise the person's independence and social participation.

Rehabilitation is an active and enabling process which includes supporting and working with the person, their carers and those involved in helping them to achieve their personal goals in relation to education, work and meaningful life roles. A survey from the Office for National Statistics *(ONS, 2021)* reported 65.9% of people with Long COVID experienced limitation to daily activities. Another survey reports that 71% of people with Long COVID said it was affecting family life and 39% said it was impacting their ability to care for dependents *(NIHR, 2021).*

It has been demonstrated that multidisciplinary, coordinated vocational rehabilitation can support people to get back to work sooner, remain in work and also it can have significant economic benefits *(NHS England, 2016).* Some people with COVID-19 may struggle to return to work and evidence around critical illness indicates some may never return to work. An early study reported around one third of people with Long COVID were unable to return to work due to persistent levels of fatigue 10 weeks after symptom onset *(Townsend et al, 2020)*. In an online survey (preprint), which included 2550 people with Long COVID, 75% reported being ill still affected their ability to work and 38% reported a loss of income due to illness *(Ziauddeen et al, 2021)*. Occupational health experts have recommended that return to work rehabilitation plans need to be individualised and flexible *(Raynor and Campbell, 2021)*. Extended phased return may be necessary to take account of the gradual and extended recovery time for some people *(Raynor and Campbell, 2021)*. For further information about supporting people to return to work, see the *Long Covid Physio website*.

The delivery of rehabilitation takes into account the person's needs and preferences, equity considerations and risk assessment of providing in person care. The physiotherapy workforce should consider and assess suitability of remote consultation and online rehabilitation resources available such as the *Your Covid Recovery platform* and the *NHS Wales COVID-19 Recovery App*. Digital and assistive technology has great potential to support rehabilitation and optimise the person's independence.

Families and carers may need emotional and psychological support. Many carers struggle to maintain their own wellbeing and often overlook their own needs because of their caring responsibilities. The physiotherapy workforce have a role to play in providing support as well as helping carers access advice, relevant services and support groups.

Source guidance

COVID-19 rapid guideline: managing COVID-19
(2021) NICE guideline NG191, recommendations 4 and 6.1.2-6.1.5

COVID-19 rapid guideline: managing the long-term effects of COVID-19
(2020) NICE guideline NG188, recommendations 3.5, 5.3, 5.5, 6.2, 6.4, 6.5, 8.2

Shared decision making (2021) NICE guideline NG197, recommendations 1.2-1.4

Supporting adult carers (2021) NICE quality standards QS200, standards 1, 3 and 4

Cerebral palsy in adults (2020) NICE quality standard Q191, standard 4

Dementia (2019) NICE quality standard QS184, standard 7

Falls in older people (2017) NICE quality standard QS86, standard 3

Stroke in adults (2016) NICE quality standard QS2, standard 2

Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID)
(2021) National Institute for Health Research

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

National guidance for post-COVID syndrome assessment clinics
Version 2 (2021) NHS England

COVID-19 Clinical Advice. Supporting people with COVID-19 related illness in the community setting: Clinical management of those with moderate to severe illness
Version 2.1 (2020) Scottish Government

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation
(2020) NHS England and NHS Improvement London

COVID-19: Long-term health effects (2020) Public Health England

COVID-19: Review of disparities in risks and outcomes (2020) Public Health England

Developing a modelling resource to understand the rehabilitation needs of people during, and following, the COVID-19 pandemic (2020) Welsh Government

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Reducing health inequalities associated with COVID-19. A framework for healthcare providers (2020) NHS Providers

Inclusion Health: applying All Our Health (2021) Public Health England

Rehabilitation: a framework for continuity and recovery 2020 to 2021 (2020) Welsh Government

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

A Digital Framework for Allied Health Professionals (2019) NHS England

The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England

Commissioning guidance for rehabilitation (2016) NHS England

eHealth and Care Strategy for Northern Ireland: Improving health and wealth through the use of information and communication technology (2016) Health and Social Care Board

Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government

NHS Standard Contract for Specialised Rehabilitation for Patients with Highly Complex Needs (All Ages) (2013) NHS England

COVID-19 Clinical management: living guidance (2021) World Health Organisation

Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance (2021) Centers for Disease Control and Prevention

In the wake of the pandemic: Preparing for Long COVID (2021) World Health Organisation

World Physiotherapy Response to COVID-19 briefing paper 9. Safe rehabilitation approaches for people living with Long COVID: physical activity and exercise (2021) World Physiotherapy

A National COVID-19 Resilience Programme: Improving the health and wellbeing of older people during the pandemic (2020) The Physiological Society

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance (2020) British Thoracic Society

Keeping Me Well: COVID-19 Rehabilitation Model (2020) Cardiff and Vale University Health Board

Rehabilitation in the wake of COVID-19 - A phoenix from the ashes (2020) British Society of Rehabilitation Medicine report, Version 1

Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care. Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

Silver Book II: quality urgent care for older people (2021) British Geriatrics Society

Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme (2017-2020) (2020) Good Things Foundation

Personalised Care Institute Curriculum (2020) Personalised Care Institute

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2] (2020) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery [RS1] (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 1-4

Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

Quality standard 3:
Supported self-management

Quality statement 3

3. **People in community settings are offered equitable supported self-management to develop their capability to manage the impact of COVID-19 and their health and wellbeing.**

   3.1 Shared decision making is used to enable a person to feel empowered to make choices about managing their health and wellbeing

   3.2 Self-management is personalised taking into account a person's level of engagement, dependency on others, health literacy and understanding in order to tailor support and resources accordingly

   3.3 Emerging evidence about the multi-dimensional sequelae of COVID-19 and variation in outcomes from COVID-19 informs education and advice given including discussion about when to seek support

   3.4 Utilise the expertise and benefits of family, carer, peer and community support where appropriate

   3.5 Utilise technology where appropriate to support self-management and self-monitoring taking into account digital inclusion considerations

   3.6 A co-produced, self-management strategy is part of the documented rehabilitation plan and includes regular review/monitoring.

Rationale

Supported self-management is a key component of rehabilitation and is based on the personalised rehabilitation, goals and outcome measurement. Supported self-management helps people to build knowledge, skills and confidence for managing the impact of COVID-19 and their health and wellbeing. The physiotherapy workforce should coordinate with the multidisciplinary team (MDT) to tailor support according to the individual's needs.

Shared decision making (SDM) is a collaborative process which empowers a person to make informed decisions about managing their health and care. SDM conversations should include an honest acknowledgement of the uncertainties and the evidence gap, draw on other resources such as shared learning from people with COVID-19 and healthcare professionals, and open discussion about the potential benefits, risks and consequences of self-management approaches. Support should be tailored to the person's needs to ensure that people are actively involved in SDM.

Awareness of a person's level of engagement or activation, dependency on others, health literacy and understanding enables equitable access to information, training and education resources which are tailored accordingly. Activation describes the knowledge, skills and confidence a person has in managing their own health and care. Targeted interventions that develop skills and health literacy in achievable steps and build confidence and autonomy may help to increase a person's level of activation. It is important to take into account how some symptoms of COVID-19, for example brain fog or fatigue, may impact on a person's ability to self-manage and to work collaboratively with them to individualise strategies. For people with high levels of dependency on others, self-management may be achieved through close working with families and carers.

Long COVID is not yet a well understood illness with many, varied and often relapsing-remitting symptoms and uncertain prognosis. Education about this should be offered and self-management support should provide opportunities to discuss the impact this has on the person and any feelings of worry or distress.

It is of critical importance to offer self-management support and advice about pacing, rest and recovery time. Information and support for symptom management should be available. People should be supported to self-monitor their symptoms and to know when to seek advice from a healthcare professional.

Supported self-management is enhanced by the expertise, capacity and potential of families, carers, peers and communities and delivers better outcomes and experiences *(NHS England and NHS Improvement, 2020)*. Peer support involves people drawing on shared personal experience to provide knowledge, social interaction, emotional assistance or practical help to each other, often in a way that is mutually beneficial. Evidence shows peer support can help people feel more knowledgeable, confident and happy and less isolated and alone *(National Voices, 2015)*. Long COVID groups are playing a vital role in supporting recovery and providing support.

Technology, for example, patient networks, online platforms, apps, such as the *NHS Wales COVID-19 Recovery App* and the *Your Covid Recovery platform*, can support people to self-manage their recovery and rehabilitation depending on clinical suitability. Supported self-monitoring at home, for example heart rate and blood pressure and pulse oximetry, may utilise technology and ensure people with COVID-19 are undertaking self-management activities within safe parameters. Collaborative review of data from technology is an important component of supported self-management which can build confidence, motivate and facilitate behaviour change. Digital inclusion takes into account access to technology and an individual's ability and preference to use digital tools and apps to self-manage and self-monitor.

COVID-19 symptoms can be episodic, unpredictable and fluctuating in severity and some people may present with new symptoms at a later stage. Regular review by the MDT ensures that self-management support is responsive to the person's changing needs.

Source guidance

COVID-19 rapid guideline: managing COVID-19
(2021) NICE guideline NG191, recommendation 4

COVID-19 rapid guideline: managing the long-term effects of COVID-19
(2020) NICE guideline NG188, recommendations 2.4, 5.1, 6.2, 6.4, 7.2

Shared decision making (2021) NICE guideline NG197, recommendations 1.2-1.4

Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33, standard 4

Osteoarthritis (2015) NICE quality standard QS87, standard 3

Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID)
(2021) National Institute for Health Research

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

National guidance for post-COVID syndrome assessment clinics
Version 2 (2021) NHS England

COVID-19 Clinical Advice. Supporting people with COVID-19 related illness in the community setting: Clinical management of those with moderate to severe illness
Version 2.1 (2020) Scottish Government

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation
(2020) NHS England and NHS Improvement London

COVID-19: Review of disparities in risks and outcomes (2020) Public Health England

Developing a modelling resource to understand the rehabilitation needs of people during, and following, the COVID-19 pandemic (2020) Welsh Government

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Reducing health inequalities associated with COVID-19. A framework for healthcare providers (2020) NHS Providers

Inclusion Health: applying All Our Health (2021) Public Health England

Rehabilitation: a framework for continuity and recovery 2020 to 2021
(2020) Welsh Government

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

A Digital Framework for Allied Health Professionals (2019) NHS England

NHS RightCare: Progressive Neurological Conditions Toolkit (2019) NHS RightCare

The Topol Review: Preparing the healthcare workforce to deliver the digital future (2019) NHS Health Education England

Universal Personalised Care: Implementing the Comprehensive Model (2019) NHS England

Scotland's Digital Health and Care Strategy: enabling, connecting and empowering (2018) Scottish Government

Commissioning guidance for rehabilitation (2016) NHS England

eHealth and Care Strategy for Northern Ireland: Improving health and wealth through the use of information and communication technology (2016) Health and Social Care Board

Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government

Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance (2021) Centers for Disease Control and Prevention

In the wake of the pandemic: Preparing for Long COVID (2021) World Health Organisation

World Physiotherapy Response to COVID-19 briefing paper 9. Safe rehabilitation approaches for people living with Long COVID: physical activity and exercise (2021) World Physiotherapy

A National COVID-19 Resilience Programme: Improving the health and wellbeing of older people during the pandemic (2020) The Physiological Society

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance (2020) British Thoracic Society

How has COVID-19 changed the landscape of digital inclusion? (2020) Centre for Ageing Better

Keeping Me Well: COVID-19 Rehabilitation Model (2020) Cardiff and Vale University Health Board

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

Personalised Care Institute Curriculum (2020) Personalised Care Institute

Silver Book II: quality urgent care for older people (2021) British Geriatrics Society

Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme (2017-2020) (2020) Good Things Foundation

British Thoracic Society Quality Standards for Pulmonary Rehabilitation in Adults (2014) British Thoracic Society, standard 7

The PRISMS taxonomy of self-management support: derivation of a novel taxonomy and initial testing of its utility (2016) Pearce, G., et al, Journal of Health Services Research & Policy, 21(2):73-82.

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2] (2020) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery [RS1] (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principle 1-4

Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 1-11 and 14

Standard 4:
Communication and information sharing with people with COVID-19

Quality statement 4

4. Communication with people with COVID-19 in community settings and their families and carers is effective, with empathetic listening and information shared in an accessible way, personalised to their needs and preferences.

4.1 Communicate information in a personalised, accessible and timely way with people with COVID-19, in order to facilitate decision making and support rehabilitation, symptom management, self-management and discharge between settings

4.2 People with COVID-19 have their preferences for sharing information and involvement of their family members and carers in decision making established, respected and reviewed throughout their care

4.3 Ensure that members of the multidisciplinary team with relevant expertise are involved in assessing and supporting the person's communication needs

4.4 The physiotherapy workforce communicate personalised information using consistent and appropriate language/terminology and ensure that the person with COVID-19 can demonstrate understanding of all information

4.5 Utilise technology where appropriate taking into account access, digital literacy, needs and preferences.

Rationale

Communication should be based on personalised needs and informed by current knowledge and experience about the sequelae of COVID-19 and Long COVID, impact of inequalities and disparities in outcomes. Effective communication involves empathetic listening and sharing of experiences with an honest acknowledgement of the uncertainties, acceptance of the evidence gap and openness to draw on other resources such as shared learning from people with COVID-19 and healthcare professionals.

Early research has shown that a lack of recognition of the pattern of symptoms by the public and by healthcare services meant people frequently felt their experiences were not believed and this left many feeling isolated and alone in coping with their disease *(NIHR, 2020).* People experience Long COVID as a confusing illness with many, varied and often relapsing-remitting symptoms, uncertain prognosis and a heavy sense of loss and stigma *(Ladds et al, 2020).* It is important to acknowledge and validate the person's experience of COVID-19, its impact on their wellbeing, and discuss any feelings of worry or distress.

Cognition deficits and prolonged delirium need to be taken into account. In addition, laryngeal and intubation related injury and compromised respiratory function may affect the person's ability to speak. Assessment and advice from healthcare professionals with relevant expertise about the optimal means of communication may be required. Additional support such as an interpreter, translator or advocate may be required. Conversations may need to take place using Personal Protective Equipment (PPE) or remotely. The physiotherapy workforce should be mindful of how this may affect communication with the person, families and carers. Other ways of communicating to meet their needs should be considered. Extra time may be necessary for effective communication.

It is important to use language and terminology that is understood and acceptable to patients. Long COVID was a term that was collectively made by patients and it has been suggested that terminology for long lasting Covid symptoms and the definition for recovery must incorporate patient perspectives *(Long COVID: let patients help define long-lasting COVID symptoms, 2020* ; *Callard and Perego, 2021)*

Families and carers can play a significant role in supporting the rehabilitation of people with COVID-19. If a person agrees, it is important that they are involved in discussion and decision making. They can provide information about the person's needs and circumstances beyond medical conditions or physical needs, and may detect changing needs. Honest conversations with people and their families need to take place with sensitivity even in difficult circumstances and it is important that there is a coordinated multidisciplinary team (MDT) approach to communication.

Timely and responsive communication and information sharing recognises that communication is a two-way process and that the person's circumstances and needs are likely to change over time. Information should include what might be expected during recovery. Ensuring that people with COVID-19 have an understanding of the roles of healthcare professionals involved in their care, and how to contact them if they need to, is an essential part of effective communication. Provision of information tailored to a person's preferences, which they can understand and act on, ensures that they are actively involved in shared decision making.

Effective communication of the rehabilitation plan between the person, their families and carers, and the teams responsible for their ongoing care ensures that rehabilitation is coordinated and personalised to each individual's needs and goals. A rehabilitation prescription/passport are examples of approaches which enable coordinated communication between the person and the MDT and help ensure consistent use of language, for example *the PICUPS and rehabilitation prescription.*

Digital resources may facilitate communication and provision of information but digital literacy and access, symptoms, skills and confidence should be taken into account. The physiotherapy workforce should be aware of additional services available locally, for example provision of equipment and training, and support access to these services if required. Specialised technology, communication aids and equipment can be utilised to support people with cognitive and language impairments to communicate effectively.

Source guidance

COVID-19 rapid guideline: managing COVID-19
(2021) NICE guideline NG191, recommendation 4

COVID-19 rapid guideline: managing the long-term effects of COVID-19
(2020) NICE guideline NG188, recommendations 2.4, 5.1, 6.2, 6.4, 7.2

Shared decision making (2021) NICE guideline NG197, recommendations 1.2-1.4

Cerebral palsy in adults (2020) NICE quality standard QS191, standard 5

Patient experience in adult NHS services
(2019) NICE quality standard QS15, standards 2 and 5

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation
(2020) NHS England and NHS Improvement London

COVID-19: Review of disparities in risks and outcomes (2020) Public Health England

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Reducing health inequalities associated with COVID-19. A framework for healthcare providers (2020) NHS Providers

Inclusion Health: applying All Our Health (2021) Public Health England

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

A Digital Framework for Allied Health Professionals (2019) NHS England

The Topol Review: Preparing the healthcare workforce to deliver the digital future
(2019) NHS Health Education England

Commissioning guidance for rehabilitation (2016) NHS England

eHealth and Care Strategy for Northern Ireland: Improving health and wealth through the use of information and communication technology
(2016) Health and Social Care Board

Informed Health and Care: A Digital Health and Social Care Strategy for Wales
(2015) Welsh Government

NHS Standard Contract for Specialised Rehabilitation for Patients with Highly Complex Needs (All Ages) (2013) NHS England

COVID-19 clinical management: living guidance (2021) World Health Organisation

Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance
(2021) Centers for Disease Control and Prevention

World Physiotherapy Response to COVID-19 briefing paper 9. Safe rehabilitation approaches for people living with Long COVID: physical activity and exercise (2021) World Physiotherapy

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance (2020) British Thoracic Society

Health Equity in England: The Marmot review 10 years on (2020) Institute of Health Equity

How has COVID-19 changed the landscape of digital inclusion? (2020) Centre for Ageing Better

Keeping Me Well: COVID-19 Rehabilitation Model (2020) Cardiff and Vale University Health Board

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

Living with Covid19: A dynamic review of the evidence around ongoing Covid19 symptoms (often called Long COVID) (2020) National Institute for Health Research

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

Digital Inclusion in Health and Care: Lessons learned from the NHS Widening Digital Participation Programme (2017-2020) (2020) Good Things Foundation

Personalised Care Institute Curriculum (2020) Personalised Care Institute

Developing services for Long COVID: lessons from a study of wounded healers (2021) Ladds, E., et al, Clinical Medicine Journal, 21(1):59-65

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2] (2020) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery [RS1] (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-3

Standards of proficiency - Physiotherapists (2013) Health and Care Professions Council, standards 2, 3. 5-10, 14

Quality Statement 5: Integrated and coordinated rehabilitation

Quality statement 5

5. People with COVID-19 in community settings receive equitable, personalised rehabilitation that is seamlessly coordinated within multidisciplinary teams, and integrated across all relevant settings and services.

5.1 People with COVID-19 have timely, equitable access to community services based on their personalised rehabilitation plan

5.2 Community rehabilitation is delivered by multidisciplinary teams and is based on an individual's personalised needs assessment

5.3 People with COVID-19 using community services experience coordinated rehabilitation with clear and accurate information exchange between relevant health and social care professionals

5.4 The physiotherapy workforce are aware of, and contribute to the development of, optimal rehabilitation models, referral criteria, follow-up arrangements and urgent care pathways.

Rationale

Clearly defined, equitable community rehabilitation models and referral processes are required to ensure people in community settings, including care homes, can access the right support from the right service and/or member of the multidisciplinary team (MDT) at the right time. Access to physiotherapy services must be equitable and informed by local population need and disparities in outcome for COVID-19. The recovery trajectory of people with COVID-19 is not yet fully understood therefore it is essential that input from community rehabilitation services is flexible and responsive to the individual's changing and episodic needs.

Holistic community rehabilitation services are best delivered by MDTs which include the professionals required to meet the individualised needs of people with COVID-19 and involves coordinating and integrating the necessary expertise. Due to the multisystem nature of COVID-19, some people may require access to a wide range of specialist expertise. Utilisation of remote approaches should be considered such as virtual clinics, meetings, advice and support. Emerging evidence about COVID-19 and rehabilitation needs is starting to inform *guidance* around the principles of integrated Long COVID rehabilitation models, including the development of COVID-19 assessment clinics. Models should be sustainable, integrating support from the voluntary, charitable, community, leisure and social enterprise sectors. At a local level many COVID-19 services have worked collaboratively to develop their own integrated models and patient pathways, for example the *Leeds Multidisciplinary NHS COVID-19 service (2021)* and the *University College London Hospitals NHS Foundation Trust Post-COVID service (2021, preprint)*.

Regular and responsive assessments ensures that progress towards personalised goals and outcomes are evaluated and ongoing and new symptoms are monitored. Any new physical, psychological (including cognitive) or emotional problems identified may require referral to appropriate services. People who are discharged from rehabilitation, they need to be provided with information about how to contact the service again if necessary. Some people may present with long-term sequelae at a later stage and need to be able to re-access rehabilitation services as those needs arise.

Continuity of rehabilitation with regular assessment, self-management advice and support optimises recovery. The person's needs and symptoms may change quickly and responsive, coordinated communication within and across MDTs is essential.

Coordination of services ensures timely, safe and effective rehabilitation including appropriate documentation, care packages, equipment and medication. Effective information sharing and MDT meetings are essential to ensure close collaboration between health and social care practitioners within and across different services and organisations. A rehabilitation prescription/passport are examples of coordinated communication between the patient and the MDT and across settings to help ensure consistent use of language. For further information about coordination of hospital discharge to community settings see *CSP COVID-19 Rehabilitation Standards RS1 (Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery)*.

People with Long COVID have described accessing care as complex, difficult and exhausting *(Ladds et al., 2020).* In the NIHR survey, 32% had not been able to access all of the healthcare they thought they needed *(NIHR, 2020).* The physiotherapy workforce needs to be flexible and responsive to meet the unique needs of people with COVID-19 and facilitate the development of rehabilitation models. Services should be co-produced working in equal partnership with people who use physiotherapy and rehabilitation services, carers and communities to design and develop services and models. Co-production with seldom heard groups and/or those who experience barriers to receiving health care gives voice to people who may have previously been considered hard to reach. It helps to develop inclusive participation and enable people to feel more involved with the services they use *(Social Care Institute for Excellence)*.

It is important to be aware of arrangements and urgent referral pathways available if the person's clinical condition, needs and preferences change.
For further information in relation to people with COVID-19 approaching the end of life refer to the *CSP COVID-19 Rehabilitation standards RS2 (Palliative rehabilitation and end of life care: physiotherapy service delivery)*.

Source guidance

COVID-19 rapid guideline: managing COVID-19
(2021) NICE guideline NG191, recommendation 4

COVID-19 rapid guideline: managing the long-term effects of COVID-19
(2020) NICE guideline NG188, recommendations 1/10, 3.1, 3.3, 5.5, 6.5, 7.4, 8.1, 8.2, 8.4

Cerebral palsy in adults (2020) NICE quality standard QS191, standard 1

Rheumatoid arthritis in over 16s (2020) NICE quality standard QS33, standard 6

Dementia (2019) NICE quality standard Q184, standard 4

Patient experience in adult NHS services
(2019) NICE quality standard QS15, standard 3

People's experience using adult social care services
(2019) NICE quality standard QS182, standard 3

Chronic heart failure in adults (2018) NICE quality standard QS9, standard 7

Parkinson's disease (2018) NICE quality standard QS164, standard 1

Multimorbidity (2017) NICE quality standard QS153, standard 3

Mental wellbeing and independence for older people
(2016) NICE quality standard QS137, standard 3

Multiple sclerosis (2016) NICE Quality Standard QS108, standards 3 and 5

Secondary prevention after a myocardial infarction
(2015) NICE quality standard QS99, standard 5

Mental wellbeing of older people in care homes
(2013) NICE quality standard QS50, standard 6

Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID)
(2021) National Institute for Health Research

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

National guidance for post-COVID syndrome assessment clinics
Version 2 (2021) NHS England

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation (2020) NHS England and NHS Improvement London

COVID-19: Review of disparities in risks and outcomes
(2020) Public Health England

Developing a modelling resource to understand the rehabilitation needs of people during, and following, the COVID-19 pandemic
(2020) Welsh Government

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Reducing health inequalities associated with COVID-19. A framework for healthcare providers (2020) NHS Providers

Inclusion Health: applying All Our Health (2021) Public Health England

Hospital discharge service: policy and operating model
(2021) Department of Health and Social Care

Hospital discharge service requirements: COVID-19 (Wales)
(2020) Welsh Government

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

NHS RightCare: Progressive Neurological Conditions Toolkit
(2019) NHS RightCare

Universal Personalised Care: Implementing the Comprehensive Model
(2019) NHS England

Commissioning guidance for rehabilitation (2016) NHS England

NHS Standard Contract for Specialised Rehabilitation for Patients with Highly Complex Needs (All Ages) (2013) NHS England

COVID-19 Clinical management: living guidance
(2021) World Health Organisation

In the wake of the pandemic: Preparing for Long COVID
(2021) World Health Organisation

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance
(2020) British Thoracic Society

Rehabilitation in the wake of COVID-19 - A phoenix from the ashes
(2020) British Society of Rehabilitation Medicine report, Version 1

Royal College of General Practitioners – Written evidence (COV0051). Ongoing or persistent symptoms of COVID-19 (Long COVID) (2020) UK Parliament

Health Equity in England: The Marmot review 10 years on
(2020) Institute of Health Equity

Keeping Me Well: COVID-19 Rehabilitation Model
(2020) Cardiff and Vale University Health Board

Responding to COVID-19 and Beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.
Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community
(2021) Parkin, A., et al, Journal of Primary Care & Community Health, 12:1-9

British Thoracic Society Quality Standards for Pulmonary Rehabilitation in adults (2014) British Thoracic Society, standards 1 and 3

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2] (2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Rehabilitation of adults who are hospitalised due to acute COVID-19 or Long COVID: physiotherapy service delivery [RS1]
(2021) Chartered Society of Physiotherapy

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4

Standards of proficiency - Physiotherapists
(2013) Health and Care Professions Council, standards 1-11 and 14

Quality standard 6: evaluation, audit and research

Quality statement 6

6. Community physiotherapy services undertake evaluation, audit, research and share good practice to understand the needs of people with COVID-19, improve the quality of services, optimise outcome and experience, and address health inequalities.

6.1 Consider the evidence and data requirements for understanding the needs of people with COVID-19, assessing quality of rehabilitation service delivery, measuring patient and carer outcomes and experience, and monitoring for inequalities throughout rehabilitation models

6.2 Community physiotherapy services collaborate with people with COVID-19, their families and carers to co-produce, evaluate, improve and redesign services and rehabilitation models

6.3 Community physiotherapy services have robust systems of measurement and monitoring that, where appropriate, are standardised to enable local evaluation and also regional and national interpretation

6.4 Good practice, knowledge and lessons learnt are shared locally, regionally, nationally and internationally.

Rationale

The epidemiology, recovery trajectories and short- and long-term rehabilitation needs and outcomes of people with COVID-19 are not yet fully understood. Developing the evidence base, standards and guidance around COVID-19 and the impact on community rehabilitation is essential to provide a foundation for future improvements in COVID-19 rehabilitation. Early data and evidence is highlighting that disparities in the risk, impact and outcomes from COVID-19 exist. Monitoring of health outcomes and social determinants of health through data collection will further improve our knowledge of the health inequalities of COVID-19. This will improve our understanding of aspects of equity, such as access, process and outcomes, in order to develop equitable community rehabilitation services.

Co-production, including seldom heard groups and those who experience barriers to receiving health care, should be integral to the evaluation of physiotherapy services, as well as service design and development. People with COVID-19 should also be offered the opportunity to be involved in all stages of research. It is important that their expertise, knowledge and experience is incorporated into the evidence base for COVID-19 *(Callard and Perego, 2021).* Patient advocacy groups, for example *Long COVID Physio*, are playing a key role influencing research and developing knowledge about lived experience and lessons learnt.

The physiotherapy workforce need to collaborate in the evaluation of rehabilitation service delivery. Robust systems of measurement and monitoring, including national datasets, such as UKROC and the Community Services Dataset, can help address gaps in community rehabilitation provision and initiate quality improvement programmes. National and regional comparison supports the reduction in variation in access to, and quality of, community rehabilitation services. The physiotherapy workforce needs to be aware of and engage in data collection at a local, regional and national level. Available data and emerging research findings can facilitate evaluation and service improvement initiatives.

The COVID-19 pandemic has changed the delivery of community rehabilitation and new, innovative approaches have been rapidly developed. Knowledge, skills and training should be shared between services in all settings. It is important that any changes and lessons learnt are captured, evaluated, and shared widely

to inform future rehabilitation models. National databases and research are essential to learn more about risk factors, causes, time course and treatments, in partnership with people who have experienced COVID-19. As COVID-19 is a global pandemic, it is essential to actively seek opportunities to share data and evidence internationally.

Source guidance

COVID-19 rapid guideline: managing the long-term effects of COVID-19 (2020) NICE guideline NG188, recommendation 8.3

Shared decision making (2021) NICE guideline NG197, recommendations 1.1-1.4

Long COVID: the NHS plan for 2021/22 Version 1 (2021) NHS England

National guidance for post-COVID syndrome assessment clinics Version 2 (2021) NHS England

COVID-19: Guidance for the commissioning of clinics for recovery and rehabilitation (2020) NHS England and NHS Improvement London

COVID-19: Review of disparities in risks and outcomes (2020) Public Health England

Developing a modelling resource to understand the rehabilitation needs of people during, and following, the COVID-19 pandemic (2020) Welsh Government

Evaluating the impact of rehabilitation services post COVID-19 (2020) Welsh Government

Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic (2020) Scottish Government

Implementing phase 3 of the NHS response to the COVID-19 pandemic (2020) NHS England

Inclusion Health: applying All Our Health (2021) Public Health England

RightCare: Community Rehabilitation Toolkit (2020) NHS RightCare

Commissioning guidance for rehabilitation (2016) NHS England

eHealth and Care Strategy for Northern Ireland: Improving health and wealth through the use of information and communication technology (2016) Health and Social Care Board

Informed Health and Care: A Digital Health and Social Care Strategy for Wales (2015) Welsh Government

Ladder of engagement (n.d.) NHS England

In the wake of the pandemic: Preparing for Long COVID (2021) World Health Organisation

Living with COVID19. Second Review. A dynamic review of the evidence around ongoing COVID19 symptoms (often called Long COVID)
(2021) National Institute for Health Research

The Independent SAGE Report 32: Independent SAGE Report on Long COVID
(2021) The Independent Scientific Advisory Group for Emergencies (SAGE)

Build back fairer: the COVID-19 Marmot Review (2020) Institute of Health Equity

Rehabilitation in the wake of COVID-19 - A phoenix from the ashes
(2020) British Society of Rehabilitation Medicine report, Version 1

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance
(2020) British Thoracic Society

Health Equity in England: The Marmot review 10 years on
(2020) Institute of Health Equity

Keeping Me Well: COVID-19 Rehabilitation Model
(2020) Cardiff and Vale University Health Board

Responding to COVID-19 and Beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.
Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

My role in tackling health inequalities: a framework for allied health professionals (2021) The King's Fund

A Co-production Model. Five values and seven steps to make this happen in reality (2016) Coalition for Collaborative Care

British Thoracic Society Quality Standards for Pulmonary Rehabilitation in adults (2014) British Thoracic Society, standards 8 and 9

Developing services for Long COVID: lessons from a study of wounded healers
(2021) Ladds, E., et al, Clinical Medicine Journal, 21(1):59-65

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-4

Standards of proficiency - Physiotherapists
(2013) Health and Care Professions Council, standards 2, 5-7, 9-12 and 14.

Quality standard 7:
Personal Protective Equipment (PPE) and infection control

Quality statement 7

7. The physiotherapy workforce have access to the correct and appropriate level of Personal Protective Equipment when providing care in person.

7.1 Liaise with local infection control policies, in conjunction with national guidance on Personal Protective Equipment so that:

7.2 People in the community and the physiotherapy workforce are appropriately protected from transmission of the COVID-19 virus during physiotherapy care

7.3 A risk assessment is completed to ensure staff have access to appropriate Personal Protective Equipment prior to physiotherapy care

7.4 Adequate training is available to ensure the safe application and removal of Personal Protective Equipment

7.5 Personal Protective Equipment is disposed of in the correct manner and clinical waste disposal policies are adhered to.

7.6 The physiotherapy workforce are aware of reporting procedures if the correct level of Personal Protective Equipment is not available.

Rationale

Healthcare-associated infections are caused by a wide range of microorganisms including COVID-19 virus. COVID-19 can have wide ranging effects on morbidity and mortality for people receiving or providing healthcare. Employers are under a legal obligation to adequately control the risk of exposure to viruses where exposure cannot be prevented. The provision and use of Personal Protective Equipment (PPE), including respiratory protective equipment, will ensure that the risk of transmitting the virus to people and other staff is minimal. The evidence around PPE is emerging and the physiotherapy workforce should keep up to date with the most recent guidance. For more information, see the *CSP's personal protective equipment (PPE) guidance, resources and FAQs*.

Employees have an obligation to make full and proper use of any control measures, including PPE, provided by their employer. Ultimately, where the physiotherapy workforce consider there is an increased risk to themselves or the individuals they are caring for, they should carry out local risk assessments to determine what level of PPE is required. There is also a need to ensure that training is provided about risk assessment and to ensure the correct type of PPE is used, applied, removed and disposed of safely. The physiotherapy workforce should familiarise themselves with local policies and procedures regarding PPE access for carers.

Source Guidance

Cleansing and PPE waste at a healthcare waste management facility: RPS C1 (2021) Environment Agency

COVID-19: how to work safely in domiciliary care in England (2020) Department of Health and Social Care

Coronavirus (COVID-19): personal protective equipment (PPE) hub (2020) Department of Health and Social Care

COVID-19: Guidance for maintaining services within health and care settings: infection prevention and control recommendations (2020) Department of Health and Social Care.

Coronavirus (COVID-19): unpaid carers providing personal care (2020) Scottish Government

Coronavirus (COVID-19): personal protective equipment (PPE) hub (2020) Department of Health and Social Care

Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19 (2021) Department of Health and Social Care

PPE waste from home healthcare workers treating patients with COVID-19: RPS C5 (2021) Department of Health and Social Care

Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance (2020) British Thoracic Society

Personal protective equipment (PPE) – guidance, resources and FAQs (2021) CSP

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community (2020) NICE guideline NG163, recommendations 1 and 10

Healthcare-associated infections: prevention and control in primary and community care (2017) NICE quality standard CG139, standards 1.1.1-1.1.3

Managing risk: infection prevention and control (2020) HCPC

Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour (2019) Chartered Society of Physiotherapy, principles 1-3

Standards of proficiency - Physiotherapists (2013). Health and Care Professions Council, standards 1-7, 10 and 15

CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

14 Bedford Row
London WC1R 4ED

Web: ***www.csp.org.uk***

Email: ***enquiries@csp.org.uk***

Tel: ***020 7306 6666***

THE CHARTERED SOCIETY OF PHYSIOTHERAPY

is the professional, educational and trade union body for the United Kingdom's 60,000 chartered physiotherapists, physiotherapy students and support workers.

001745 SPED 07/2021