Impact of Covid19 on Rheumatology Day Unit and how roles of staff adapted

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As we know the COVID-19 pandemic has affected all aspects of the NHS. Every department @ RWT and every member of staff has faced challenges in adapting services to cope with unprecedented demand. Rheumatology was no different. The sudden closure of our Day Unit at New Cross and redeployment of some staff had a significant impact on our patients.

We had to react and plan quickly to continue immunosuppressant/biological treatment wherever possible but via s/c injection rather than IV infusion.

This required decisive action, immediate implementation and input from the whole MDT. Within 1 week the following had been achieved:

- Consultants contacted their relevant patients to explain that the route of administration would be changing
- Day unit staff then explained the logistics of how this would happen and provided support to guide them through both a challenging and anxious period for them (most were very high risk due to their condition and medication)
- No face to face review or homecare support was available for patients’. Therefore, we liaised with Pharmacy to arrange hospital delivery of their medication
- We arranged for information and step-by-step injection guides to be sent out to them via post
- A video was made by Sr Hughes and Dr Bateman that demonstrated how to administer some of these injections and put on our website to further support this transition (a subsequent survey of patients’ on this video was very positive, particularly seeing a familiar face)
- Sr Hughes liaised with other biologic drug suppliers who also produced videos for us to share with patients via our Trust website. One of these biologic products was new to the NHS so required extra input from our Consultants, drug company representatives and pharmacy to quickly and safely ensure this option became available in s/c injection form.

The following week Day Unit staff contacted patients again to:

- Explain blood monitoring changes (consultants revised existing parameters) and some walk in centres had closed. As these patients were largely “shielding”, we also arranged phlebotomy home visits (many thanks to Wolverhampton CCG and Sue Moore at Pendeford H/C)
- Explained our new and improved advice line arrangements and helpful national websites

We then had to organise the following:

- Sr Hughes and Day Unit staff were responsible for organizing prescriptions in chronological order to correspond with when next dose was due in order to reduce the risk of a flare as a result of any delay (many thanks to Daniel Puddle Pharmacy home care manager). Consultants available completed these prescriptions within 24 hours.
- A database was established to reflect all this activity and timescales.
- Template GP letters were devised to inform them of this change in service
- A checklist was developed to be completed following each patient telephone call/consultation to reflect advice and information given
- Devised a programme of support for these patients’. The aim being to reassure them during this difficult and anxious time
- All patients were contacted via telephone weekly for 4 weeks then as required to check on medication delivery, adherence and disease management
- Some patients were telephoned on the day of their injection to support and talk them through the procedure.
- Relevant Consultants were contacted as and where appropriate for advice and they responded immediately

Sr Hughes and Day Unit staff devised a grading system to identify how patients were coping with the switch to subcutaneous injection device. The aim was to establish who would remain on s/c injection and who needed to resume IV administration once the Day Unit was re-opened

0 = Managing without issue and disease management stable,
1 = Managing but wanting to revert back to IV administration when permitted
2 = Managing but experiencing minor flares/not as effective as IV administration and anxiety persists with self-injection so to revert back to IV administration as soon as possible when permitted
3 = Significant issues with disease flaring so to revert back to IV administration urgently when permitted

This has truly been a multi-disciplinary collaboration, with everyone taking on new roles and liaising with patients’ in new and innovative ways. Patients’ have reported back that they have felt very reassured in this anxious time because all members of our team have communicated information to them.

Daily informal meetings throughout this period have helped us all manage and cope with this challenge – everyone in the team has had a voice and contributed which undoubtedly maximised outcomes.

As a team we have supported each other through all the challenges we faced and hope this will continue as we all move forwards together.