

COVID-19 questionnaire for immunodeficiency in the UK and Republic of Ireland

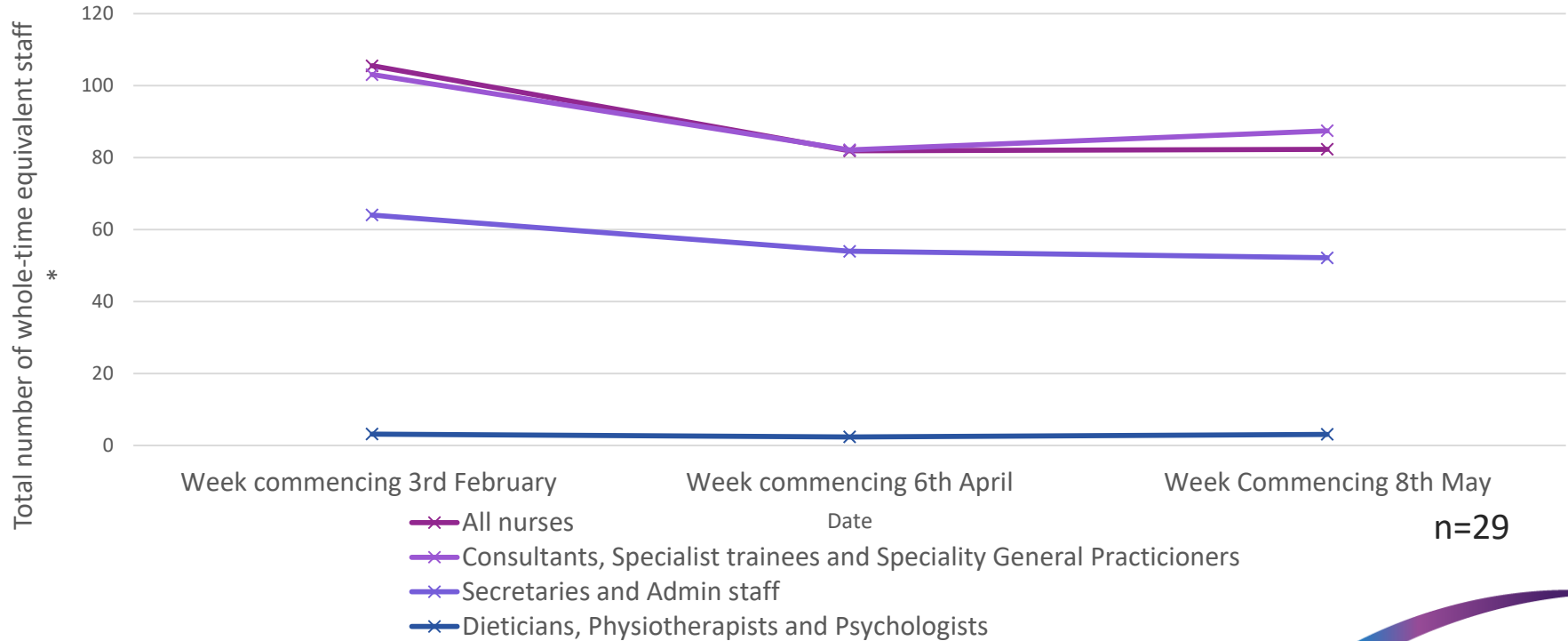
Adult immunodeficiency



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Staffing

Staffing changes as a result of COVID-19



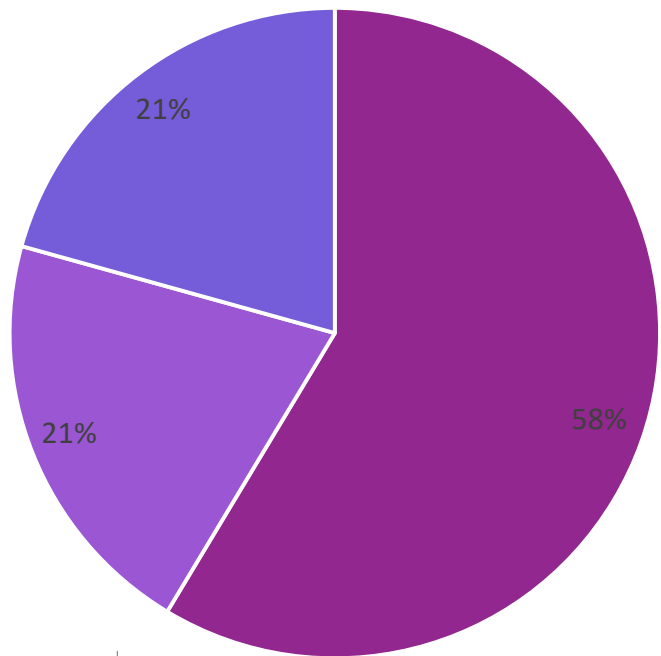
n=29

* For a number of centres where allergy and immunology are managed in the same department, this number will include staff working in both specialties



Effect of staff shielding and self isolating on service provision

Has a requirement for staff members to shield and/or self isolate had an impact on your service?



- Yes, but they are generally able to work from home
- Yes, but they are generally unable to work from home
- No significant impact

n=30

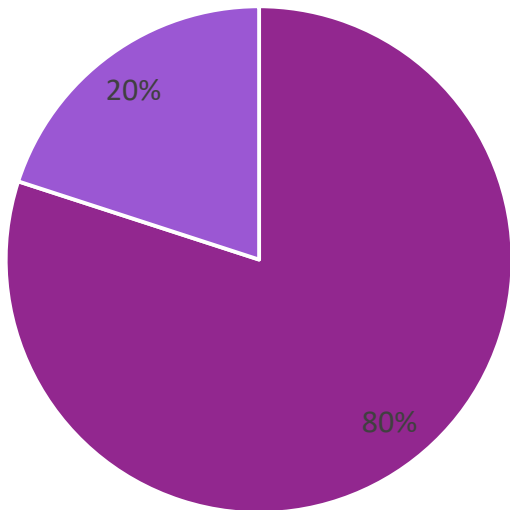


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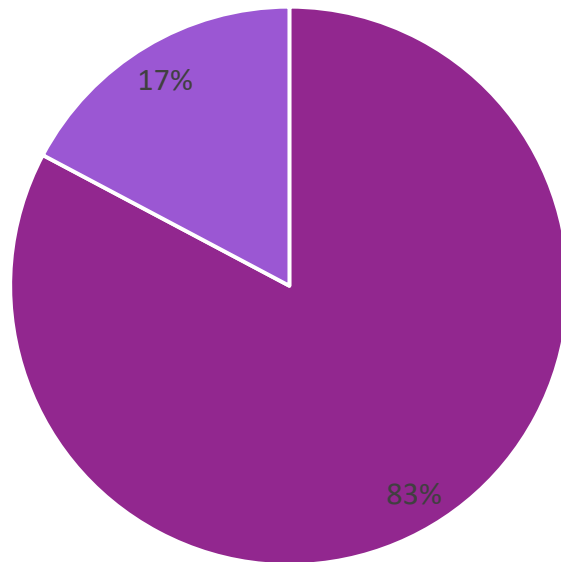
Facilities

Number of services whose physical space available has been affected by changes due to COVID-19

Daycase units



Outpatient units

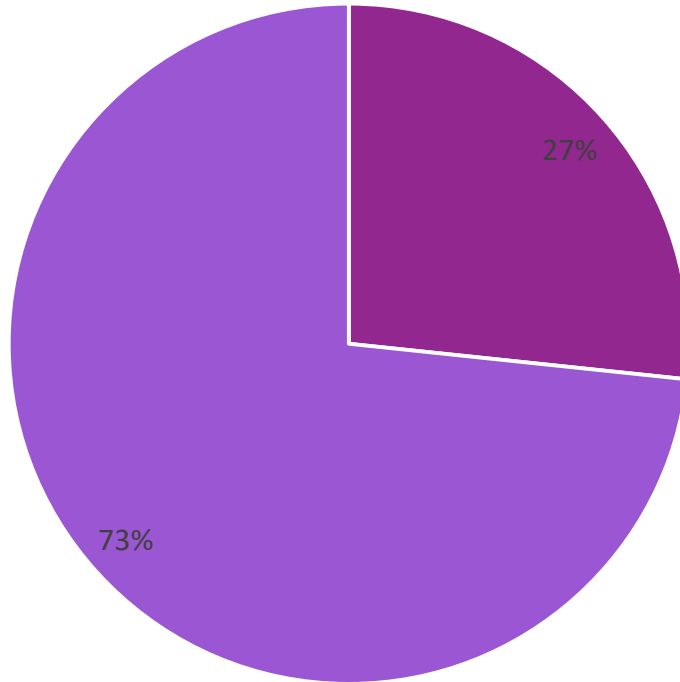


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- Services reporting that physical space has been affected
- Services reporting that physical space has not been affected


- Services reporting that physical space has been affected
- Services reporting that physical space has not been affected

Services who are aware of patients with adverse clinical outcomes resulting from changes in service provision due to COVID-19



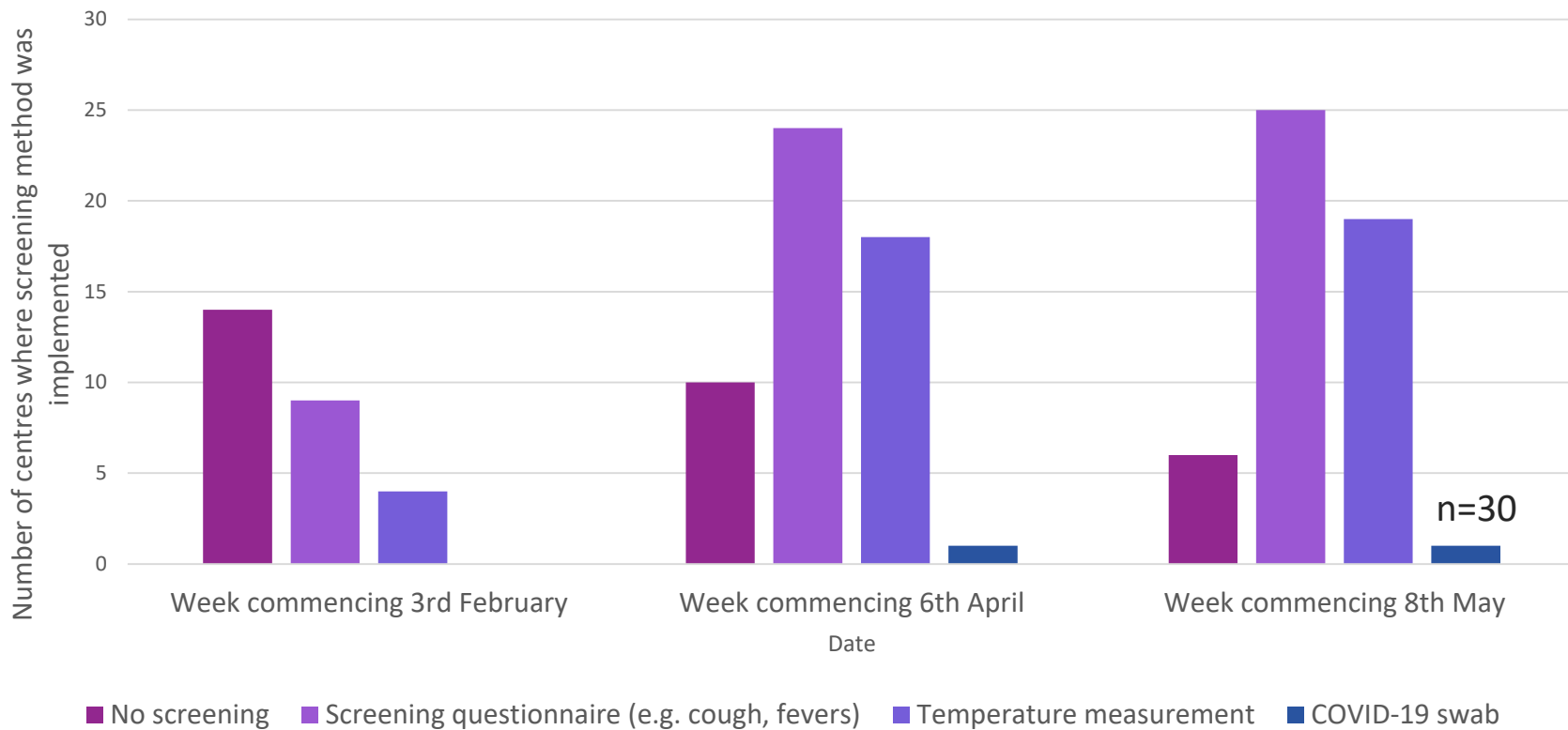
- Services who are aware of patients with adverse clinical outcomes
- Services who are not aware of patients with adverse clinical outcomes

n=30

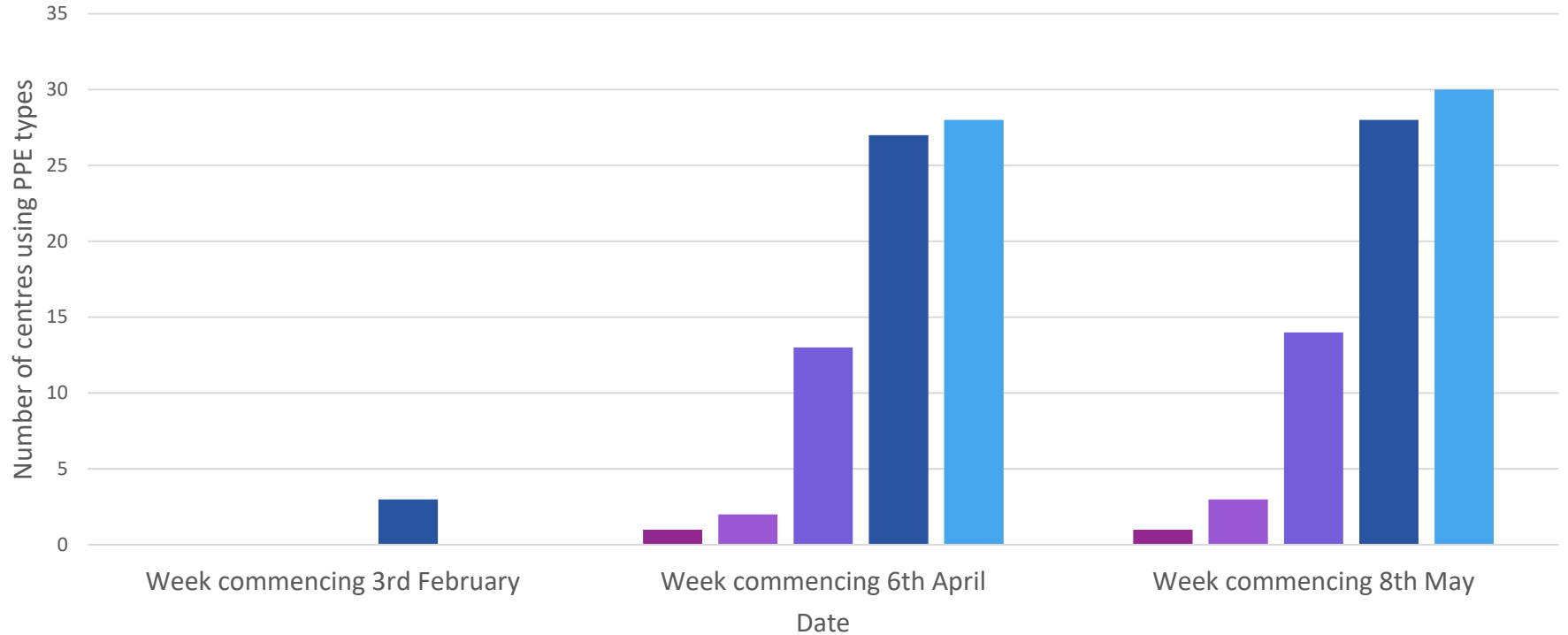


Personal Protective Equipment (PPE) and screening

Changes in screening before appointments or procedures, since 3rd February.



PPE use during COVID-19 pandemic for asymptomatic patients



Long sleeved gown

Filtering Facepiece 3 mask

Eye protection

Single use plastic apron

Surgical mask (fluid resistant)

n=30



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Service recovery

Positive impacts of the adjustments to service provision due to COVID-19

Positive impact	Percentage who agreed
Perceived reduced risk of infection by staff	66.7
Perceived reduced risk of infection by patients	86.7
Reduced carbon footprint due to less travel	86.7
Reduced health service overhead costs	43.3
Reduced patient travel time	93.3
Reduced patient non-attendance rates	50.0
Improved flexibility in healthcare professionals' time	53.3
Other (please specify)	23.3

n=29



Effect of government distancing guidelines on service provision*

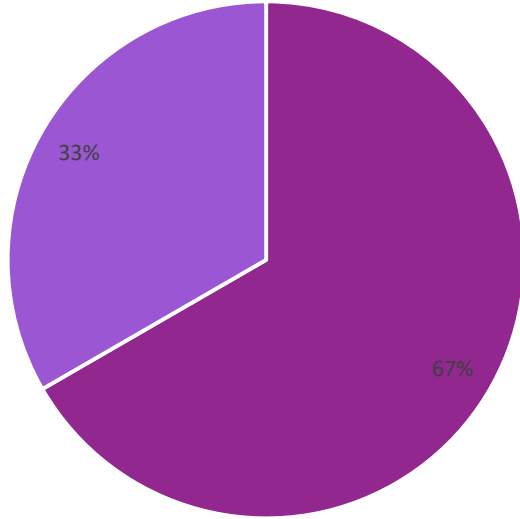
- > 10% of respondents said that daycase units can operate at pre-COVID-19 levels with the government's distancing guidelines. The remaining 90% said that their daycase units cannot operate at pre-COVID-19 levels with distancing guidelines.
- > Similarly, 10% of respondents said that outpatient units can operate at pre-COVID-19 levels with the government's distancing guidelines. The remaining 90% could not operate at pre-COVID-19 levels with distancing guidelines.

n=30

*At time of survey government guidelines advise 2m social distancing

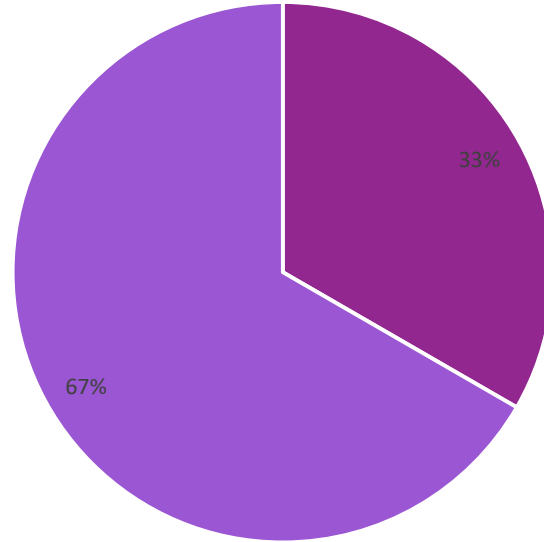
Immunoglobulin therapy changes due to COVID-19

Changes to immunoglobulin therapy



- Changes made to patients' immunoglobulin dosing regimens as a result of COVID-19
- No changes made to patients' immunoglobulin dosing regimens as a result of COVID-19

Discontinued immunoglobulin therapy



- Discontinued some patients' immunoglobulin therapy as a result of COVID-19
- Have not discontinued any patients' immunoglobulin therapy as a result of COVID-19

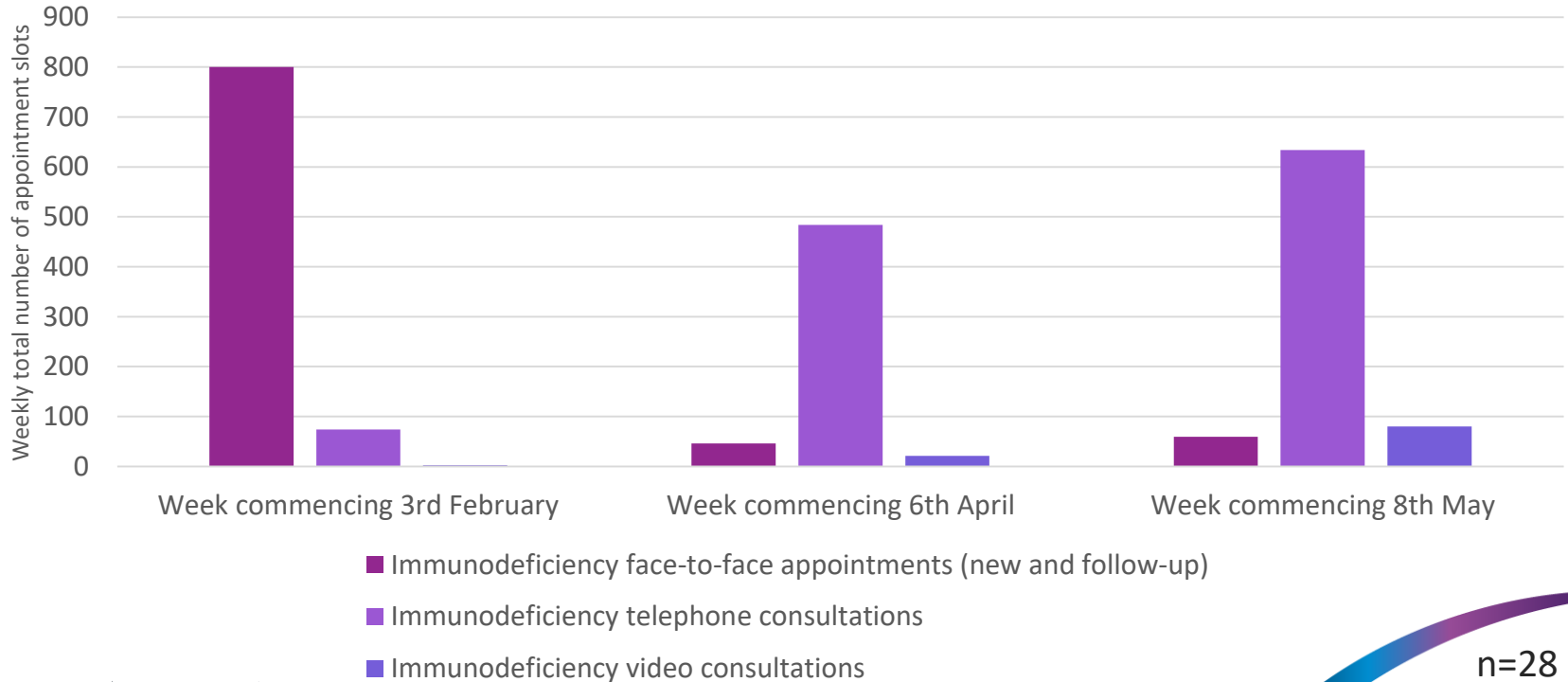
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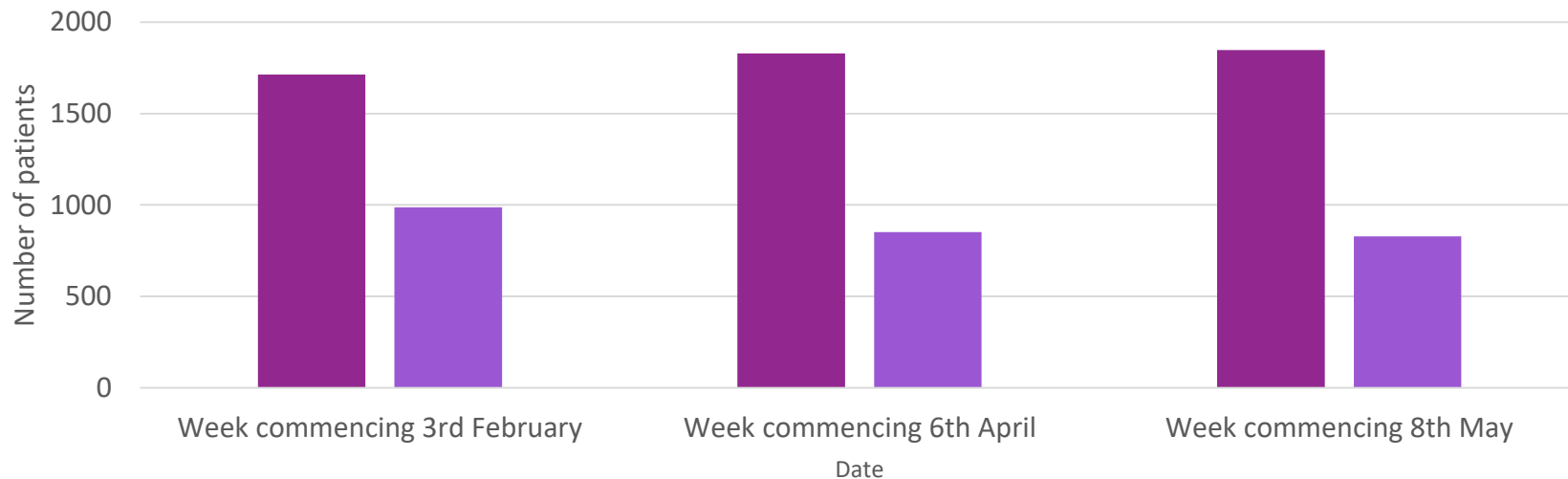
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Service provision

Appointment slots available since 3rd February



Number of patients on immunoglobulin therapy at home and in hospitals since 3rd February



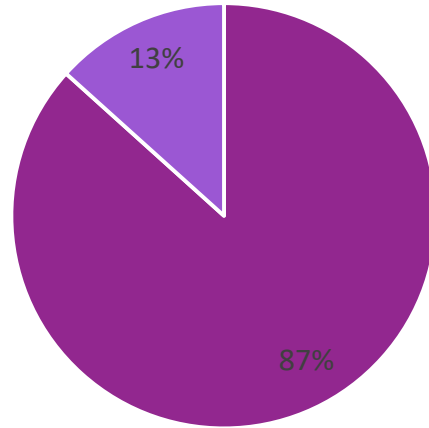
■ Patients on Ig home therapy (IV and SC)

■ Patients on Ig therapy being treated in hospital (both main outreach and community hospitals)

n=23

In total, the number of patients on immunoglobulin home therapy has increased by 135 since 3rd February (results from 23 immunodeficiency centres)

Percentage of services who switched some patients from hospital to home immunoglobulin therapy as a result of COVID-19



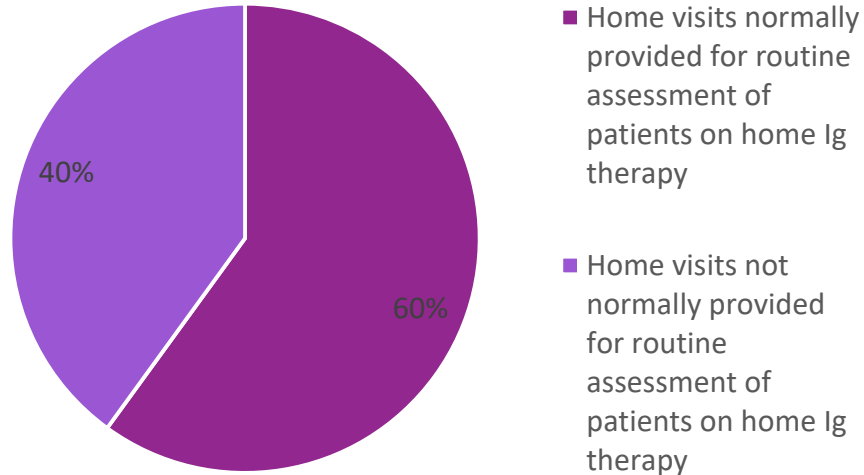
- Patients have been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic
- Patients have not been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic

n=30



Home visits during COVID-19

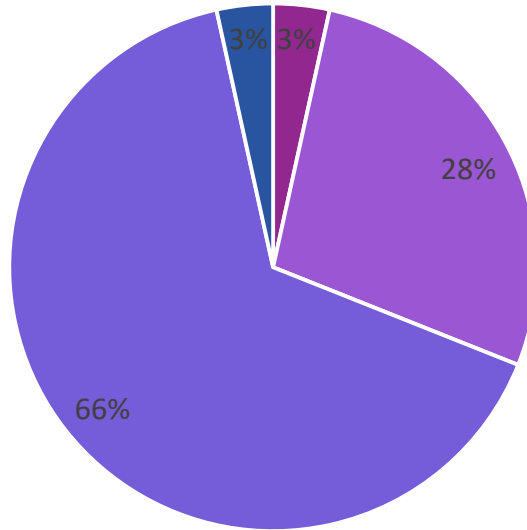
Percentage of services who normally offer home visits for routine assessment of patients on home Ig therapy:



Of the services who normally offer home visits, 94% reported a reduction in home visits during the COVID-19 pandemic.

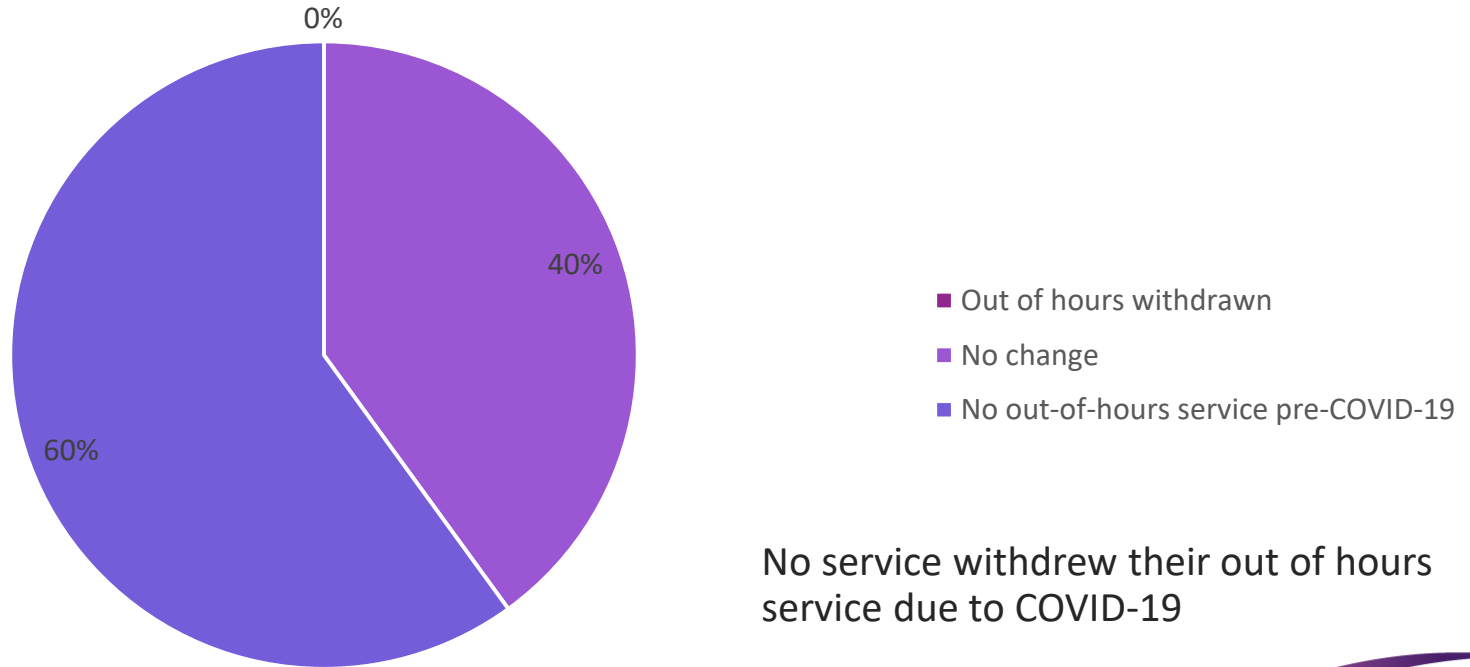
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Reasons for changes in service provision



- Changes in service provision have occurred as a result of changes in staffing
 - Changes in service provision have occurred as a result of changes in facilities
 - Changes in service provision have occurred as a result of changes in staffing and facilities
 - Changes in service provision have occurred as a result of other changes
- n=30

Changes to out-of-hours (outside of 9am to 5pm, weekends and public holidays) provision



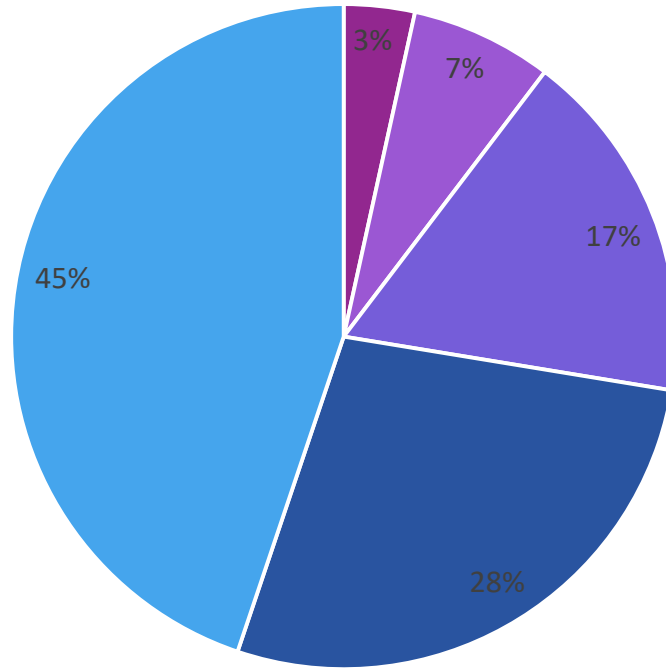
No service withdrew their out of hours service due to COVID-19



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Research

Changes in research activity due to COVID-19



- Reduced numbers or other
- Research moved to remote research due to COVID-19
- Not involved in research pre-COVID-19
- No change in research due to COVID-19
- All research suspended due to COVID-19

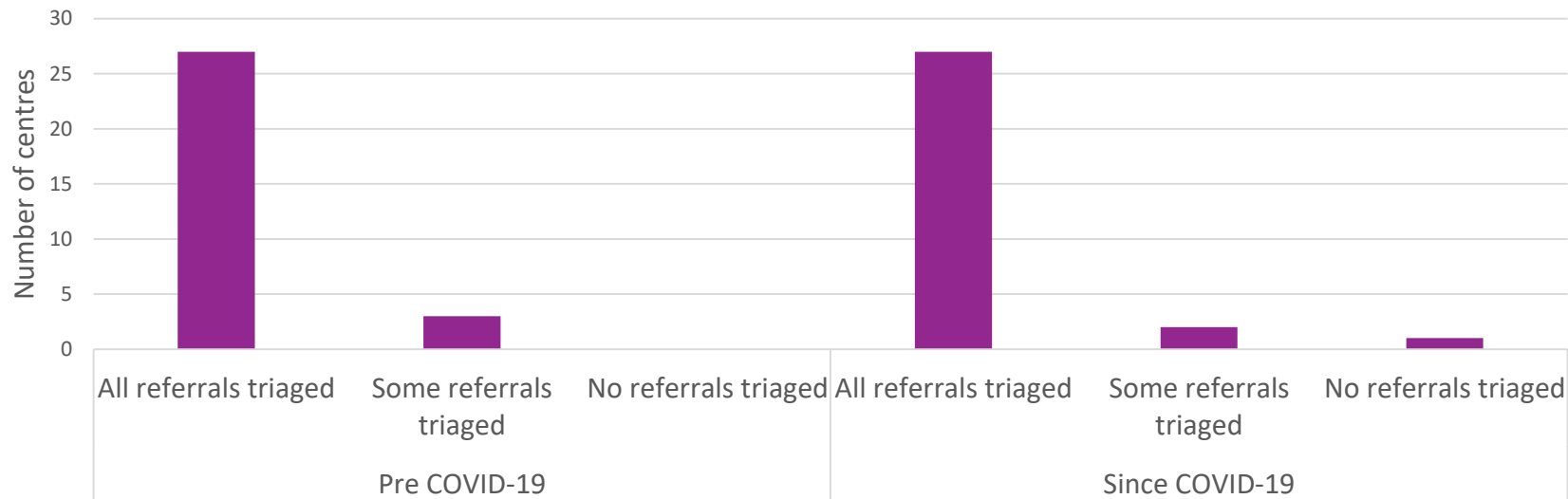


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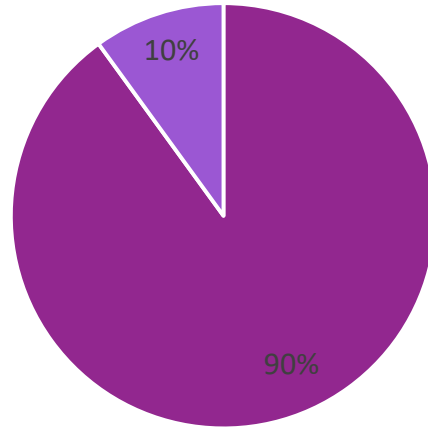
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Referrals

Triaging of referrals pre-COVID-19 and since COVID-19

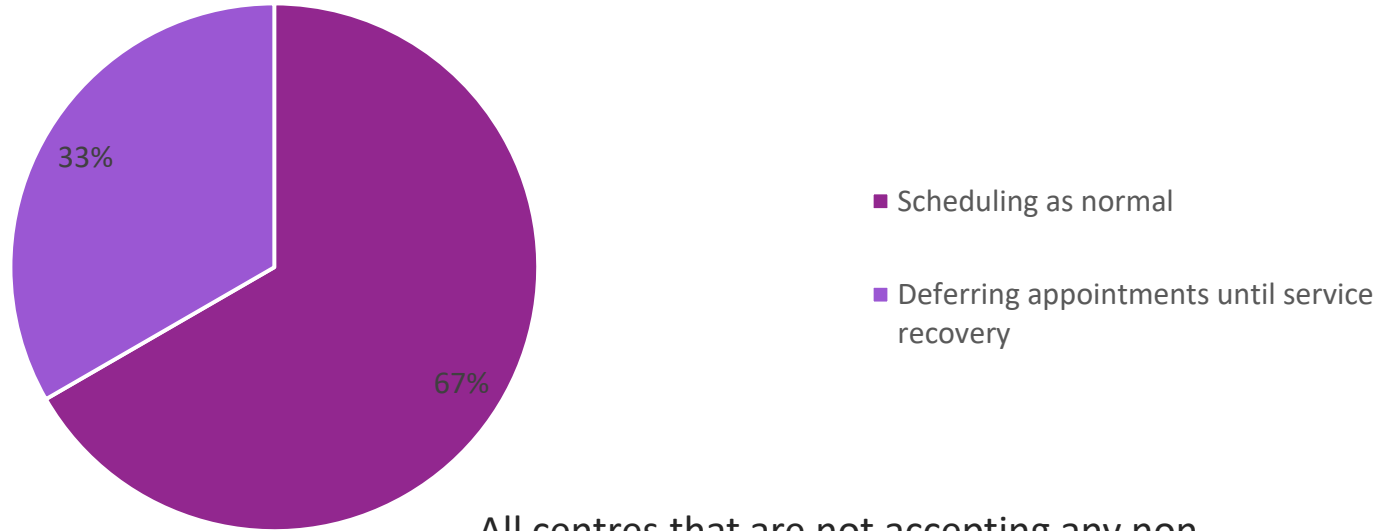


Non-urgent referrals during COVID-19



- Accepting non-urgent (next available routine appointment) referrals for immunodeficiency
- Not accepting non-urgent (next available routine appointment) referrals for immunodeficiency

Centres scheduling these appointments as normal or deferring them until service recovery



All centres that are not accepting any non-urgent referrals are giving advice and guidance and requesting re-referral

Urgent (see within 4 weeks) referrals since COVID-19

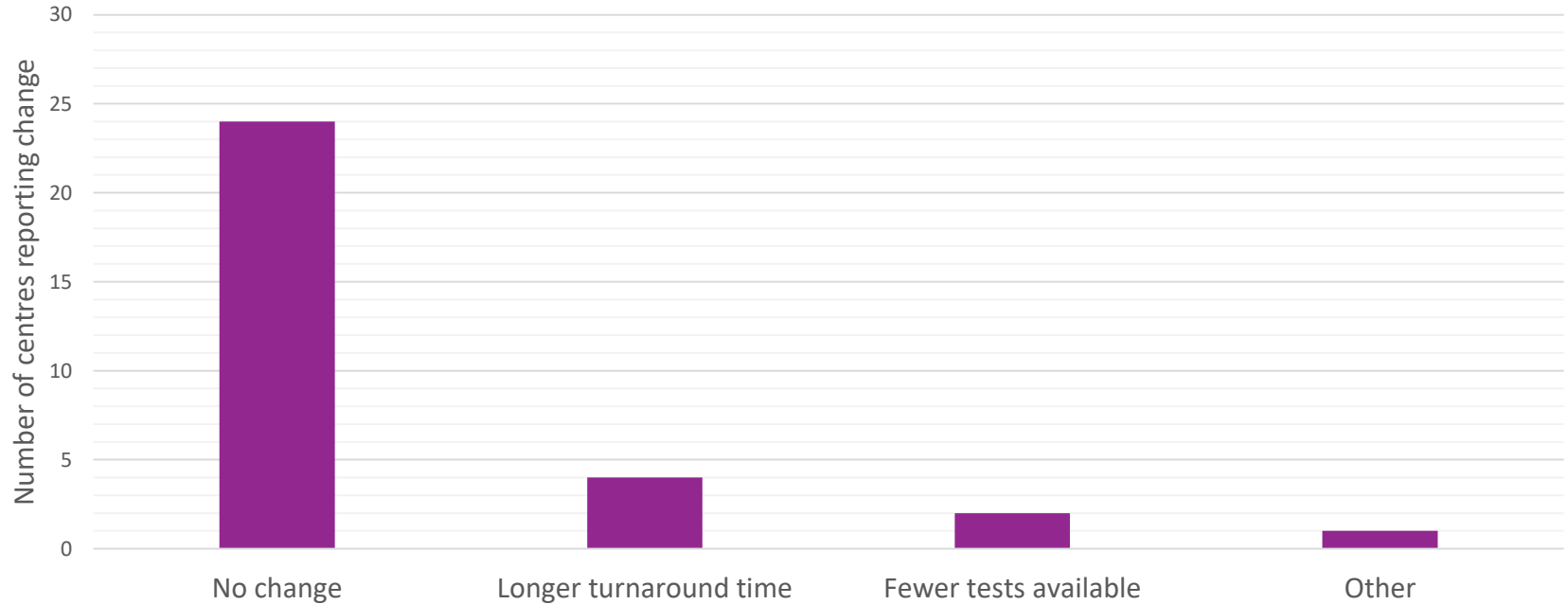
- > 97% of centres are accepting urgent (see within 4 weeks) referrals
- > 83% of centres have the capacity to see urgent referrals face to face if needed. The remaining 17% do not



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Investigations

Changes in availability of immunology laboratory investigations for the investigation of immunodeficiency





COVID-19 in immunodeficiency

Immunodeficiency patients diagnosed with COVID-19

- > Between 73 and 84 immunodeficiency patients have been diagnosed with COVID 19. Seven centers reported no immunodeficiency patients with COVID-19, out of a total of 30 centers surveyed.
- > Of these patients with COVID-19, 7 were not reported to the COVID-19 PID data collection. Centers were unsure about whether 10 of these patients had been reported. The remainder were reported to the COVID-19 PID data collection.



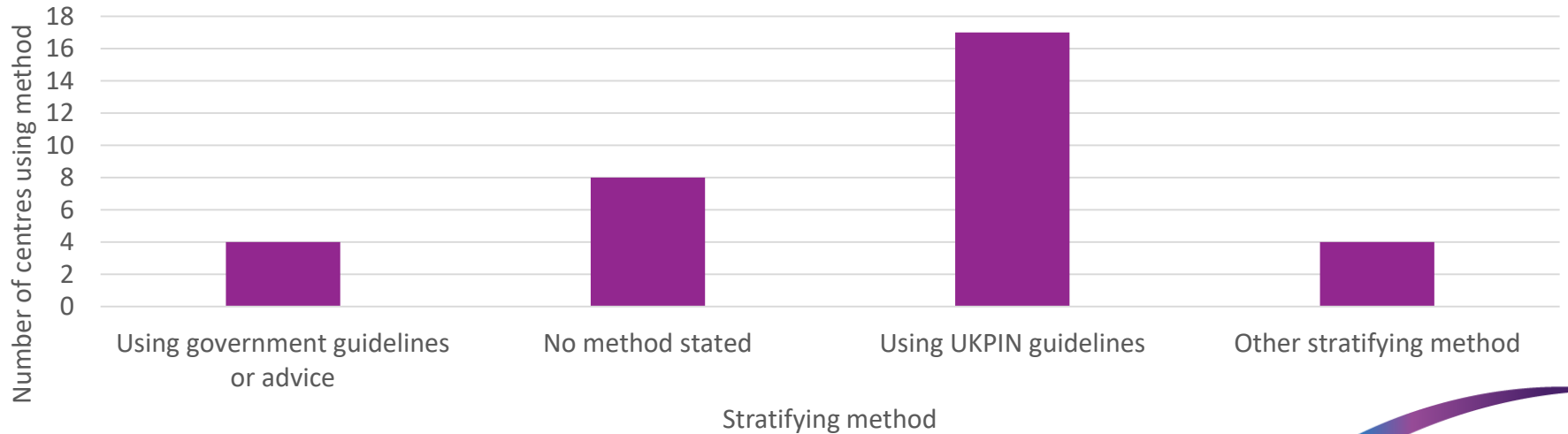
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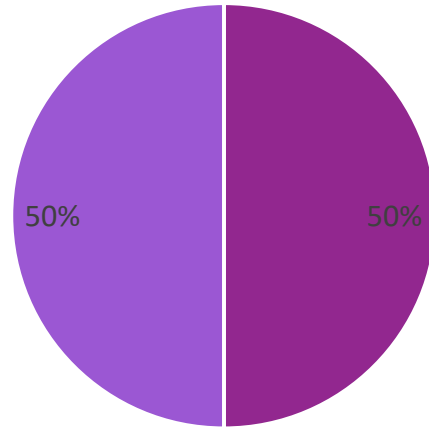
Shielding advice

Risk stratifying immunodeficiency patients according to need for shielding

- > 29 out of 30 centres risk stratified according to need for 'shielding'
- > These 29 centres mostly stratified using UKPIN guidance:



Liaising with Trusts to send out 'national' screening letters



- Centres that liased with their Trusts to send out 'national' screening letters
- Centres that did not liase with their Trusts to send out 'national' screening letters

Of the 15 centres that did not liaise with their Trusts to send out national screening letters, two centres did not specify if they sent independent letters to their patients advising shielding, whilst 1 centres did send independent letters to their patients advising shielding.

Acknowledgements

Thank you to the following for supporting this piece of work:

- > Dr Claire Bethune, Clinical Lead QPIDS programme
- > Professor M. Thirumala Krishna, Clinical Lead IQAS programme

- > From BSACI for contributing to the survey design

Dr Andrew Whyte

Dr Shuaib Nasser

Dr Paul Turner

- > From UKPIN for contributing to the survey design

Dr Ravi Sargur

Professor Sophie Hambleton

- > Nathan Gribbin for collating and analysing the responses and producing the report
- > From the Accreditation Unit, Royal College of Physicians

- Gemma Mackay; Rumneet Ghumman; Katy Thistlethwaite; Madeline Bano and Dimple Keen