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

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

Staffing changes as a result of COVID-19

* 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: 58%
- Yes, but they are generally unable to work from home: 21%
- No significant impact: 21%

n=30
Facilities
Number of services whose physical space available has been affected by changes due to COVID-19

Daycase units

- 80% Services reporting that physical space has been affected
- 20% Services reporting that physical space has not been affected

Outpatient units

- 83% Services reporting that physical space has been affected
- 17% Services reporting that physical space has not been affected

n=30
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: 27%
- Services who are not aware of patients with adverse clinical outcomes: 73%

n=30
Personal Protective Equipment (PPE) and screening
Changes in screening before appointments or procedures, since 3\textsuperscript{rd} February.

<table>
<thead>
<tr>
<th>Date</th>
<th>No screening</th>
<th>Screening questionnaire (e.g. cough, fevers)</th>
<th>Temperature measurement</th>
<th>COVID-19 swab</th>
<th>Number of centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>15</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td>5</td>
<td>20</td>
<td>15</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td>5</td>
<td>20</td>
<td>15</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>

n=30
PPE use during COVID-19 pandemic for asymptomatic patients

<table>
<thead>
<tr>
<th>Date</th>
<th>Long sleeved gown</th>
<th>Filtering Facepiece 3 mask</th>
<th>Eye protection</th>
<th>Single use plastic apron</th>
<th>Surgical mask (fluid resistant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

n=30
Service recovery
## Positive impacts of the adjustments to service provision due to COVID-19

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

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
Changes to immunoglobulin therapy

- Changes made to patients' immunoglobulin dosing regimens as a result of COVID-19: 67%
- No changes made to patients' immunoglobulin dosing regimens as a result of COVID-19: 33%

Discontinued immunoglobulin therapy

- Discontinued some patients' immunoglobulin therapy as a result of COVID-19: 33%
- Have not discontinued any patients' immunoglobulin therapy as a result of COVID-19: 67%
Service provision
Appointment slots available since 3rd February

- Immunodeficiency face-to-face appointments (new and follow-up)
- Immunodeficiency telephone consultations
- Immunodeficiency video consultations

Week commencing 3rd February: n=28
Number of patients on immunoglobulin therapy at home and in hospitals since 3\textsuperscript{rd} February

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

\begin{itemize}
\item Patients on Ig home therapy (IV and SC)
\item Patients on Ig therapy being treated in hospital (both main outreach and community hospitals)
\end{itemize}
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: 87%
- Patients have not been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic: 13%

n=30
Home visits during COVID-19

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

- 60% Home visits normally provided for routine assessment of patients on home Ig therapy
- 40% Home visits not normally provided 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.

n=30
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

- 0% of services withdrew their out of hours service due to COVID-19
- 40% of services had no change in their out-of-hours service
- 60% of services had no out-of-hours service pre-COVID-19

n=30
Changes in research activity due to COVID-19

- 45%: All research suspended due to COVID-19
- 28%: Research moved to remote research due to COVID-19
- 17%: Not involved in research pre-COVID-19
- 7%: No change in research due to COVID-19
- 3%: Reduced numbers or other

n=30
Referrals
Triaging of referrals pre-COVID-19 and since COVID-19

- **All referrals triaged**: Pre COVID-19 (n=30)
  - Some referrals triaged: 30
  - No referrals triaged: 0

- **All referrals triaged**: Since COVID-19
  - Some referrals triaged: 30
  - No referrals triaged: 0

n=30
Non-urgent referrals during COVID-19

- Accepting non-urgent (next available routine appointment) referrals for immunodeficiency (90%)
- Not accepting non-urgent (next available routine appointment) referrals for immunodeficiency (10%)

n=30
Centres scheduling these appointments as normal or deferring them until service recovery

- Scheduling as normal: 33%
- Deferring appointments until service recovery: 67%

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

n=26
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
Investigations
Changes in availability of immunology laboratory investigations for the investigation of immunodeficiency

- No change
- Longer turnaround time
- Fewer tests available
- Other

Number of centres reporting change

n=30
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.
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:

<table>
<thead>
<tr>
<th>Stratifying method</th>
<th>Number of centres using method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using government guidelines or advice</td>
<td>4</td>
</tr>
<tr>
<td>No method stated</td>
<td>8</td>
</tr>
<tr>
<td>Using UKPIN guidelines</td>
<td>18</td>
</tr>
<tr>
<td>Other stratifying method</td>
<td>2</td>
</tr>
</tbody>
</table>

n=30
Liaising with 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 centre did send independent letters to their patients advising shielding.
Acknowledgements

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