

COVID-19 questionnaire for immunodeficiency services in the UK

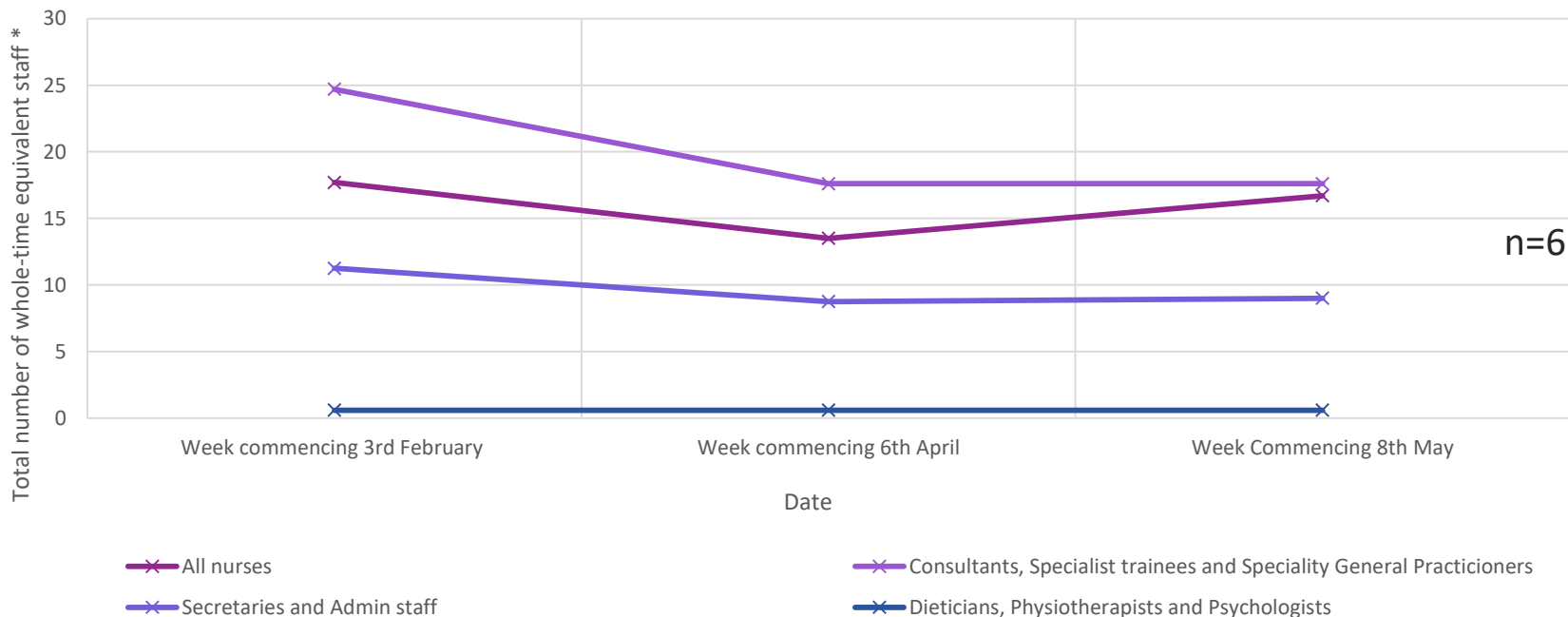
Paediatric immunodeficiency



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Staffing

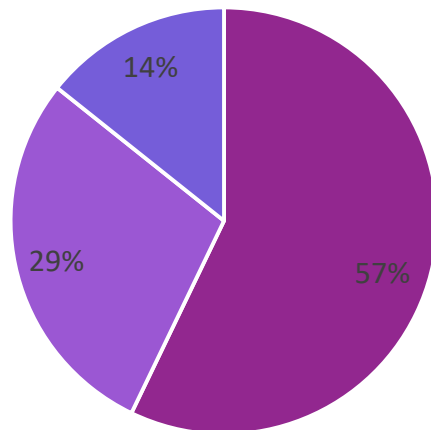
Staffing changes as a result of COVID-19



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

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

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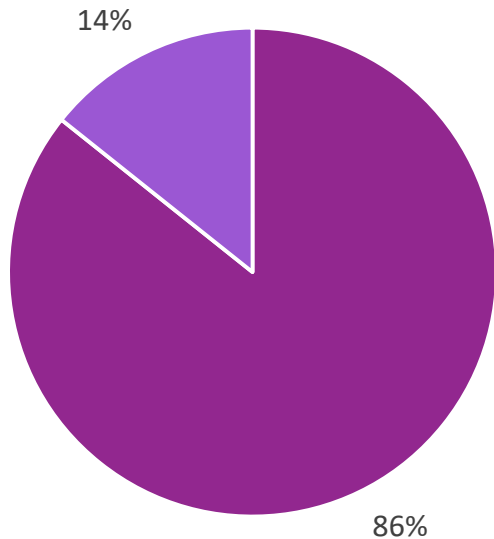


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Facilities

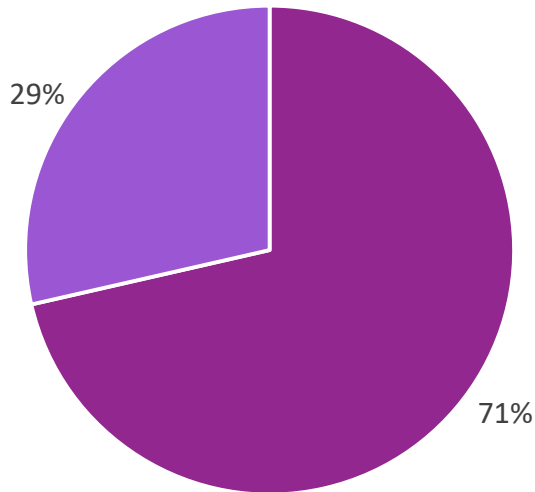
Number of services whose physical space available has been affected by changes due to COVID-19

Daycase units



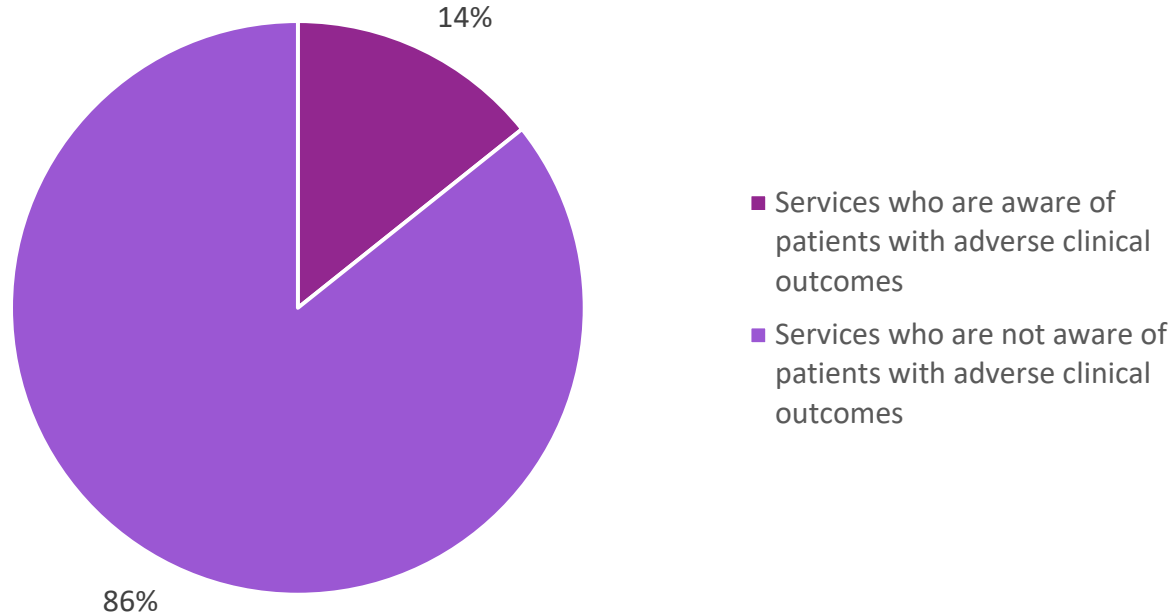
- Services reporting that physical space has been affected
- Services reporting that physical space has not been affected

Outpatient units




- 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

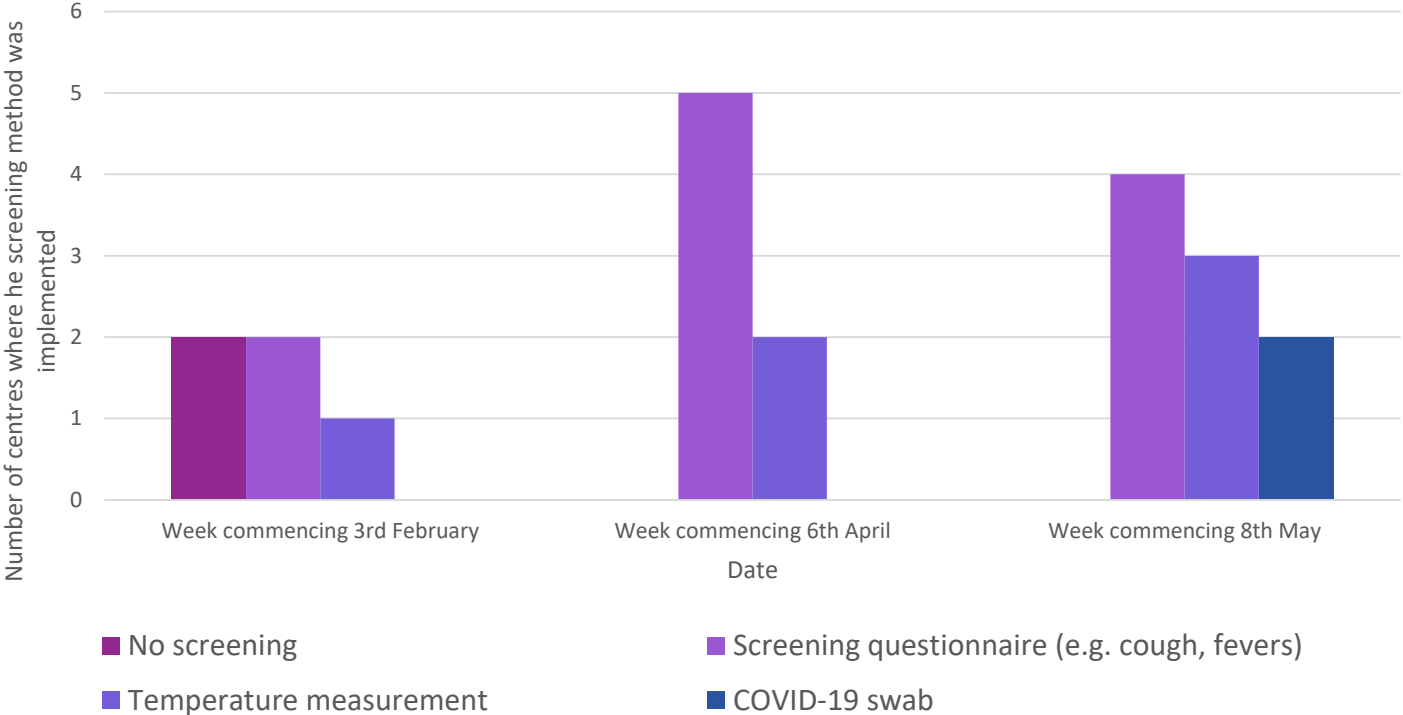


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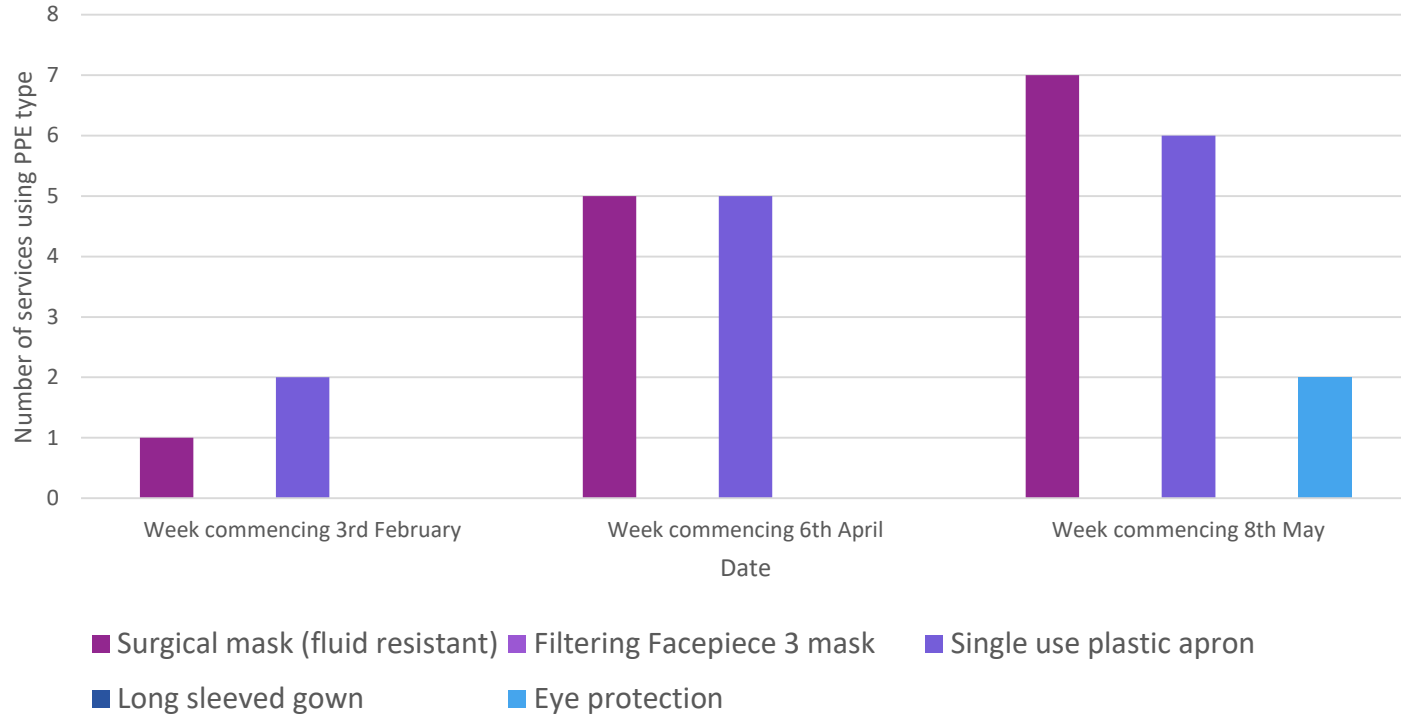
Personal Protective Equipment (PPE) and screening

Changes in screening of patients for COVID-19 before appointments or procedures, since 3rd February.



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PPE use during COVID-19 pandemic for asymptomatic patients





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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	28.6
Perceived reduced risk of infection by patients	28.6
Reduced carbon footprint due to less travel	100
Reduced health service overhead costs	28.6
Reduced patient travel time	100
Reduced patient non-attendance rates	42.9
Improved flexibility in healthcare professionals' time	71.4
Other (please specify)	42.9

100% of respondents agreed that less travel was a positive impact of the adjustments to service provision- reducing both patient travel time and the carbon footprint.



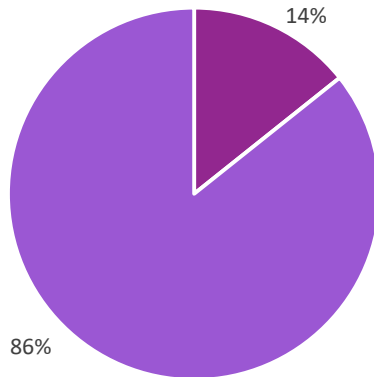
Effect of government distancing guidelines on service provision

- > 100% of respondents said that the government's distancing guidelines will impact their ability to provide pre-COVID-19 levels of service in outpatient units.
- > 29% of respondents said that daycase units can operate at pre-COVID-19 levels with the government's distancing guidelines. The remaining 71% said that their daycase units cannot operate at pre-COVID-19 levels with distancing guidelines.

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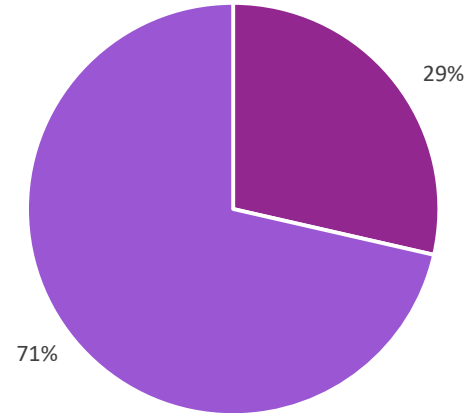
Immunoglobulin therapy changes due to COVID-19

Changes to immunoglobulin dosing regimes



■ Changes made to patients' immunoglobulin dosing regimes as a result of COVID-19

Discontinued immunoglobulin therapy



■ Discontinued some patients' immunoglobulin therapy as a result of COVID-19

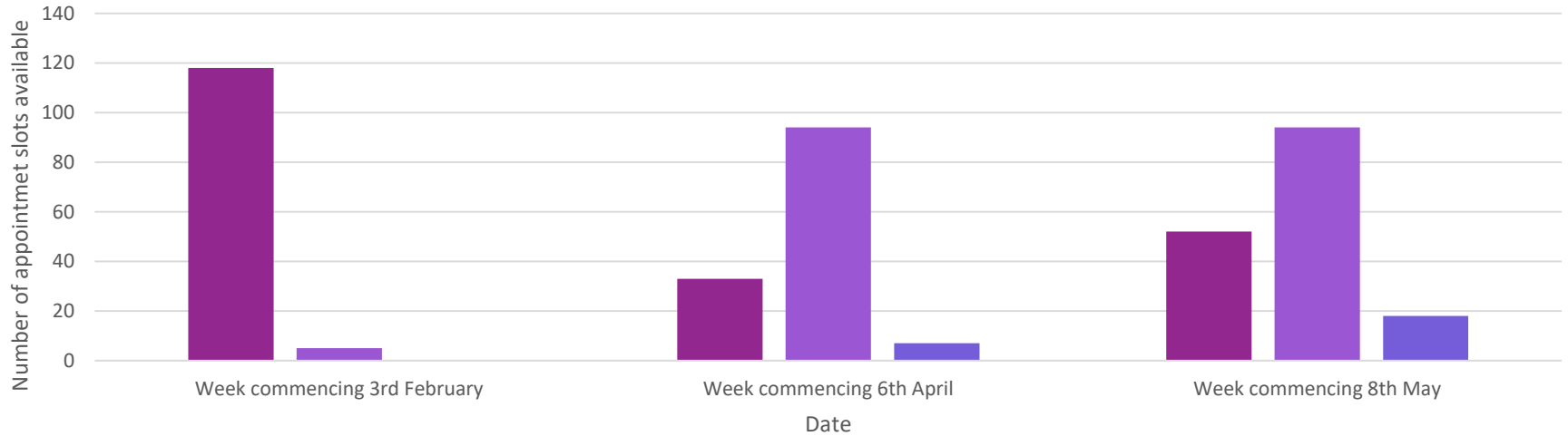
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Service provision

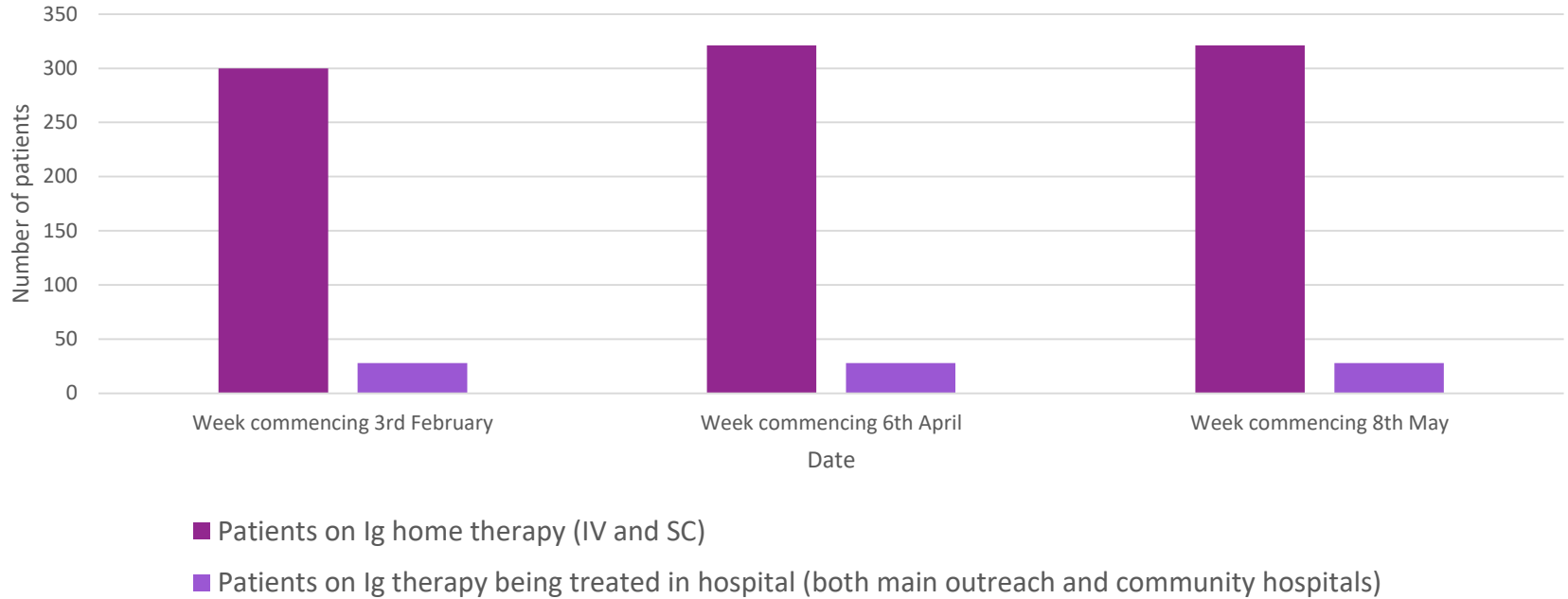
Appointment slots available since 3rd February



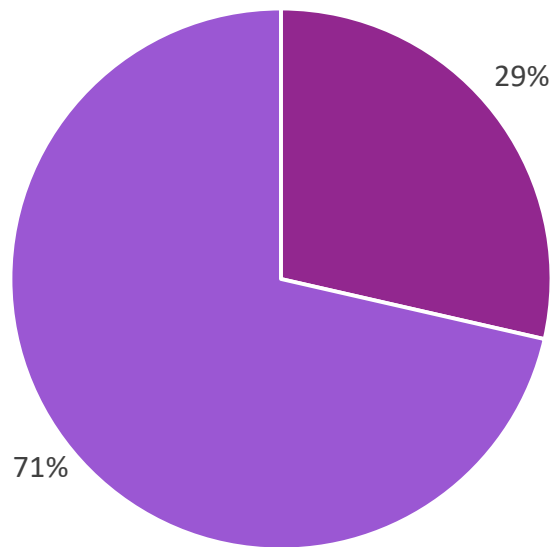
- Immunodeficiency face-to-face appointments (new and follow-up)
- Immunodeficiency telephone consultations
- Immunodeficiency video consultations



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



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



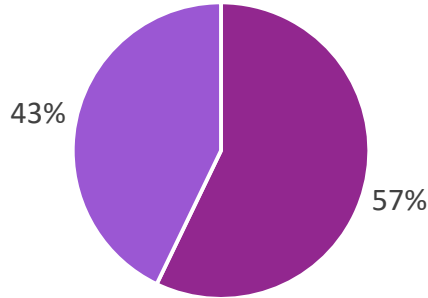
- Patients have been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic
- Patients have not been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic

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Home visits during COVID-19

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

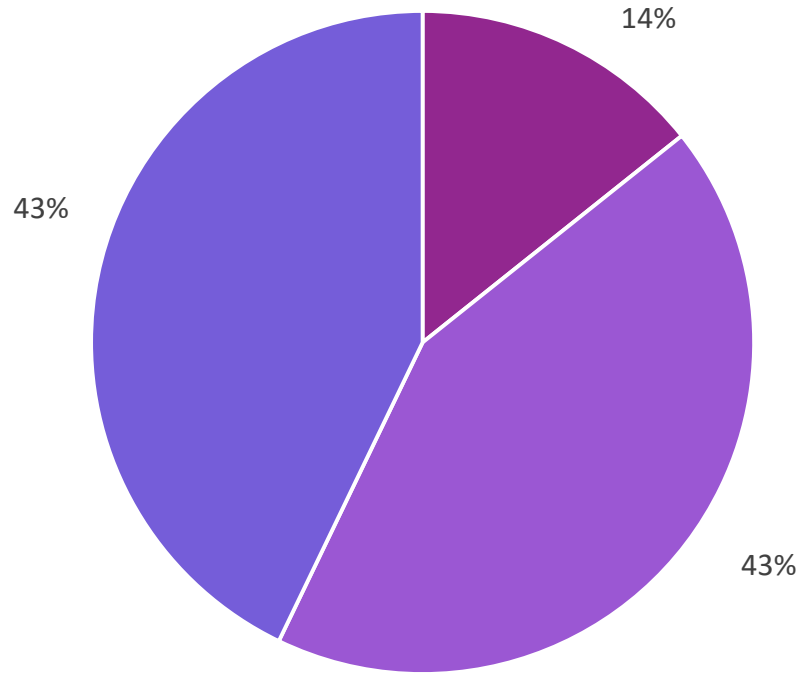


■ Home visits are normally provided for routine assessment of patients on home Ig therapy

Of the services who normally offer home visits, 67% report a reduction in home visits during the COVID-19 pandemic.

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Reasons for changes in service provision

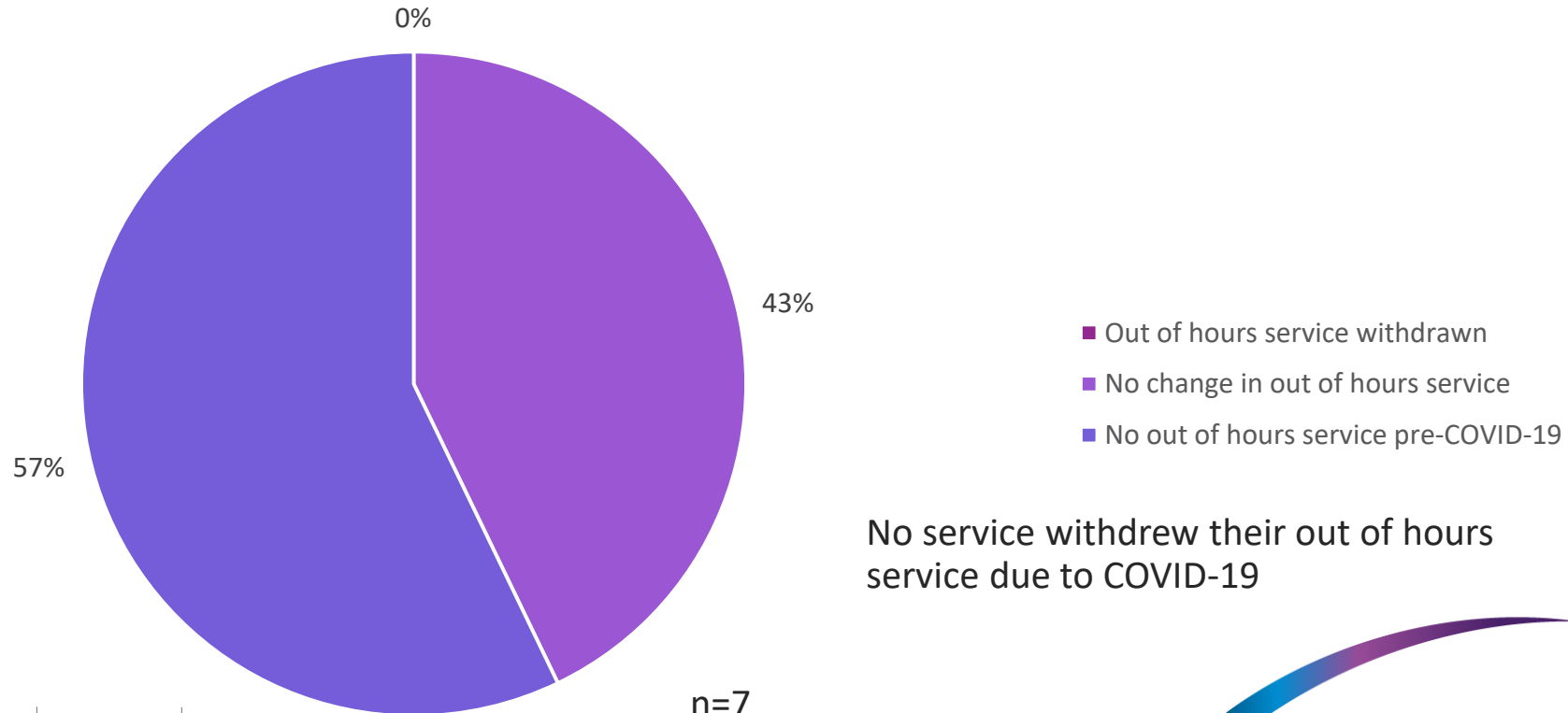


- Changes in service provision have occurred as a result in changes in staffing
- Changes in service provision have occurred as a result in changes in facilities
- Changes in service provision have occurred as a result in changes in staffing and facilities

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

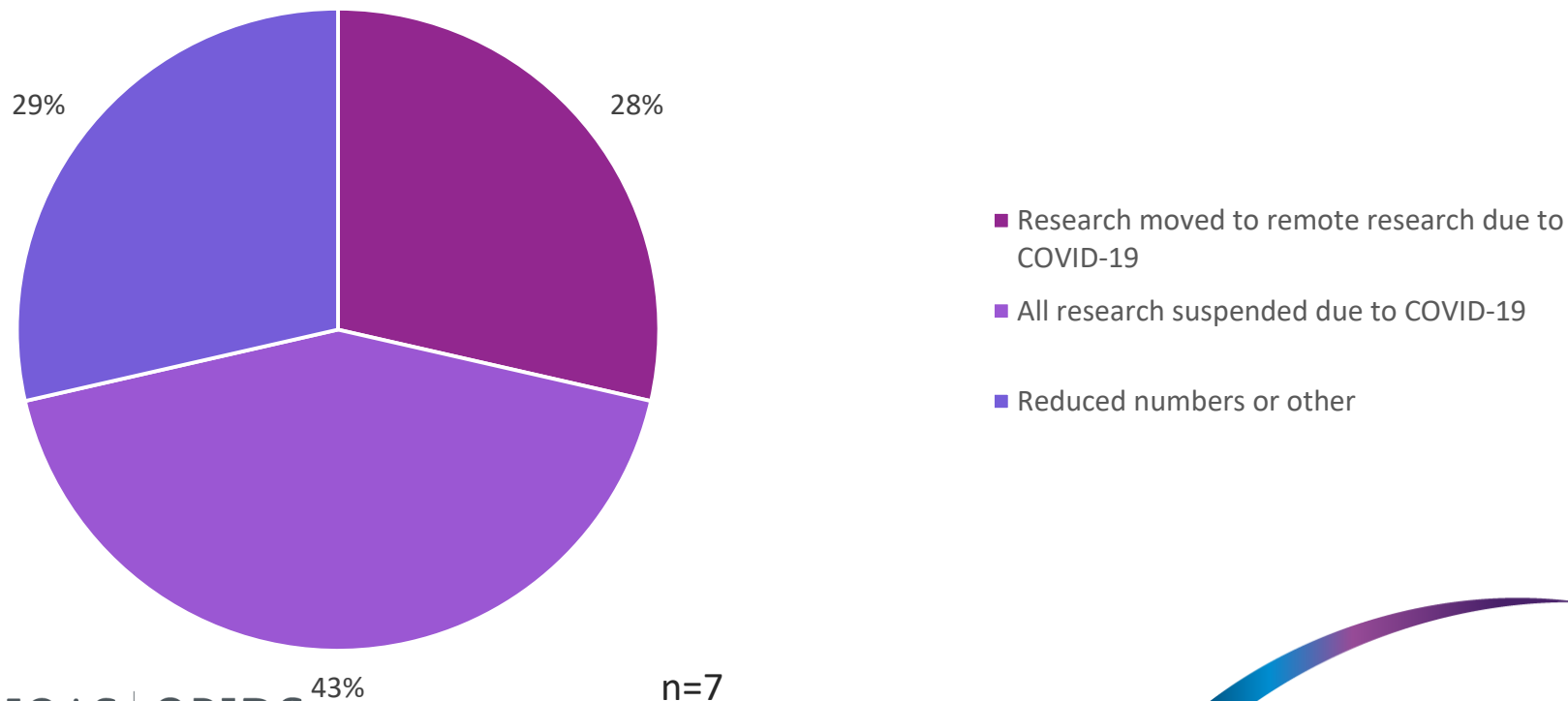




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Research

Changes in research activity due to COVID-19



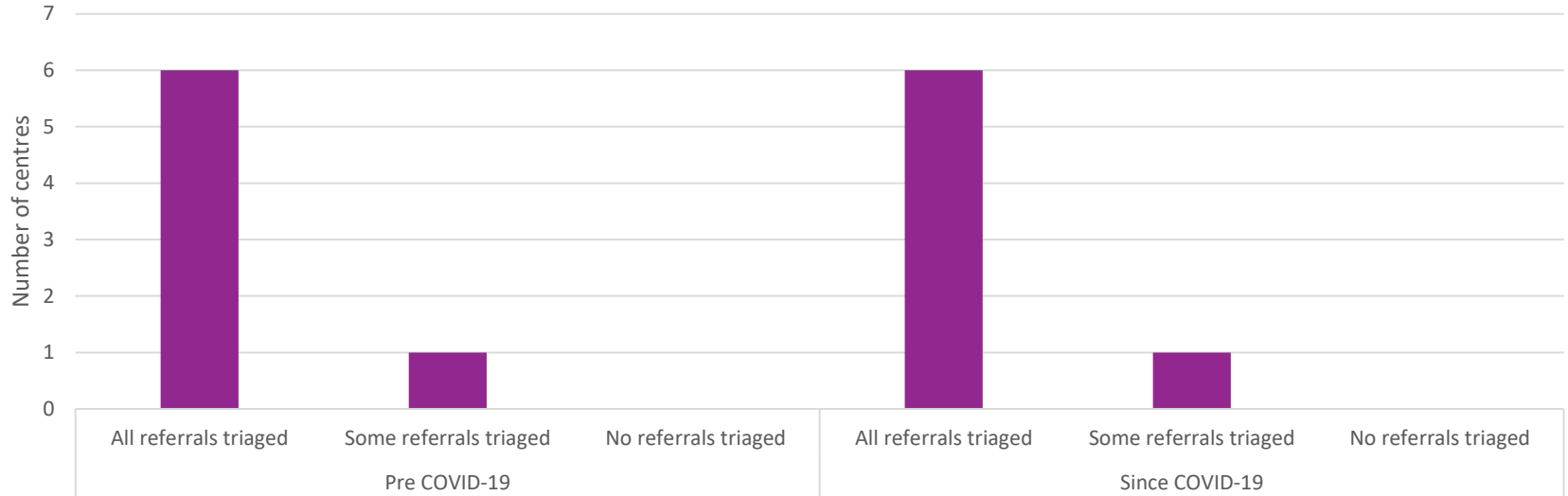


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Referrals

Triaging of referrals pre and post COVID-19



Non-urgent referrals during COVID-19

- > 100% of services are accepting non-urgent (next available routine appointment) referrals for immunodeficiency
- > 5 out of 7 centres are scheduling appointments as normal
- > 2 out of 7 centres are deferring appointments until service recovery



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

- > 100% of centres are accepting urgent (see within 4 weeks) referrals
- > All centres have the capacity to see urgent referrals face to face if needed

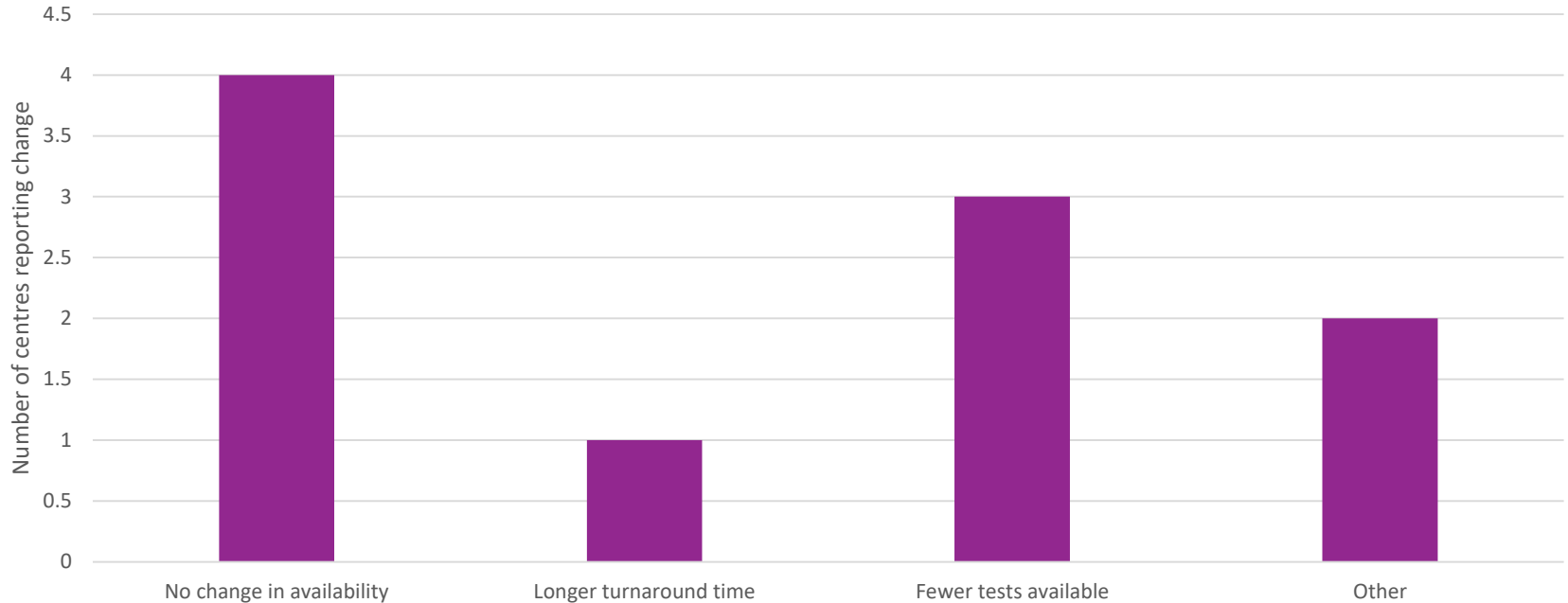




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Investigations

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



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COVID-19 in immunodeficiency

Immunodeficiency patients diagnosed with COVID-19

- > A total of three patients in two services have been diagnosed with COVID 19 out of seven paediatric immunodeficiency services
- > Of these, 1 had data reported to the COVID19 PID data collection*

*some uncertainty due to services being unsure if data was reported



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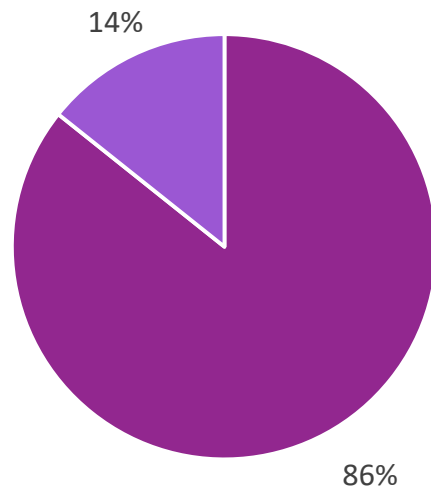
Shielding advice

Risk stratifying immunodeficiency patients according to need for shielding

- > All centres risk stratified according to need for 'shielding'
- > Four out of seven centres used UKPIN guidance, three did not specify how they stratified



Liaising with Trusts to send out 'national' screening letters



- Services who liaised with their Trust to send out 'national' screening letters
- Services who did not liaise with their Trust to send out 'national' screening letters

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Acknowledgements

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