COVID-19 questionnaire for immunodeficiency services in the UK

Paediatric immunodeficiency
Staffing changes as a result of COVID-19

<table>
<thead>
<tr>
<th>Date</th>
<th>Total number of whole-time equivalent staff *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td></td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td></td>
</tr>
<tr>
<td>Week Commencing 8th May</td>
<td></td>
</tr>
</tbody>
</table>

* 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: 29%
- Yes, but they are generally unable to work from home: 14%
- No significant impact: 57%

n=7
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: 14%
- Services reporting that physical space has not been affected: 86%

Outpatient units

- Services reporting that physical space has been affected: 29%
- Services reporting that physical space has not been affected: 71%

n=7
Services who are aware of patients with adverse clinical outcomes resulting from changes in service provision

- Services who are aware of patients with adverse clinical outcomes: 14%
- Services who are not aware of patients with adverse clinical outcomes: 86%

n=7
Personal Protective Equipment (PPE) and screening
Changes in screening of patients for COVID-19 before appointments or procedures, since 3\textsuperscript{rd} February.

<table>
<thead>
<tr>
<th>Date</th>
<th>No screening</th>
<th>Screen questionnaire (e.g. cough, fevers)</th>
<th>Temperature measurement</th>
<th>COVID-19 swab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3\textsuperscript{rd} February</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Week commencing 6\textsuperscript{th} April</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Week commencing 8\textsuperscript{th} May</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

n=7
PPE use during COVID-19 pandemic for asymptomatic patients

<table>
<thead>
<tr>
<th>Date</th>
<th>Surgical mask (fluid resistant)</th>
<th>Filtering Facepiece 3 mask</th>
<th>Single use plastic apron</th>
<th>Long sleeved gown</th>
<th>Eye protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td>5</td>
<td>5</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>

n=7
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>28.6</td>
</tr>
<tr>
<td>Perceived reduced risk of infection by patients</td>
<td>28.6</td>
</tr>
<tr>
<td>Reduced carbon footprint due to less travel</td>
<td>100</td>
</tr>
<tr>
<td>Reduced health service overhead costs</td>
<td>28.6</td>
</tr>
<tr>
<td>Reduced patient travel time</td>
<td>100</td>
</tr>
<tr>
<td>Reduced patient non-attendance rates</td>
<td>42.9</td>
</tr>
<tr>
<td>Improved flexibility in healthcare professionals’ time</td>
<td>71.4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>42.9</td>
</tr>
</tbody>
</table>

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.

n=7
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.

n=7
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
  - 14%
- 86%

Discontinued immunoglobulin therapy
- Discontinued some patients' immunoglobulin therapy as a result of COVID-19
  - 29%
- 71%

n=7
Service provision
Appointment slots available since 3rd February

<table>
<thead>
<tr>
<th>Date</th>
<th>Immunodeficiency face-to-face appointments (new and follow-up)</th>
<th>Immunodeficiency telephone consultations</th>
<th>Immunodeficiency video consultations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week commencing 3rd February</td>
<td>140</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Week commencing 6th April</td>
<td>0</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Week commencing 8th May</td>
<td>0</td>
<td>80</td>
<td>20</td>
</tr>
</tbody>
</table>

n=6
Number of patients on Ig 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=6
Percentage of services who switched patients from hospital to home Ig therapy as a result of COVID-19

- 29% Patients have been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic
- 71% Patients have not been switched from hospital to home Ig therapy as a result of the COVID-19 pandemic

n=7
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, 67% report a reduction in home visits during the COVID-19 pandemic.

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

n=7
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

n=7
Changes to out-of-hours (outside of 9am to 5pm, weekends and public holidays) provision

- Out of hours service withdrawn: 43%
- No change in out of hours service: 57%
- No out of hours service pre-COVID-19: 0%

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

n=7
Changes in research activity due to COVID-19

- 43% of the research moved to remote research due to COVID-19
- 29% of the research was suspended due to COVID-19
- 28% of the research had reduced numbers or other changes

n=7
Referrals
Triaging of referrals pre and post COVID-19

<table>
<thead>
<tr>
<th></th>
<th>Number of centres</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All referrals triaged</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Some referrals triaged</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No referrals triaged</strong></td>
<td>0</td>
</tr>
<tr>
<td><strong>All referrals triaged</strong></td>
<td>6</td>
</tr>
<tr>
<td><strong>Some referrals triaged</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>No referrals triaged</strong></td>
<td>0</td>
</tr>
</tbody>
</table>

n=7
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

n=7
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

n=7
Changes in availability of immunology laboratory investigations for the investigation of immunodeficiency

<table>
<thead>
<tr>
<th>Change in Availability</th>
<th>Number of Centres Reporting Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change in availability</td>
<td>4</td>
</tr>
<tr>
<td>Longer turnaround time</td>
<td>1</td>
</tr>
<tr>
<td>Fewer tests available</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

n=7
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*

*n=7

*some uncertainty due to services being unsure if data was reported
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: 86%
- Services who did not liaise with their Trust to send out 'national' screening letters: 14%

n=7
Acknowledgements

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