ACP UK
ASSOCIATION OF CLINICAL PSYCHOLOGISTS

To NICE;

Re: **COVID-19 rapid guideline: managing the long-term effects of COVID-19 [NG188]**

We are writing to express concerns related to the above guidelines released 18.12.2020.

We represent our professional membership as an organisation for clinical psychologists working in physical health (the Association of Clinical Psychologists UK Clinical Health Psychology Network); also representing the opinions of wider professional colleagues, who also work as clinical psychologists in physical health settings.

Clinical Health Psychologists (CHP's) are integrated within many existing physical health services and clinical pathways and are specialists in providing assessment and treatment of complex physical, psychological, cognitive and wider neurological co-morbidities, across clinical settings. CHP services also support the delivery of psychologically informed models of acute, community and primary care through providing supervision, training and complex joint case work with other professional colleagues. We therefore bring a breadth of clinical expertise with high relevance to rehabilitation following COVID19.

Whilst it is appreciated that these guidelines were pulled together at speed under your emergency process we respectfully request that the following are considered in relation to future COVID-19 guideline updates:

1. That ACP-UK are consulted as significant stakeholders in the guideline production, review and/or update process.

2. That the guideline content in section 3.9 is urgently reviewed. This section suggests referral to a liaison psychiatry service should be made for people experiencing signs and symptoms of distress and/or mental ill-health for anything above 'mild' depression or anxiety. There are several concerns related to this aspect of the guidance:
    a. The scope of Improving Access to Psychological Therapies (IAPT)services and IAPT for Long Term Conditions is not fully recognised
    b. The scope and role of Clinical Health Psychologists (CHPs) is absent
    c. Referral routes to CHP services are not included in the recommended clinical care pathway which will negatively impact clinical outcomes and patient experience

2. Section 8.2 references clinical psychology as part of the recommended core rehab MDT. This section could more clearly give an overview of how else CHPs can provide direct input into rehabilitation pathways and the wider system to inform optimised service commissioning, care pathway development and provision.

3. That future revisions of the guidance advocate for a stronger holistic model of care that recognises the interplay between physical, psychological, social and neurological symptoms that patients are clearly reporting. Failure to provide guidance that clearly recognises such symptom relationships and complexities risks advocating patient journeys that will inadequately meet their needs and undermine recovery.

4. For optimal clinical and health economic outcomes, an integrated physical-mental health care approach that works across primary, community and acute care is strongly recommended

We thank you for the time and consideration of this feedback and would be happy to meet with the Guideline committee and authors regarding representation on and consultation about producing and publicising guideline updates.

Yours Sincerely;

Association of Clinical Psychologists UK Clinical Health Psychology Network (ACP-UK)

With contributions from:

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