

# Dudley Group Rheumatology Coronavirus

# Patients Frequently Asked Questions: Version 5, Jan 2022

Guidance from the government about Coronavirus is changing constantly, so we would advise you refer to <https://www.gov.uk/coronavirus> for the most up-to-date information and guidance. We also recommend the Versus Arthritis website as an excellent source of information <https://www.versusarthritis.org/news/2020/april/coronavirus-covid-19-and-arthritis-where-to-go-for-information/>

Since the beginning of the pandemic the rheumatology helpline has had many questions about issues related to the coronavirus pandemic. So we have created a local information sheet to help answer some of the frequently asked questions, which we are updating regularly. We have based the answers to these questions on national guidance and our local experience. Please continue to follow the current government advice.

Now that the country gradually learning to live with COVID-19 there is still some government advice on ways to stay safe from COVID if you are in the [**clinically extremely vulnerable**](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19) group. This is taken from: [Coronavirus: how to stay safe and help prevent the spread - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do#summary-what-you-can-and-cannot-do-during-the-national-lockdown).

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# Coronavirus vaccine

Versus Arthritis have a very helpful webpage that is well written, updated and covers many aspects and questions that you will have about the vaccine. This includes information on those who should have a third vaccine dose. This is not a booster dose, but an additional ‘top-up’ dose to increase protection from COVID-19 for people who may not have not had a good response from the first two vaccine doses and includes individuals on certain rheumatology therapies which suppress the immune system. This 3rd vaccine dose is due at least 8 weeks after the 2nd dose and these individuals will then be eligible for a booster 3 months later.

A booster dose (4th dose) of the COVID-19 vaccine helps improve the protection you have from your first 3 doses of the vaccine. If you've had the 3rd dose, you'll be eligible for a booster (4th dose) from 3 months (91 days) after your 3rd dose.

So please follow the link: [Vaccines for COVID-19 – your questions answered (versusarthritis.org)](https://www.versusarthritis.org/covid-19-updates/vaccines-for-covid-19-your-questions-answered/)

# New treatments for the clinically extremely vulnerable (CEV)?

Since December 2021 there is updated guidance on who is eligible for new COVID-19 treatments for people with very weakened immune systems which includes many of our patients.

Advice is to **have a PCR testing kit ready at home** in case you develop any COVID-19 symptoms. If you have not received your PCR kit, you can contact 119 to order one. You should have received a letter about this and the available new COVID-19 treatments. Only the most vulnerable patients are eligible for these treatments. **If you have tested positive with a PCR test** and you think you are clinically extremely vulnerable you may be contacted by a health professional. **If you have not been not contacted within 24 hours, you should contact your GP during opening hours or NHS 111 out of hours or at weekends and ask to be referred to the CMDU.** More information on this can be found here:

[COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk)

# Medication and blood tests advice during the coronavirus pandemic

## WHEn Should I stop my rheumatology drugs?

All patients should continue to take their medication, unless directed otherwise by their rheumatology team or other medical doctor.

As you would do normally, if you develop symptoms of any infection, we would advise that you should stop your DMARD/ biologic therapy until you feel well again. When you have recovered from the infection you can restart your treatment. **If you have been taking steroids (also known as prednisolone), please continue taking these at your normal dose, unless you are told to do otherwise by your rheumatology team or another doctor.**

## What about starting new DMARD/biologic drugs during the pandemic?

If your medication is being changed your rheumatologist should have discussed the benefits and risks with you at length.

We have now been living with Coronavirus for approaching two years. We have many excellent drugs to treat rheumatic conditions. Rheumatologists are aware that immunosuppressive drugs can increase the risks with coronavirus infection and can also reduce the response to vaccines. As ever we need to balance the risks and benefits of treatments with you. When considering immunosuppressive treatments we favour drugs that can be stopped quickly rather than longer acting drugs, such as rituximab. Rituximab remains in the body for many months and because of the way that it works is considered to be associated with the greatest risk with coronavirus infection and poor vaccine response. Bear in mind that if you are changing your medication it may also mean that you may then be considered as clinically extremely vulnerable.

## regular Treatments on A4/ Medical daycase

If you have regular treatments with biologics on the medical daycase unit for your rheumatic condition we currently consider that attending to the hospital for treatment, is a small, but still a risk of coming into contact with Coronavirus. This means:

* Where appropriate we have approached patients about changing from the **intravenous** drip form of treatment to the skin (**subcutaneous**) injection of the same drug that patients can do themselves at home, **after appropriate training at home or virtually with a registered nurse**.
* **Tocilizumab** (a biologic drug used for rheumatoid arthritis) has now been approved and is saving the lives of the sickest patients on intensive care units with Coronavirus. As a result stocks of IV tocilizumab are sometimes low so patient choosing to continue on intravenous tocilizumab may potentially face treatment delays and cancellations, which will be beyond our control. If you have any queries about moving to the home skin injection please contact our biologics pharmacy team on 01384 456111 ext 4508.

## Can I have joint injections or Steroid injections (depos) during the coronavirus pandemic?

As is current practice, if you have an infection you should not have a joint injection or steroid injection/depo. With the coronavirus in particular, you may not have infection symptoms if you are in the early stages and the injections could possibly be doing you more harm than good. We are therefore only carrying out these procedures in patients that truly need them and are currently otherwise well. **We recommend that patients should consider carrying out a lateral flow test the morning of their joint injection to reduce the risk of them having a COVID-19 infection at the time of their joint injection**. For further information please see

<http://www.dgft.nhs.uk/wp-content/uploads/2020/10/Rheumatology-COVID-Information-For-Joint-Injections.pdf>

## What should I do about having my blood monitoring tests?

The British Society for Rheumatology guidelines state that it is usually safe to reduce the frequency of blood testing for most people to every three months. **We therefore are advising that if you have been on a rheumatology drug for >6 months, without a problem, that routine blood monitoring blood tests should only be required every 3 months**, unless you are unwell for no obvious reason.

We have written to GPs about this too, because we know that some GP practices until now would not provide some patients with their drug unless you they have had a blood test every month. This just isn’t practical/ advisable in the current situation.

There will be some people that will still need to have blood monitoring tests more regularly:

* If you have recently started a new drug, i.e. within the last 3 months
* If you have had problems with a rheumatology drug/ blood tests in the past 3 months
* If you are taking tocilizumab (RoActemra) or sarilumab (Kevzara).

Our computer systems can identify patients who will require more regular blood tests, but most of you will already know who you are. If you are not sure, please call the helpline.

## Where can I have my blood tests done?

If you have previously had blood tests done at the Guest, Corbett or Russells Hall hospital these can continue, however you will need to book an appointment.

**To book a blood test appointment: online**: <http://www.dgft.nhs.uk/patients-and-visitors/blood-tests/> or by phone on 01384 244330.

Some GP practises are continuing to offer blood tests, but you should contact your own practice to find out their individual arrangement. If you **do not** live locally we ask if you could request that your GP to sends a copy of the results to your consultant.

# Changes to rheumatology clinics: our ‘new normal’

### What will happen with my rheumatology appointments in the future?

The rheumatology team have continued to see patients throughout the pandemic. However at peaks in the virus numbers, our services have been (and may be again) disrupted as members of our teams are redeployed to other areas, are ill or isolating. These changes are unavoidable and tend to occur without much warning. So we apologise if your clinic appointment is affected or cancelled. If you feel that you need a rheumatology appointment, as ever please let us know via the helpline and we will do our best to arrange an appointment.

Due to social distancing in the waiting rooms, fewer patients can come into clinic. Therefore we are scheduling a mixture of remote/ virtual consultations and face-to-face appointments. Your clinic letter will tell you if you need to come to the hospital or whether your appointment is a remote consultation.

Over the past months, we have become used to this way of working and are familiar with the pros and cons of telephone clinics. If we recognise that we need to see you in person, we will do our best to see you at a face-to-face appointment at the earliest opportunity. Alternatively, if you have been allocated a face-to-face appointment and you would prefer a telephone/video appointment, then please let your consultant’s secretary know at least 2 working days before the consultation date.

As you might imagine a lot of clinics have needed to be rearranged and many of your appointments will have been cancelled/rescheduled. Please bear with us! However, if you think you have been missed or you need advice sooner, as usual either seek advice from your GP or via the helpline.

**If you have recently changed your contact details or are unsure whether we have the correct contact numbers for you then please contact the Out Patient Booking Team to ensure that your records are up to date on 01384 365 100**

### What will happen in a remote (telephone/video) consultation?

If you have been allocated a remote consultation, it will say this in the clinic letter or text you receive from the hospital. You will be contacted by the doctor, nurse or member of the team as close to the time slot as possible (but it may be anytime during the morning, afternoon or evening of the appointment). Please make sure your contact details are up to date and, if there is a preference for home or mobile number to be used, that this is known. The hospital phone number may come up as ‘No caller ID’. If you do not answer we will try again, either on another available number or a little later. Because of confidentially we will not leave an answering machine message.

When you receive the telephone call the rheumatology team member will introduce themselves and ask you to confirm a few details. You will then have a discussion, as we would do if you were in clinic and agree on an action plan. You will receive a copy of the letter we send to your GP.

### Remote consultation tips:

* Please make sure you are in a suitable and safe environment to be able to talk
  + If you would like a relative to be involved use a speaker phone. You may be asked to confirm that you consent to them taking part
* Please make sure you have a list of medication close to hand
* Please also make sure you have anything else you might need such as your glasses or hearing aid.
* If readings of blood pressure or weight have been a concern in the past, it would be good to have an up-to-date reading available, if you have the means to do so.

# Will it be safe to come to the hospital?

We have risk assessed our hospital to ensure that the service we provide meets the standards required to reduce the risk of COVID-19 transmission.  If you have any symptoms such as cough, high temperature, loss of smell (or taste) please do not attend for your appointment.

* **You will be expected to wear face covering unless medically exempt**
* **Do not arrive more than 15 minutes before your appointment**
* On arrival at the hospital, all patients will be provided with a face mask and asked to use the hand gel.
* You will be asked about symptoms and your temperature will be measured.
* To maintain social distancing only patients, not relatives, will be allowed in the department.  Please speak to the nurse in charge at the time of arrival, if this is not possible or appropriate.
* All staff will be using appropriate personal protective equipment.

All our clinicians are tested regularly for COVID-19. These measures are designed to keep you and our staff safe and we hope these measures will let you feel confident if you need to attend your appointment.

What the hospital is doing ensure the safety of all of our patients, visitors and staff during the COVID-19 pandemic can be found at: [Coronavirus (COVID-19) information - The Dudley Group NHS Foundation Trust (dgft.nhs.uk)](https://www.dgft.nhs.uk/coronavirus-advice/)

## What about the helpline?

The Nurse helpline continues to run as usual. So, if you have any queries or concerns, we will do our best to help you. We are obviously experiencing a high volume of calls and messages, so we ask you for your patience while we are dealing these.

# Here are some other links and sources of advice that can be of help:

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

<https://111.nhs.uk/covid-19/>) or call NHS111

<https://www.versusarthritis.org/news/2020/april/coronavirus-covid-19-and-arthritis-where-to-go-for-information/>

[Managing your bone, joint or muscle pain | The Chartered Society of Physiotherapy (csp.org.uk)](https://www.csp.org.uk/conditions/managing-pain-home)

These are difficult times for us all! We will work with you to keep you and ourselves as safe as possible from Coronavirus whilst still caring for your rheumatology condition.

The Dudley Rheumatology Team

