NRAP Good Practice Repository – Pulmonary Rehabilitation

PRSAS
Accredited

Frimley Adult Integrated Team

Respiratory Integrated Team South (RITS) Nepalese - Pulmonary Rehabilitation Team
Frimley Health NHS Foundation Trust

BTS Quality Statement 1: All individuals with symptomatic chronic respiratory disease (including COPD, Asthma, Bronchiectasis and Interstitial Lung Disease) should be offered pulmonary rehabilitation

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Outline of improvement project

Providing Pulmonary Rehabilitation to Local Health Inequality Groups

During a review of referral data to the RITS Respiratory Service, we identified a significant underrepresentation of referrals from the local Nepalese community. In response, the RITS team initiated a focused project to investigate and address this disparity, aiming to improve access and equity in pulmonary rehabilitation services.

Data from the Frimley ICS analytics team revealed significant inequality in pulmonary rehabilitation (PR) uptake for the service area, with Asian or Asian British COPD patients attending at a disproportionately lower rate (2.8%) compared to the overall rate (6.5%). Locally, only nine PR referrals had been received for the local Nepalese patients since service opened 2020 to project began end of 2023. Considering that approximately 20% of the UK population is diagnosed with a respiratory condition, and with over 10,000 Nepalese residents living in the Rushmoor area, these referral numbers were notably insufficient. This highlighted a clear disparity that warranted further investigation.

What has been achieved during this improvement project?

The RITS Pulmonary Rehabilitation team has successfully increased engagement with both referrers and the local Nepalese community, resulting in a significant rise in referrals from this underserved group.

Year	Total Referral Number	Number of Nepalese Patients	Percentage of referral
April 2021 – March 2022	423	2	0.47%
April 2022 – March 2023	509	4	0.78%
April 2023 – March 2024	778	3	0.38%
April 2024 – March 2025	652	10	1.53%
April 2025 – Present	256	31	12%

Arrow above shows where engagement with stakeholders regarding project aims began.

We have gained valuable insights into barriers to access, such as language difficulties and low literacy in both English and Nepali. As a result, the team has developed and implemented a culturally sensitive, tailored pulmonary rehabilitation program, including educational materials recorded and dubbed into Nepali. With newly secured funding, we are currently running an innovative Nepalese-specific cohort and are actively collecting patient feedback and outcome data to plan for sustainable, long-term service provision for this community.
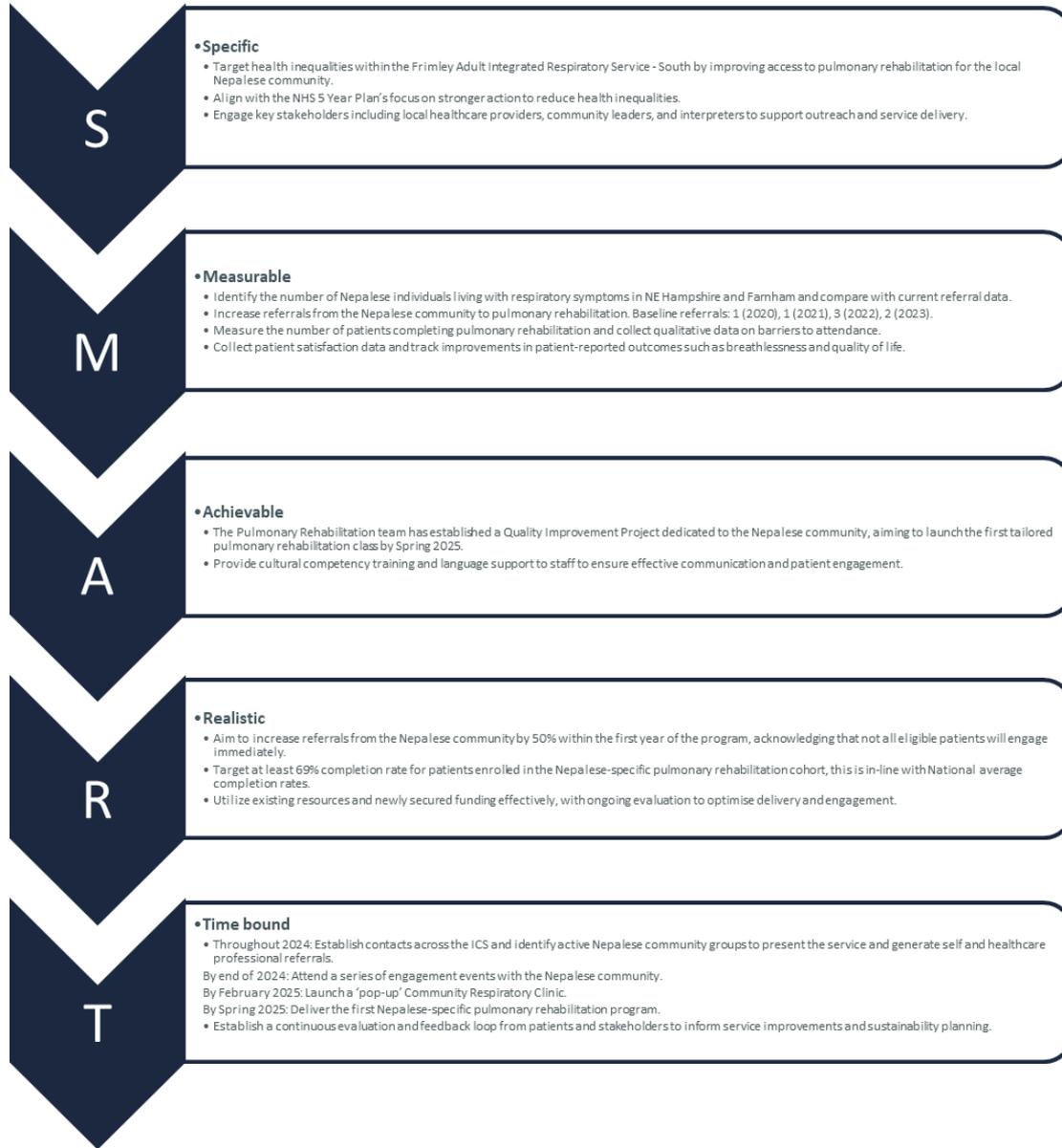
How did you achieve this improvement?

The team conducted multiple outreach sessions with local Nepalese community groups to raise awareness of the service, promote self-referrals, and provide comprehensive triage and follow-up support. Through these direct engagements, we identified key barriers affecting attendance. To address these, we produced Nepali-language educational resources and employed Nepalese-speaking staff to ensure effective communication and cultural sensitivity. Securing dedicated funding from Frimley charitable funds enabled us to launch the tailored Nepalese-specific pulmonary rehabilitation cohort, enhancing access and inclusivity.

To guide and structure this work, we developed clear project aims following the SMART framework, ensuring our objectives were specific, measurable, achievable, realistic, and time-bound. These aims allowed us to focus on identifying the Nepalese population with respiratory conditions, understand barriers to referral and attendance, and plan culturally appropriate interventions.

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National Respiratory Audit Programme (NRAP)

Setting SMART aims - Version 1: June 2023

S

- **Specific**
  - Target health inequalities within the Frimley Adult Integrated Respiratory Service - South by improving access to pulmonary rehabilitation for the local Nepalese community.
  - Align with the NHS 5 Year Plan's focus on stronger action to reduce health inequalities.
  - Engage key stakeholders including local healthcare providers, community leaders, and interpreters to support outreach and service delivery.

M

- **Measurable**
  - Identify the number of Nepalese individuals living with respiratory symptoms in NE Hampshire and Farnham and compare with current referral data.
  - Increase referrals from the Nepalese community to pulmonary rehabilitation. Baseline referrals: 1 (2020), 1 (2021), 3 (2022), 2 (2023).
  - Measure the number of patients completing pulmonary rehabilitation and collect qualitative data on barriers to attendance.
  - Collect patient satisfaction data and track improvements in patient-reported outcomes such as breathlessness and quality of life.

A

- **Achievable**
  - The Pulmonary Rehabilitation team has established a Quality Improvement Project dedicated to the Nepalese community, aiming to launch the first tailored pulmonary rehabilitation class by Spring 2025.
  - Provide cultural competency training and language support to staff to ensure effective communication and patient engagement.

R

- **Realistic**
  - Aim to increase referrals from the Nepalese community by 50% within the first year of the program, acknowledging that not all eligible patients will engage immediately.
  - Target at least 69% completion rate for patients enrolled in the Nepalese-specific pulmonary rehabilitation cohort, this is in-line with National average completion rates.
  - Utilize existing resources and newly secured funding effectively, with ongoing evaluation to optimise delivery and engagement.

T

- **Time bound**
  - Throughout 2024: Establish contacts across the ICS and identify active Nepalese community groups to present the service and generate self and healthcare professional referrals.
  By end of 2024: Attend a series of engagement events with the Nepalese community.
  By February 2025: Launch a 'pop-up' Community Respiratory Clinic.
  By Spring 2025: Deliver the first Nepalese-specific pulmonary rehabilitation program.
  - Establish a continuous evaluation and feedback loop from patients and stakeholders to inform service improvements and sustainability planning.

Sustainability

- Develop a plan to embed the Nepalese-specific pulmonary rehabilitation program within the mainstream service, ensuring ongoing support and funding beyond the initial project period.
- Foster ongoing partnerships with community groups and healthcare providers to maintain engagement and referrals.
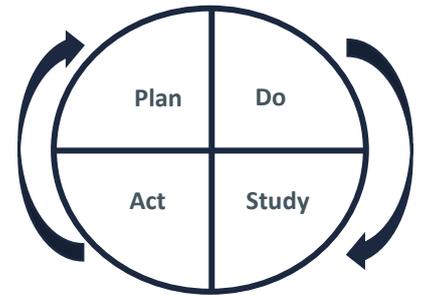
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Additionally, we implemented a Plan-Do-Study-Act (PDSA) cycle to test and refine our approaches.

National Respiratory Audit Programme (NRAP)

PDSA cycle template

Team name: Frimley Adult Integrated Team – South
Provision of Pulmonary Rehabilitation to local Nepalese community

Aim/Hypothesis	
Describe your test of change	**Person responsible**
The aims of this study are to identify how many of the Nepalese population in the North East Hants, Surrey Heath and Farnham are living with Respiratory conditions.	**Respiratory Physiotherapist - Mel Etherton**
Amongst those identified we want to understand why we do not frequently receive referrals and want to understand the barriers to engaging with health care services including pulmonary rehabilitation.	**When will the test take place?**
▢ Identify how many Nepalese people in North East Hampshire, Surrey Heath, and Farnham are living with respiratory conditions.	Throughout 2024 / 2025
▢ Understand why referrals from this community to pulmonary rehabilitation are low.	**Where will the test take place?**
▢ Explore barriers to both referral and attendance at pulmonary rehabilitation classes. What are the barriers to referral? *Hypothesis:* Cultural, language, and access barriers significantly contribute to low referral and attendance rates among the Nepalese population.	Initial meetings with: • Nepalese community engagement officer (Kath O'Rourke) • Nepali Liaison (Sushila Magar) • Dr Jeet Tamang (GP Wellington practice) Monday 19th August 2024 – Via Teams Monday 5th September 2024 – Via Teams

Plan			
	Person responsible	**When to be done?**	**Where?**
• Increase service knowledge regarding health inequalities – Therapist to attend Kings Fund Course 'Tackling Health Inequalities'	Mel Etherton	May 8th & 9th 2024	Online
• Research Nepalese population size in North East Hampshire, Surrey Heath, Farnham	Mel Etherton	August 2024	Online

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• Identify Nepalese healthcare support groups			
• Contact GP surgery managers to introduce project and request engagement	Mel Etherton	August 2024	Online
	Mel Etherton	August 2024	
• Plan engagement approach with Nepalese community	Mel Etherton	Post initial meetings	Via NHS Mail

Predict what will happen when the test is carried out (what do you expect to learn?)	How will you know whether the change is an improvement? (What will you measure and how?)
• To understand reasons for non-referral of Nepalese respiratory patients • To understand some of the barriers to attendance for Pulmonary Rehabilitation courses	To have a clear plan regarding services required

Do

Conducted project proposal meetings with key stakeholders:

- **Kath O'Rourke, Community Engagement Officer**
- **Sushila Magar, Nepali Liaison**
- **Dr. Jeet Tamang, GP, Wellington Practice**

Learning from meeting included:

• Respiratory diagnoses often unclear due to cultural interpretations; patients may report symptoms as "asthma" or "smoker's cough."
• Language barriers and limited understanding of inhaler techniques reduce effective treatment.
• Referrals often declined due to travel issues and language difficulties.
• Many Nepalese patients may not read English or Nepali, requiring alternative communication methods.
• Identified local GP practices with Nepalese patient registrations (Mayfield Medical Centre, Princes Gardens Surgery, Cambridge Practice).
• Considered innovative models such as drop-in/pop-up clinics to improve access.

Therapist shared ideas for project:

- Learning from Kings' Fund Course on addressing Health Inequalities – Need to think differently! Decrease idea of a medical model and consider drop-in / pop-up clinic formats

Study

• Confirmed diagnosis challenges due to cultural variances and symptom awareness.
• Recognised multi-generational households with limited English and Nepali literacy.
• Noted transportation challenges impacting healthcare access.
• Established relationships with Nepalese groups open to engagement and presentations.
• Observed an increase in referrals following initial engagement activities.
• Data on referral increases will continue to be monitored.

Act

• Schedule engagement sessions with established Nepalese community groups in Aldershot and Farnborough.
• Develop infographic-rich presentations for easy translation and comprehension.
• Create a simple questionnaire and self-referral form to distribute at events.
• Plan further PDSA cycles incorporating feedback and monitoring referral and attendance data.

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Outcome for Nepalese community engagement sessions

Triage Outcome	Details
Not Appropriate (53%)	2 signposted to TB nurse, 7 no current symptoms, 3 unable to locate on EMIS, 2 self-referred previously, 1 out of area, 1 declined input
Triaged & Assessed (23%)	5 normal spirometry → signposted to primary care, 1 referred to secondary care, 1 not mobile enough for PR
Added to PR Wait List (20%)	6 directly added

How are you going to ensure your intervention is going to lead to sustainable improvement in future?

To ensure the long-term sustainability of our intervention, we are developing a multi-faceted strategy that addresses workforce development, secure funding, integration into core services, and ongoing community engagement.

1. Funding and Business Case

We initially secured funding through Frimley Health Charity, which enabled the launch of a tailored pulmonary rehabilitation (PR) cohort for the Nepalese community. Building on the early success of this initiative, we are now in the process of drafting a business case to secure continued and recurrent funding.

This business case will include:

- Evidence of increased engagement and improved patient-reported outcome measures (PROMs).
- Case studies and qualitative feedback from Nepalese patients demonstrating the program's value and positive impact.

2. Community Engagement and Partnerships

We have established strong, ongoing partnerships with key stakeholders, including the Nepalese Community Engagement Officer, local GPs, and leaders within the Nepalese community. These trusted relationships are central to maintaining culturally relevant services, facilitating referrals, and co-designing care pathways. Continued collaboration will ensure that services remain responsive and accessible to the community's needs.

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3. Integration into Core Services

Role of a Nepalese-Speaking Respiratory Physiotherapist in the Community Team

Having an increased number of Nepalese-speaking respiratory staff is critical to the success of all interventions, as it ensures **effective communication and cultural understanding** throughout patient care. This role enables direct translation and culturally sensitive engagement, removing language barriers that can limit access and adherence to respiratory care.

We are currently exploring the integration of the Nepalese-specific pulmonary rehabilitation (PR) program into the core RITS service. Given the increased awareness and engagement generated by the project, we propose developing a business plan to recruit a Nepalese-speaking physiotherapist. **Embedding this role within the core RITS team and PR programs will ensure sustainable, year-round respiratory care tailored to the Nepalese population.**

Having Nepalese-speaking respiratory staff within the team is critical to the success of all interventions, as it ensures **effective communication and cultural understanding** throughout patient care. This role enables direct translation and culturally sensitive engagement, removing language barriers that can limit access and adherence to respiratory care.

Key responsibilities would include:

- Supporting the nursing team during periods of winter pressure by delivering urgent respiratory care within the virtual ward and admission avoidance models. The physiotherapist provides **in-person Nepalese language support** during home visits, ensuring patients who are acutely unwell receive clear communication beyond what traditional telephone translation services offer.
- Providing physiotherapy-specific respiratory interventions for Nepalese patients, including chest clearance techniques, ambulatory oxygen assessments, and breathlessness management strategies — all **delivered with direct language interpretation** and cultural insight.
- Offer culturally sensitive signposting and guidance for ongoing care following acute interventions, ensuring patients fully understand their care plans and feel supported in managing their health.
- Conduct pulmonary rehabilitation sessions tailored to the Nepalese community, with **real-time translation and cultural adaptation** to improve engagement and outcomes.
- Perform inhaler technique training and education with clear communication in Nepali, helping patients correctly use their medications.
- Assist with oxygen therapy monitoring and adjustment at home, ensuring patients understand usage instructions and safety considerations through direct language support.
- Deliver breathing retraining and pacing techniques with culturally relevant explanations, enhancing patient understanding and confidence.
- Provide timely post-hospital discharge follow-up to reduce readmissions, facilitated by improved communication and trust.

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This integrated approach ensures both sustainability and flexibility, allowing the service to meet the complex and evolving needs of the local population.

Did you face any challenges or difficulties when implementing your project? If so, how did you overcome them?

Summary of Project Challenges and Solutions

1.Initial Data Insights:
Analysis revealed underdiagnosis of respiratory diseases in the local Nepalese community when compared to national rates, this could be attributed to this group's: cultural beliefs, language barriers, not presenting to primary care with symptoms for further diagnosis and treatment

2. Stakeholder and Community Engagement:

- **Referral Gaps:** Few referrals and low pulmonary rehabilitation uptake were linked to language issues and family members' work commitments. The service raised healthcare providers' awareness of the culturally tailored program.
- **Community Involvement:** Engaging directly with community leaders and members helped identify and address barriers to accessing care.

3. Implementation Challenges:

- **Funding:** Secured through local health grants and commissioning collaboration.
- **Venue:** Located via local consultation in Nepalese-populated areas, and aligned with availability
- **Language & Literacy:** Addressed by replacing written materials with Nepali-dubbed educational videos and verbal session summaries to overcome dialect variability. Additionally increased resources were requested for translation
- **Cultural and Logistical Issues:** We encountered significant challenges with inconsistent patient records, particularly related to dates of birth and surnames. Many Nepalese individuals who migrated to the UK were assigned a default date of birth—often 01/01 of their birth year—due to lack of official records. Additionally, traditional Nepalese culture links surnames to social hierarchy; for example, the surname *Gurung* is considered highly respected, while others denote lower status. This cultural aspect meant many people shared the same surname, complicating accurate identification and matching of medical records.
- **Time Demands:** Longer assessments, consent discussions, and follow-ups were necessary due to language and literacy factors.

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What advice would you give to other respiratory services hoping to replicate your service improvement idea?

Advice for Replicating This Service Improvement

1. **Engage Early and Collaboratively:** Build trust with community leaders and members to shape culturally sensitive services.
2. **Tailor Communication:** Use audio-visual tools with dubbed narration; allow time for verbal explanation and questions, accounting for low literacy and dialect differences.
3. **Plan for Extra Time:** Allocate longer slots for assessments, consent, education, and family engagement.
4. **Work Closely with Referrers:** Educate primary and secondary care providers to improve referral rates and case-finding for underserved groups.
5. **Flexible Administration:** Prepare for documentation inconsistencies and create alternative patient ID processes.
6. **Secure Funding Early:** Use local data to build a strong case highlighting health inequalities and service needs.

Key Learnings

- **Cultural Competence is Fundamental:** Delivering effective respiratory care demands understanding of social, linguistic, and cultural contexts.
- **Reimagine Patient Education:** Especially for low-literacy populations, education must go beyond written materials.
- **Language Nuances Matter:** Address dialects and colloquialisms to ensure understanding.
- **Trust and Relationships are Critical:** Both community and healthcare partnerships help overcome barriers.
- **Persistence and Flexibility Pay Off:** Progress can be slow but improves equity and outcomes.

- **Be Patient and Persistent:** Change takes time. Our project spanned over two years from concept to pilot, so prepare for a long-term commitment and stay motivated.
- **Craft a Clear, Compelling Message:** Develop your 'elevator pitch' early on. Share it widely across your service, Integrated Care Board (ICB), and community partners to build awareness and support.
- **Identify and Empower Community Champions:** Finding a trusted individual within the target community can be a game changer. They provide cultural insight, credibility, and help build trust.
- **Allocate Dedicated Time for Collaborative Problem-Solving:** Regular brainstorming sessions using creative techniques like Edward de Bono's Six Thinking Hats can generate fresh ideas and foster team engagement.
- **Leverage Existing Tools and Resources:** Utilise available templates and guidance, such as those from the National Respiratory Audit Programme (NRAP) and other respiratory networks, to streamline your project development.

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- **Engage Healthcare Professionals Early:** Educate referrers and primary care teams about the tailored program to improve referral rates and buy-in. Encourage senior management to engage in your vision and input into your plans if appropriate.
- **Prioritise Cultural Competence Training:** Equip your team with skills to understand and respect cultural nuances, language differences, and health beliefs.
- **Use Flexible and Multi-Modal Communication:** Recognise that written materials might not suffice. Incorporate audio-visual education, translated/dubbed content, and verbal reinforcement.
- **Plan for Extra Time and Resources:** Factor in additional time for assessments, consent, family involvement, and follow-up, particularly in communities facing language and literacy barriers.
- **Build Strong Relationships with Local Organisations:** Partner with community groups, faith leaders, and social services to support outreach and engagement.
- **Monitor and Adapt Continuously:** Collect feedback from participants and stakeholders to refine your approach and address emerging challenges.

It is important that services NRAP promotes within the good practice repository are aware of quality standards in their area of practice. Which quality standards are relevant to your QIP, and how did your project fit within the quality standards in general?

Alignment with Quality Standards and NHS Priorities

- **Pulmonary Rehabilitation Access:** We started this project to address Quality standard 1 which has been updated in the 2025 draft to state that **all** individuals with symptomatic chronic respiratory diseases should be offered pulmonary rehabilitation. Noticing underdiagnosis and access barriers in the Nepalese community, we developed a culturally tailored program to ensure equitable access and better health outcomes for this underserved group.
- **NHS 5-Year Plan:** The initiative aligns with the plan's emphasis on reducing health inequalities and improving community-based care through tailored interventions and enhanced integration between primary and secondary care.
- **Respiratory Futures:** The project embodies Respiratory Futures' focus on patient-centred care, innovative education methods, and collaborative working to improve outcomes in respiratory diseases, particularly in underserved populations.

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Have you generated any supporting resources you would like to share with others?

Additional resources used:

Providing Pulmonary Rehabilitation to the local Nepalese Population – (Six hats Thinking – Edward de Bono)		
Coloured Hat	**Overview / Descriptor**	**RITS Team Project**
White Hat	*Gather data / focus on information*	• According to the 2021 Census, there are 10,575 Nepalese residents in Rushmoor, representing 10% of the overall population in Rushmoor. • It is estimated that 20% of the UK population lives with a respiratory condition. Applying this estimate, over 2,000 Nepalese people in Rushmoor may have a respiratory condition. • Data from the Frimley Analytics Team 2022 shows only 715 Nepalese individuals have been formally identified with a respiratory condition in North-East Hampshire and Farnham; additionally, in the data measured: the Asian or Asian British COPD patients have a disproportionately low attendance rate in pulmonary rehabilitation—2.8% compared to 6.5% in other groups. • In the three years leading up to this project, only 8 out of 1,658 pulmonary rehabilitation referrals were for Nepalese patients.

Green Hat	*Creativity / New ideas*	• Increase engagement with referrers
		• Investigate barriers to referrals – Themes included:
		   o Language barrier
		   o Cultural differences – with regards to health / diagnosis belief and attitude to treatment
		   o Transportation difficulties
		   o Possible previous negative experiences with engaging in healthcare
		   o Limited family support – lack of someone to accompany them to translate
		• Organise engagement sessions with local Nepalese community groups
		• Hold Respiratory Pop-Up Clinics to support primary care with formal diagnoses
		• Run Nepalese-specific Pulmonary Rehabilitation cohorts

Yellow Hat	*Highlight the good / Optimism and the exploration of benefits*	• Hold Respiratory Team pop-up clinics to support primary care with formal diagnosis, improve signposting to appropriate NHS services, and provide education on respiratory disease management—such as inhaler technique, breathlessness management, and chest clearance. These clinics aim to reduce secondary care attendances and enhance patients' quality of life. • Offer Nepalese-specific Pulmonary Rehabilitation cohort programmes, running twice per year
Black Hat	*Caution / concerns / Critical judgement*	Limitations / Challenges include: • **Limited resources** – The Respiratory Integrated Team South (RITS) currently has a waiting list that exceeds the recommended levels set by the Pulmonary Rehabilitation quality standards KPIs • **Funding constraints** – A new programme will require additional staffing and translation services • **Patient recruitment and retention** – Difficulty engaging and retaining participants from Nepalese community • **Communication barriers** - require Nepalese-speaking clinicians to effectively engage patients throughout the process from invite to follow up of non attendance and onward referral. • **Logistics and scheduling:** Coordinating session times and locations that are accessible and convenient for the community, while balancing service capacity. • **Sustainability:** Maintaining long-term programme delivery amid competing priorities and changing healthcare demands.

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Red Hat	Gut feelings / hunches / intuition	• "Exciting new project" • "Overwhelming to provide this by an already stretched service" • " I think I would feel frustrated in not being able to engage and communicate with the patients" • "I am concerned that this is unachievable" • "It feels like an awful lot of work, on top of what we do already"
Blue Hat	Next steps – Process / decide / plan	• Discuss project ideas with senior management. • Engage with referrers to increase awareness and referrals. • Identify and connect with key contacts within the Nepalese community. • Hold engagement sessions with local Nepalese residents to encourage self-referrals for respiratory symptoms and identify unmet needs. • Secure funding to run pop-up assessment clinics. • Secure funding for Nepalese-specific Pulmonary Rehabilitation cohorts. • Translate and dub existing Pulmonary Rehabilitation educational videos. • Investigate Frimley Health Volunteer Service to find Nepalese-speaking volunteers to attend sessions and provide translation support. • Contact Frimley Health temporary staffing to source Nepalese-speaking Healthcare Assistants to support clinical sessions.

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Healthcare improvement driver diagram:

Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
To support the NHS long Term plan (Chapter 2) To Reduce Health inequalities and address unwarranted variation in care We aim to achieve this through: **Engaging with the local Nepalese Community to identify any specialist Respiratory Health needs and provide Nepali specific Pulmonary Rehabilitation within the first quarter of 2025**	**Assessing the need / Making connections**	GP Referrers	To contact GP surgeries located where Nepalese community prevalent to advertise improvement project and generate referrals
		Investigate data on number of Nepalese people with lung conditions living in NE Hants	Make contact with Frimley audit and data analysis teams
		Nepalese Community Engagement	To make contact with Community Engagement Officer – Health & Wellbeing - Rushmoor Borough Council
			To make contact with services already providing health support within the community i.e. Rushmoor Healthy Living
		Respiratory Team Specialist Nurses	To share information regarding quality improvement project and obtain engagement within the team to provide 'drop-in' community Respiratory clinic
	Nepalese Population Engagement	To attend a series of engagement sessions at local Nepali groups already running within the community	Session 1 – 30th September – PT Mel Etherton & Student with Sushila Magar – Project Manager for Greater Rushmoor Nepali Community – The West Centre – Aldershot (joined Rushmoor Healthy Living meeting)
			Session 2 – 30th October – PT Fran Dyer & RNS Rita Gurung – Joined Maddhat Samuha meeting – ST Marks Hall, Northcamp
			Session 3 - January
	Respiratory Team Community Clinics	Added QI Project Updates to Staff Meeting Agenda	Discussions within staff meeting to encourage sharing of ideas for engagement and plans for 'drop-in' clinic
			Investigation of hand held spirometers for screening
	Nepalese Pulmonary Rehabilitation Cohort Programme	Provision of Nepalese only Pulmonary Rehabilitation Cohort programme	Meeting with Respiratory Team service lead to discuss / obtain funding for additional staff for translation during session
			To have Pulmonary Rehabilitation educational video's translated into Nepalese
			To secure booking of appropriate venue for Nepalese people close to residence ? Princes' Hall Aldershot / Mayfield community centre
			Application for funding for venue costs for pilot cohort programme and for additional translator staffing for sessions

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