

NRAP Good Practice Repository – Pulmonary Rehabilitation

South West Yorkshire Cardiac and Pulmonary Rehabilitation Service -Barnsley South West Yorkshire Partnership NHS Foundation Trust



KPI1:

start date for PR within 90 days of referral for patients with stable COPD

Barnsley Pulmonary Rehabilitation Service achieved: 100 % - 2022-23 | 100 % - 2023-24* *% of patients submitted to the audit.

We have been able to consistently achieve a start date for PR within 90 days of referral for all our patients with stable COPD in 2022 and 2023.

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Our processes to achieve good practice in KPI1:

Upon receipt of referral, the patients are placed on a SystmOne task group awaiting triage from a clinician.

The task list is monitored daily and the team utilise any time throughout the day to check and update this. Therefore, this ensures the referrals are actioned in a timely manner and prioritised accordingly.

The patients that require an assessment will be contacted by telephone and booked in for either a telephone or face-to-face appointment. This will usually be within 10 days.

If we are unable to contact the patient by telephone on 2 separate occasions, we will send out an 'unable to contact letter' asking them to get in touch with us to arrange their assessment. If we do not hear from them within 2 weeks of this letter, they are discharged back to the referrer.

These steps ensure effective and efficient process of the referrals to allow timely initial assessment to take place.

We offer a rolling programme at 4 different locations with Barnsley, making the service more accessible. We are also able to offer home programmes for patients that are unable to access a group venue.

Due to the timely nature of the triage, initial assessment taking place and the offer to attend a choice of venue, we are able commence patients on a pulmonary rehabilitation programme without delay.

Key changes, staff and resources

Most referrals are received via a Single Point of Access (SPA). This helps to reduce the number of inappropriate referrals.

The inclusion and exclusion criteria are clearly defined on the referral form, therefore any screening process required has taken place prior to the referral being received by the pulmonary rehabilitation team.

Within our trust, we use a single SystmOne unit that is accessed by all the specialist services. This makes record sharing much easier once a patient has consented to the share. If we receive an internal referral, the core assessment will have already taken place allowing us within pulmonary rehabilitation to have access to more in-depth clinical history.

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The staff within the SPA are administrators. The clinicians triaging the referrals are a combination of Band 5 and 6 nurses and physiotherapists. The Exercise Instructors are Band 4.

As a community trust we do not have access to all the acute hospital records. However, we have very good working relationships and we frequently ask administrative staff to request clinic or discharge letters that are usually received within a few days.

There is a governance agreement in place with the acute trust for us to have read-only access to ICE, which can speed up triaging of referrals as we can access certain information immediately.

The ability to offer an initial telephone assessment enables the patient to commence their programme sooner as it can often be more efficient from a time point of view as neither the clinician nor the patient needs to undertake travel time.

We can offer an assessment at five different venues (one venue is just for assessments) to undertake walking tests. The first available appointment will be offered, which might not be the nearest venue for the patient, but again speeds up the assessment process, allowing a commencement date to be sooner. These service improvements have been in place for four years now. We had a service restructure, and the processes have been implemented since then.



Example of service leaflet



Location:

The service is delivered from four venues across Barnsley, Royston, Hoyland, Penistone and Thurnscoe

Contact: Cardiac/Pulmonary Rehabilitation Service 01226 644575.

If you require a copy of this information in any other format or language please contact your healthcare worker at the Trust.

Pulmonary rehabilitation is a programme of exercise and education for people with Chronic Obstructive Pulmonary Disease (COPD) and other chronic lung conditions. It has been proven to improve exercise tolerance, functional ability and quality of life and can help to reduce hospital admissions and breathlessness levels.

Pulmonary rehabilitation during and following an exacerbation (flare up) can also help your recovery and reduce the likelihood of readmission to hospital.

Duration:

You would attend twice a week for six weeks.

Sessions include

One hour in our gym twice per week, undertaking simple exercises designed to improve muscle strength and endurance.

One hour per week covering topics such as: 'What is COPD?'; medications; inhaler technique; self-management and chest clearance. This is designed to give you the skills to manage your chest condition and keep yourself as healthy and well as possible.

Service delivered by:

Programmes are run by NHS staff experienced in dealing with breathing problems and may include a nurse, physiotherapist and rehabilitation exercise instructors.



Pulmonary rehabilitation

Information for patients



h **all of us** in mind.

The programmes are aimed at COPD patients; however, patients with other conditions, such as pulmonary fibrosis or bronchiectasis, may also be considered. All patients will be seen by either a nurse or physiotherapist prior to attending for a gym assessment.

If you are interested in attending one of our programmes, please talk to a healthcare professional. Once you have been referred to us, a member of our team will contact you to arrange an assessment. Not all patients will be suitable to attend our programme; your suitability for the programme will form part of your assessment.

If you are due to attend for an assessment, please bring any inhalers or sprays with you as well as a copy of your medications list. Please wear loose, comfortable clothing.



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Example of referral form

(Post migration to INTS S1 unit version) Date of referral	Yorkshire Partners	South Wes Yorkshire Partnership NHS Foundation Trus	
PATIENT DETAILS	Address:		
Name:			
D.O.B:	Post Code:		
NHS Number:	Tel. No:		
REFERRED BY Name:	Designation: Tel. No:		
declined)	onfirm eligibility, failure to tick points 1 to 3 will result in the referral being		
Or	iratory diagnosis who are functionally disabled by breathlessness.	1	
-	d an exacerbation of COPD requiring a hospital admission.	1	
2) Patients must be physically ab	le to exercise and committed to attend and complete the programme.	1	
 Patient must be aged 18+ and Barnsley geographical area. 	registered to a Barnsley GP practice and / or resident within the		
 Abdominal aortic aneurysm (A Severely impaired cognitive fu <u>REASON FOR REFERRAL</u> (Please tick) Diagnosis (please tick): COPD	nction. the primary reason for referral): nphysema Bronchitis I ial Lung Disease Bronchiectasis Covid I		
MRC Grade (Circle as appropriate)	Medical Research Council Dyspnoea Score Chart (MRC)		
	Not troubled by breathlessness except on strenuous exercise		
1			
2	Short of breath when hurrying or walking up a slight hill Walke slower than contemporarise on level ground because of breathleseness, or has to	h pilor	
•	Short of breath when hurrying or walking up a slight hill Walks slower than contemporaries on level ground because of breathlessness, or has to for breath when walking at own pace	q stop	
2	Walks slower than contemporaries on level ground because of breathlessness, or has to	o stop	

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