National Respiratory Audit Programme (NRAP)

NRAP Good Practice Repository – Pulmonary Rehabilitation

Milton Keynes Community Pulmonary Rehabilitation Service: Home 1st Central and North West London NHS Foundation Trust



KPI1:

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

Milton Keynes Community Pulmonary Rehabilitation Service achieved: 94% - 2022-23 | 98% - 2023-24*

*% of patients submitted to the audit.

For the last 6 months we have been working hard to ensure all referred patients are assessed and offered a pulmonary rehab class within 90 days of referral date.

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Our processes to achieve good practice in KPI1:

All referrals are triaged and checked for suitability for pulmonary rehab within days of receiving a referral. We have been fortunate to not have a waiting list for a telephone subjective assessment. After a telephone consultation, patients will then be offered the next available clinic appointment to meet the team face-to-face and to complete field testing, strength assessment and questionnaires.

In January 2024 we were able to make first contact with all patients within 5 weeks. The average waiting time for first face-to-face contact in January 2024 was 3.6 weeks.

We offer cohort groups and at present can offer a place on one of 3 classes on the day of assessment. The maximum length of time a patient would have to wait to start class is the length of the course, which is 8 weeks. Average waiting time from referral to the commencement of the programme for January 2024 was 5.6 weeks. This has improved following 2021 figures of approximately a 30-week wait, and 2022 figures of approximately a 13-week wait.

Staff and resources

We are a small part-time team consisting of a respiratory specialist physiotherapist, non-registered band 5 pulmonary rehab practitioner, band 4 nurse associate and band 3 administrator / clinical assistant.

We use an Excel spreadsheet which highlights the patient journey from referral to discharge. This helps the team know where each patient is on the journey, keeps patients in order and prevents them from being missed.

Patients move along the spreadsheet as they complete each aspect of their assessment through to group. The different stages of the spreadsheet are completed by different members of staff:

- When the team receives a referral, our admin staff will add on the patient's details to the spreadsheet and place under 'subjective assessment waiting'.
- The admin staff will then book the patient in for a telephone consultation and move to 'subjective assessment booked'.
- When the clinician completes the subjective assessment, they will move the patient to 'objective assessment waiting'.
- This informs admin staff they can book the patient into a clinic appointment and the patient is moved to 'objective assessment booked'.
- Once the patient has completed the objective clinic appointment, the clinician will move the patient to the group they would like to attend.
- Once the patient has completed the programme, they will be moved from the group to either 'completed' or 'not completed' PR, ready for information to be added to the NRAP database on discharge.



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The introduction of the Excel spreadsheet has given us structure to manage all patients referred. The information on the spreadsheet and stages of patient journey are also married up with our SystmOne patient records.

With the spreadsheet we use, the data we collect matches the data required for entry into the NRAP Audit. This helps easy transfer of data and allows us to track who has been added to the audit.

We have updated our patient records templates to enable staff to complete comprehensive assessments in a timely fashion. By improving our template and assessment structure we have a faster, more efficient way of assessing our patients. This has provided more clinic slots which helps to keep our waiting list low and ensure our groups are at full capability.

We have also changed our face-to-face assessment process: patients will attend 3 different stations in which 3 different aspects of assessment will be completed by a member of staff (1- Observations and field testing 2- Questionnaires 3- Strength testing). By following this process as a team, we are able to see more patients within our clinic times.