



NRAP Good Practice Repository – Pulmonary Rehabilitation

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



KPI5:

**One walking test Minimal Clinically Important Difference
achieved**

*South West Yorkshire Cardiac and Pulmonary Rehabilitation Service -
Barnsley achieved:*

82 % - 2022-23 | 88 % - 2023-24*

*Patients are showing greater improvement in their walking test distances as a result of
effective intervention and good practice from the MDT approach to pulmonary
rehabilitation.*



Our processes to achieve good practice in KPI5:

We recognise that pulmonary rehabilitation is a holistic programme and consider that other contributory factors that might impact the patients' ability to participate in the exercise component.

We will therefore support the patients to take the necessary steps to improve any other physiological or psychological barriers that might be impacting on their ability to commit to exercise.

We have a committed MDT and share our knowledge within our different professions. We also identify individual strengths within the team so we can implement strategies for complex patient management. We have fortnightly in-service training to discuss case studies and deliver training. This allows our workforce to constantly be improving and striving to achieve best practice. As a result, we can monitor and progress exercise that is individually specific and optimise physical outcomes.

Key aspects

We encourage high compliance with the pulmonary rehabilitation programme. We are flexible in our programme offer. If a patient has a change in circumstances, we will adapt the programme to suit their specific needs. Therefore, ensuring that they have still achieved the expected aims of the exercise component of pulmonary rehabilitation and gained good cardiovascular endurance improvement.

All staff, physiotherapists, nurses and exercise instructors are all proficient in progressing exercise prescription throughout the programme. Continual monitoring of the patients individualised programme allows us to see weekly improvements.

We have always actively encouraged patients to think about their Borg score so they can also take responsibility for managing their own exercise but also feel safe doing so.

Patients that have other co-morbidities are advised to stabilise these as much as is possible prior to commencement of the programme. This therefore allows them to be in the best position possible to commit to the six-week programme.