

OPTIMISING RESPIRATORY CARE IN PRIMARY AND COMMUNITY SETTINGS: A mixed methods study

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1 BACKGROUND

- Chronic respiratory disease (CRD) is a significant cause of morbidity and mortality¹.
- In the UK, services that provide CRD management outside hospital settings remain heterogeneous and poorly defined^{1,2}.
- Evidence for effective CRD management in primary and community care is limited.

AIM

To identify and characterise existing models of respiratory care in primary and community settings in the UK, developing an empirically grounded model of optimised respiratory care, giving consideration to the configuration and scope of the respiratory nurse specialist (RNS) role.

PhD PROGRAMME OF WORK



Scoping Review



Mixed methods study



Triangulation and Integration



Model development and strategic recommendations

2 RESULTS OF SCOPING REVIEW

Database search

A search of electronic databases was conducted using systematic principles.

Databases included:

- CINAHL
- Medline
- PsycInfo

Records identified n=566

Duplicates removed = 94

Excluded = 449

Included = 23

INCLUDED STUDIES:

Published 1999-2015 | 7 countries



STUDY DESIGNS: Randomised controlled trials (n=6), Qualitative (n=4), Delphi consensus (n=2), Observational / service evaluation (n=11)

Three key themes identified



RNS WORK AT THE INTERFACE BETWEEN PRIMARY AND SECONDARY CARE

Coordinating care between the community and emergency hospital services

- Supporting delivery of enhanced community-based services
- Building capacity within primary care through education, direct support and shared care models
- Autonomous, advanced practitioners, providing personalised, patient-centred care



RNS INPUT HELPS IMPROVE ACCESS TO SERVICES AND REDUCE COSTS

RNS services improve access to specialist care and co-ordination of care

- Improved communication between patient and professionals
- Delivering care in patient homes
- Continuity of care

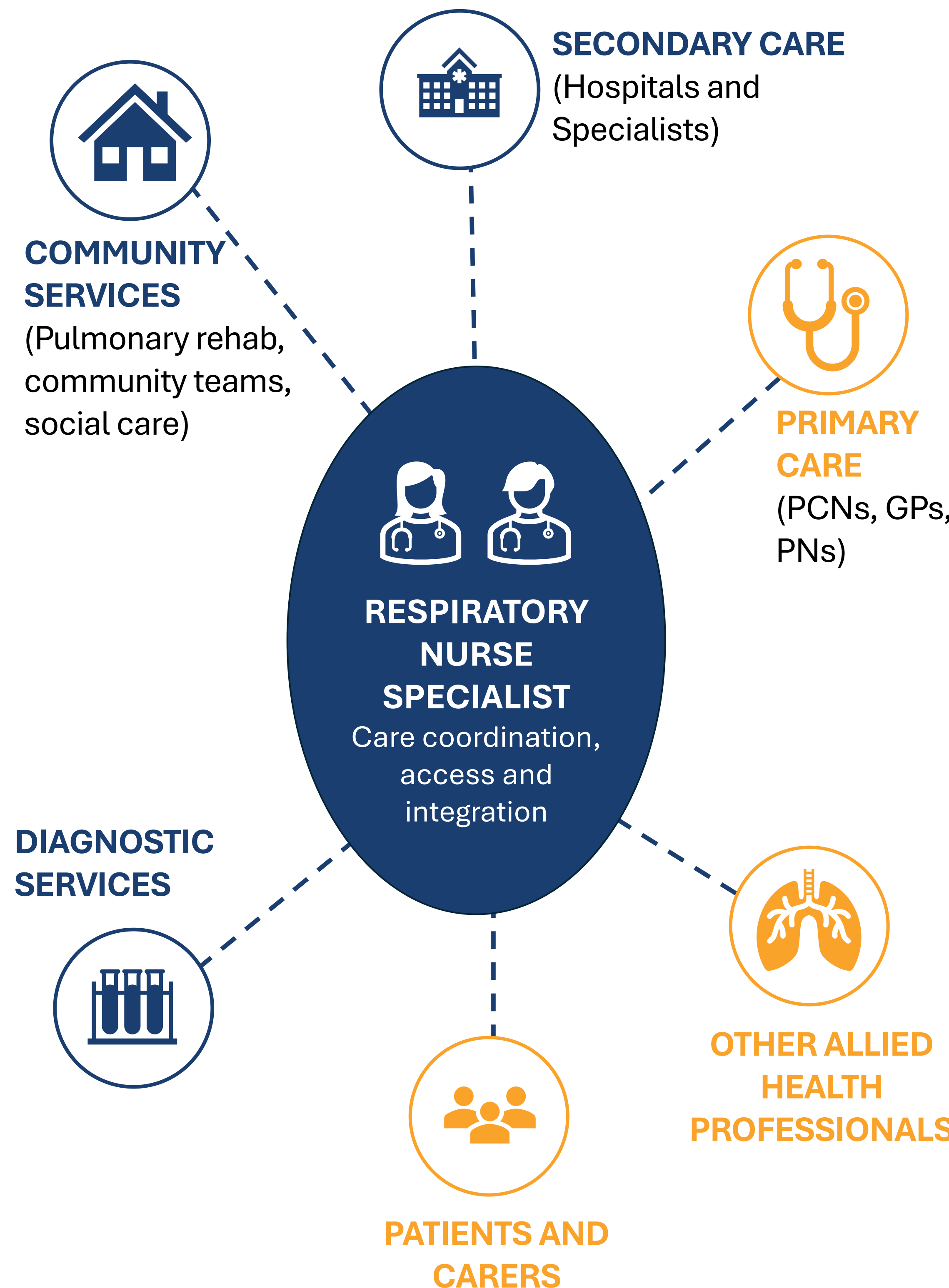


THE EFFECT OF RNS SERVICES ON CLINICAL OUTCOMES IS STILL UNCERTAIN

Evidence on measured patient outcomes and cost-effectiveness is inconsistent

- Wide variation in service delivery models – leading to inconsistencies in evidence base
- Outcome measures and reporting are heterogenous

The RNS: at the centre of patient care



3 NEXT STEPS: PLANNED MIXED METHODS STUDY DESIGN

WORK PACKAGE 1 SCOPING REVIEW



Identify and characterise nurse-led respiratory services in primary and community settings

Directed qualitative content analysis

WORK PACKAGE 2 MIXED METHODS STUDY (PLANNED)

2a. QUALITATIVE



Semi-structured interviews with people with lived experience and their informal carers

Focus groups with healthcare professionals



2b. QUANTITATIVE



UK-wide survey via clinical networks

Mapping of existing respiratory services across the UK



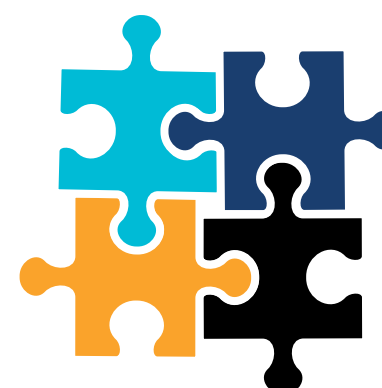
CONVERGENCE

TRIANGULATION



Identify alignment and divergence between stakeholder perspectives and existing provision

WORK PACKAGE 3 OUTPUT



Develop an empirically grounded model of optimised respiratory care in primary and community settings

Stakeholder workshops to refine the model and develop implementation recommendations



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