

Community Respiratory Hubs: A Redesign Model

Central London Community Healthcare NHS Trust

Authors: Freya Eakins & Charlotte Francis
Wandsworth Specialist Community Respiratory Service



1,489
Patients
reviewed in last
12 months and
1,057 given a
diagnosis



Med wait from ref
to diagnostic clinic
is
17 days



Took on average
20 days for
patients to be
started on
treatment



Nurse & Physio
Led Clinics
Holistic focused
patient care.

Introduction

Respiratory disease affects approximately 1 in 5 people and is the 3rd largest cause of death in UK. In 2024/25, England recorded 873,461 emergency respiratory admissions. London had 1,171 admissions per 100,000 population, representing a 4.5% annual increase. The average secondary care wait time in London to treatment for respiratory 10.5 months (46 weeks). COPD costs the NHS approximately £2 billion annually. Exacerbations account for around 45% of total COPD expenditure. Long waits and fragmented pathways lead to delays in diagnosis and management.

Methods

Nurse & Physiotherapy led diagnostic clinics
In community-based setting
Open referrals from Primary Care, 111 & Secondary Care
Service KPI: Urgent 4hrs, Routine: 5 days
Objective testing and diagnosis are completed in 1st visit
Complex patients get access to respiratory consultant reviews weekly via out MDTs with Neighboring Trusts.
Management Plans and Treatment provided by NMP's
Data collected retrospectively and outcomes evaluated over 12 months

Diagnostic outcomes

- **1,489 patients** reviewed over a 12-month period.
- Median time to diagnosis: 17 days.
- 33% diagnosed with COPD
- 34% diagnosed with asthma
- 3% diagnosed with ACOS
- 1% diagnosed with ILD
- 29% had no respiratory diagnosis, reducing unnecessary secondary care referral
- 11% of this group were then referred to other secondary care specialist services

IMPACT ON SECONDARY CARE WAITING TIMES

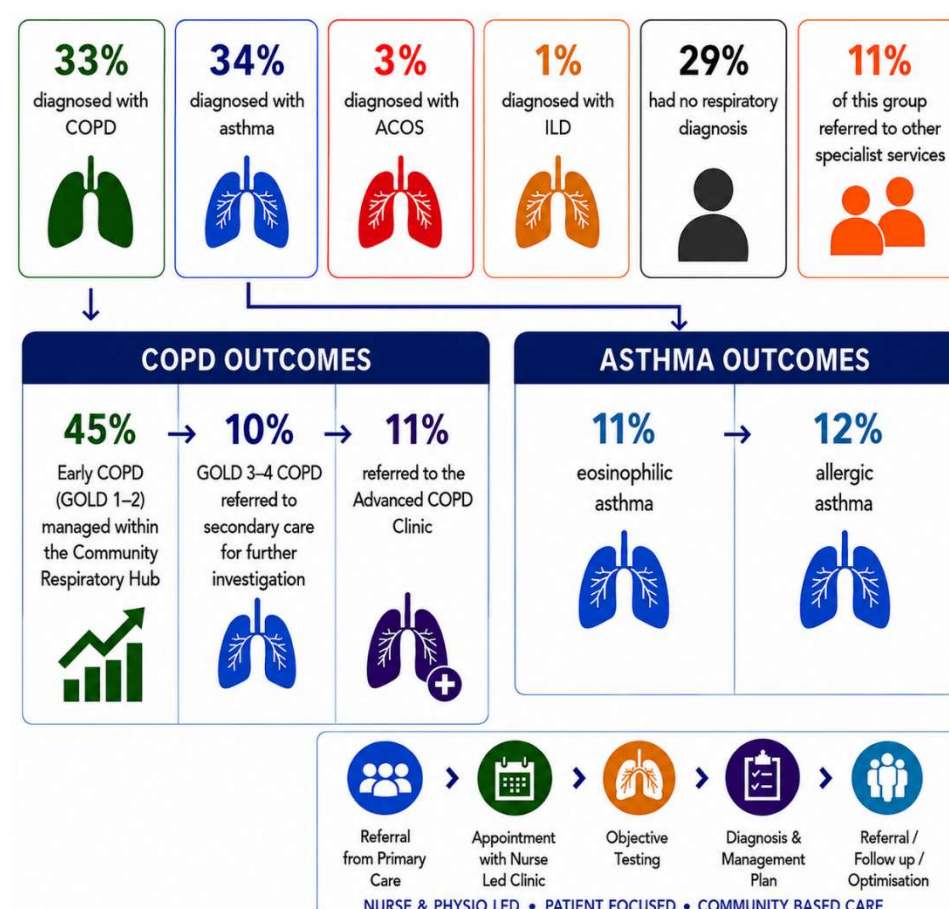
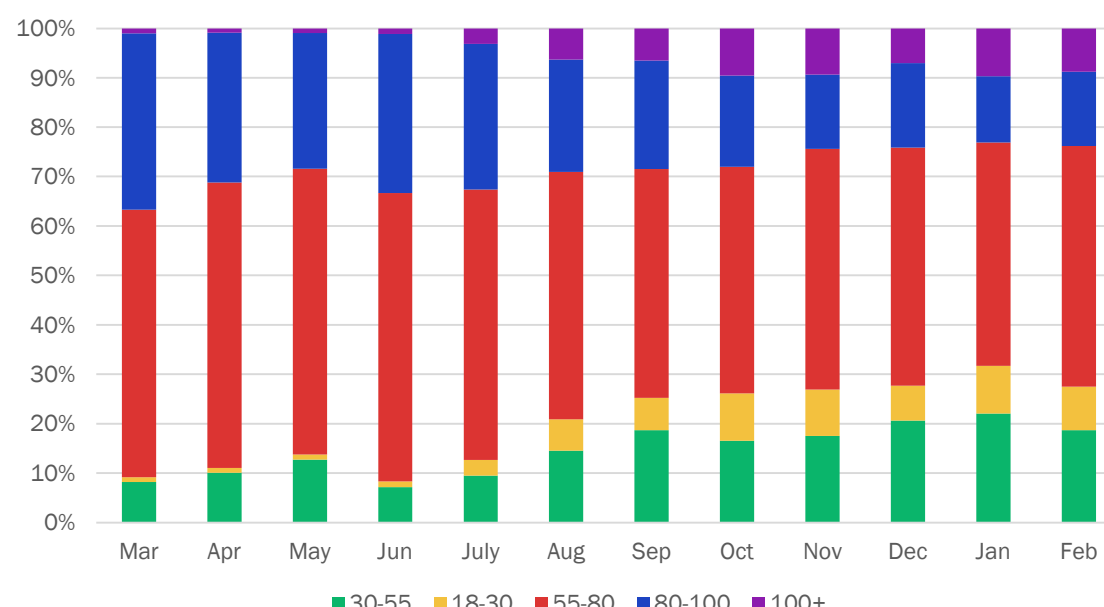
Over 12 months, **1,057 patients** received a respiratory diagnosis, including 491 with COPD and 506 with asthma. Around 221 patients with early COPD could be managed within the community, while approximately 49 patients with GOLD 3–4 disease and 54 requiring Advanced COPD Clinic input could be identified and prioritised for specialist care.

The hub also identified 432 patients who did not have a respiratory diagnosis, preventing inappropriate respiratory referrals and unnecessary investigations. Around 48 of these patients were redirected to more appropriate services. This demonstrates the argument community respiratory hubs could be used as an early diagnostic service and an effective specialist triage system to allow for quick initiation of treatment and early access to consultant reviews. Evaluating this data has shown this model can reduce diagnostic delay, support primary care, improve use of secondary-care capacity and potentially prevent avoidable emergency attendances and hospital admissions

Conclusions

- The community Respiratory Hub provides timely, cost effective and specialist assessment and diagnosis
- We achieved rapid access to diagnosis with a median wait of 17 days and high diagnostic yield
- A significant proportion of patients were optimized in primary care, reducing hospital demand
- The model improves patient outcomes and experience, and improves access for those patients who need specialist intervention or treatment.

Patients reviewed by Month (By Age Group)



References

1. NHS England. (2026). Monthly Referral to Treatment (RTT) Waiting Times Data.
2. NHS England. (2026). Chronic obstructive pulmonary disease: Commissioning strategies and resources.
3. Office for Health Improvement and Disparities. (2026). Respiratory disease profile: Statistical commentary, May 2026. GOV.UK