

Audit of referrals to Respiratory Medicine from Royal Primary Care Chesterfield in the years 2019, 2022, 2023, 2024 and 2025, to assess any changes in referral rates since the introduction of a GPwER led Community Respiratory Clinic

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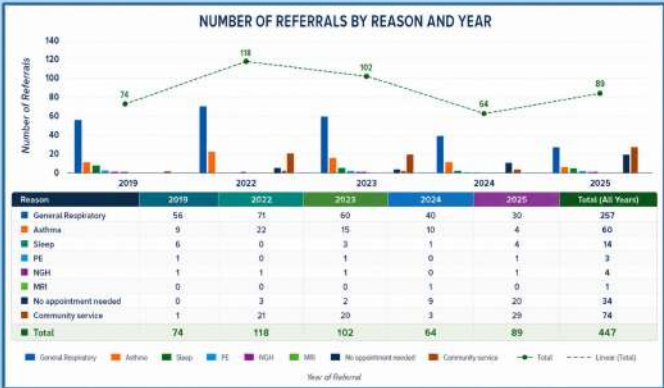
INTRODUCTION

Royal Primary Care Chesterfield, is a group of seven GP practice sites, which are the GP division of Chesterfield Royal Hospital NHS Trust. It covers a population of approximately 50,000 patients, including areas with the highest rates of social deprivation in Derbyshire. Complex respiratory patients who would otherwise have been referred to secondary care are managed in a community clinic. The clinic aims to be a one stop service, with investigations provided on the day by a GP Assistant. I work as part of the community respiratory multi-disciplinary team, attending twice monthly virtual MDT meetings in which Respiratory Consultants from Chesterfield Royal Hospital provide clinical oversight when needed. This integrated community service started in 2023. The audit aims to review the referrals made to Respiratory Medicine from Royal Primary Care Chesterfield clinicians the years before and after the start of the community respiratory clinic, to see if there has been any changes in referral rates, referral destination or referral appropriateness.

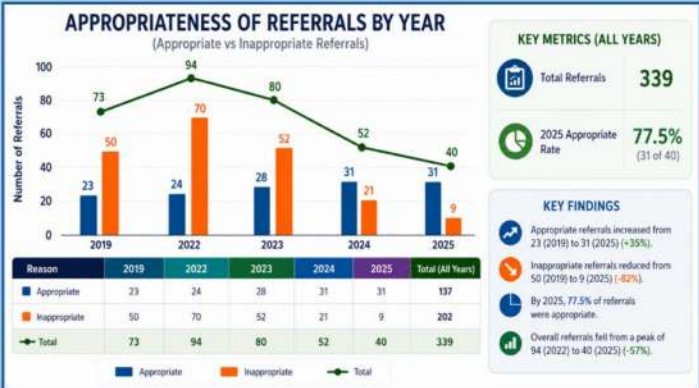
METHOD

A read code system one search identified patients who had been referred to Respiratory Medicine in the years 2019, 2022, 2023, 2024 and 2025. The years 2019 and 2022 gave a baseline of referral data before the commencement of the community clinic. The years covering the COVID 19 pandemic were not included as healthcare services were not running normally during this period. The years 2023 to 2025 were after the clinic started. I included referrals done for patients registered to the catchment area of Chesterfield Royal Hospital. Two week wait cancer referrals were not included. Data was collected on the number of referrals, referral location and indication. An assessment was then made as to the appropriateness of the referral, and whether this could have been managed in the community respiratory clinic avoiding a referral.

RESULTS



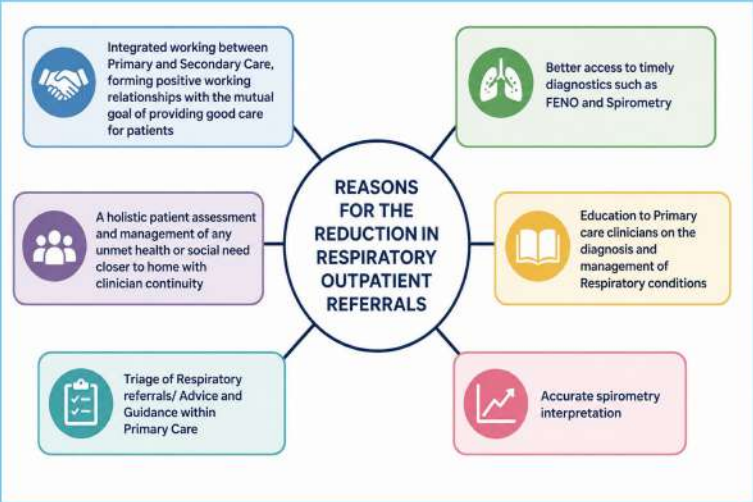
The total number of referrals increased from 2019 to 2022 as expected during the recovery from the COVID-19 pandemic years. There has been a significant reduction in number of referrals to the General Respiratory Medicine outpatient clinic from 71 in 2022 to 30 in 2025 a 57 % decrease since the start of the community clinic.



The number of inappropriate referrals to the Respiratory Outpatient Department fell, with 74% of referrals inappropriate in 2022, compared to 22.5% in 2025. Over the same time there has been a small increase in the total number of appropriate referrals, 24 in 2022 compared to 31 in 2025. Showing that patients who require a referral are still being referred. And the reason for the reduced referral rate is a reduction in inappropriate referrals.



The proportion of referrals not requiring an appointment has increased due to an increased referral rate to a lung nodule MDT. This meeting ensures accurate CT scan interpretation and follow up of lung nodules. Respiratory advice and guidance referrals were not included in this audit, but small numbers were identified due to inaccurate read coding.



CONCLUSIONS

The audit has found a significant reduction in the number of referrals to Respiratory Medicine since the start of the community GPwER led Respiratory clinic. This reflects improved patient diagnosis and treatment optimisation prior to hospital clinic referral. Patients can now access specialist treatments such as azithromycin, or be referred straight to tests such as bronchoscopy, when appropriate through the community clinic. The community clinic provides holistic care in a timely manner, closer to home, meeting the needs of a deprived population who are often underserved by traditional healthcare models. The audit shows the positive effect of having GP specialist knowledge in the community setting in reducing outpatient referral rates. Working within the community respiratory MDT has been an excellent opportunity to build strong relationships between Primary and Secondary care, which has strengthened collaborative integrated working in the neighbourhood setting.