

A population-focused respiratory service framework

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Respiratory disease - template

Primary prevention

- Health promotion and education
- Lung health strategies
- Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies
- Nutrition policies

Tobacco control policies, supported self-care to include maintaining healthy activity levels and weight. Air quality

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living and carer support

Early, accurate and complete diagnosis of respiratory symptoms

- Screening and case-finding of high-risk individuals
- Agreed local diagnostic guidelines
- Early and accurate diagnosis, using appropriate diagnostic tools, performed by healthcare professionals with appropriate training for performing and interpreting tools with ongoing education and support
- Accurate disease registers including markers of severity
- Risk stratification based on severity
- Agreed local referral pathways to specialist opinion for diagnostic difficulty

Treatment and management of 1) chronic respiratory diseases in acute and stable phases 2) acute respiratory

Vaccination

disease

- Agreed local templates to encourage consistent guidelinebased management
- Named healthcare professional within healthcare locality to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Enhanced selfmanagement wrapped around programme of patient education and empowerment
- Exacerbation management
- Knowledge and support for carers

Complex/severe disease

- Case management by appropriately trained healthcare professional within locality
- Senior clinician multidisciplinary team access to ensure consistent high-quality care, and access to all members of multidisciplinary team
- Access to secondary care/intermediate/ step-up or stepdown beds, where appropriate
- Identification and management of co-morbidities and frailty

High-cost/ high-need patients

- Supported and holistic care in the community
- Admission prevention
- Early supported discharge
- Planned or unplanned hospital admissions
- Use of intermediate step-up/step-down beds
- Community specialist clinics
- Use of entire community multidisciplinary team

End-of-life care

- Inclusion of locality-held Gold Standards Framework list
- Agreed local treatment and management pathways across all providers

Supportive and palliative care

- Specialist support
- multidisciplinary team in community
- palliative care teams
- Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- Support for preferred place of death
- Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

System-wide shared patient information including template/management plans

Education and clinical support for generalist healthcare professionals

Patient engagement, peer support and self-management

Early, accurate and complete diagnosis

Early and accurate

diagnosis, using appropriate diagnostic tools,

assessment of reversibility,

performed by healthcare

with ongoing education and

Accurate disease

Risk stratification

based on severity

Agreed local referral

pathways to specialist opinion for diagnostic difficulty

registers including markers of severity

FeNO

professionals with

appropriate training for performing and interpreting,

of respiratory

Agreed local

diagnostic

quidelines

including

symptoms

Primary prevention

- Allergy awareness
- Health promotion and education
- Lung health strategies
- Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies targeted at parents and families
- Nutrition policies and vaccination policies
- Health promotion (including maternal smoking) and education in pregnancy and early childhood, including first 1000 days

Treating tobacco dependency and tobacco control policies, health promotion and supported self-care, maintaining a healthy activity level and weight

> Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy or occupational therapy/psychological support

> > Integrated social care and therapies aimed at enabling independent living

Treatment and management of respiratory diseases in stable, flaring and acute stages

- Vaccination
- Agreed local templates to encourage consistent guidelinebased management
- Named healthcare professional within healthcare locality or secondary care to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Enhanced selfmanagement wrapped around programme of patient/carer education and support. To include schools/colleges/etc.
- Exacerbation management
- Knowledge and support for carers

Complex/severe disease

- by appropriately trained healthcare professional within locality or secondary care
- to include assessment of correct diagnosis
- address poor adherence at home and education site
- Access to clinics with multidisciplinary team support: psychology support and access to
- Access to biologics or immunotherapy
- Planned hospital admissions where necessary
- Community-based specialist clinics or home teams

High-cost/ high-need patients

- Hospital admission
- Supported and holistic care in locality to include supported discharge, post-admission review by senior clinician
- Access to immunotherapy/bronchial thermoplasty

Supportive and palliative care

- Every childhood asthma death should have a full investigation to identify accuracy of diagnosis and events leading up to death
- Advice to independent medical examiner, including smoking and occupational history
- Participate in child death overview panels and coroner investigations
- Bereavement support
- · Genetics advice if appropriate

Primary prevention

- Allergy awareness
- Lung health strategies
- Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies
- Occupational air quality policies

Treating tobacco dependency and tobacco control policies, health promotion and supported self-care, maintaining healthy activity level and weight

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy or occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living

Supportive and palliative care

Early, accurate and complete diagnosis of respiratory symptoms

- Screening and case finding of high-risk individuals
- Agreed local diagnostic guidelines including assessment and reversibility
- Early and accurate diagnosis, using appropriate diagnostic tools, performed by healthcare professionals with appropriate training for performing and interpreting tools, with ongoing education and support
- Accurate disease registers including markers of severity
- Risk stratification based on severity
- Agreed local referral pathways to specialist opinion for diagnostic difficulty

Treatment and management of respiratory diseases in stable, flaring and acute stages

- Vaccination
- Agreed local templates to encourage consistent guideline-based management
- Named healthcare professional within healthcare locality to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Enhanced selfmanagement wrapped around programme of patient education and empowerment
- Exacerbation management
- Knowledge and support for carers

Complex/severe disease

- Case management by appropriately trained healthcare professional within locality
- Ensure correct diagnosis and tackle poor adherence
- Senior clinician-led clinics with multidisciplinary team access to ensure consistent high-quality care, and access to all members of the multidisciplinary team
- Access to secondary and tertiary care with biologics/ immunotherapy

High-cost/ high-need patients

- Hospital admission
- Supported and holistic care in locality to include supported discharge, postadmission revew by senior clinician
- Access to biologics or immunotherapy
- Access to immunotherapy/ bronchial thermoplasty

End-of-life care

- Inclusion of locality-held Gold Standards Framework list
- Agreed local treatment and management pathways across all providers
- Specialist support
- multidisciplinary team in community
- palliative care teams
- Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- Support for preferred place of death
- Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

- Every asthma death (where asthma was part of process leading to death) should have a full investigation to identify accuracy of diagnosis and events leading up to death
- Advice to independent medical examiner/coroner, including smoking and occupational history
- Bereavement support

Treating tobacco dependency

Primary prevention

- Addressing health inequalities
- Lung health strategies
- e-cigarette policy
- Tobacco-free health venues
- Tobacco-free public venues
- · Tax, illegal and other legislation
- Schools programmes
- Education about tobacco in cigarettes, shisha and with cannabis
- National Centre for **Smoking Cessation** and Training Very Brief Advice

Early, accurate and complete diagnosis of

respiratory

symptoms

 Health and public space exhaled carbon monoxide

Treatment and

disease

management of

1) chronic respiratory

diseases in acute

and stable phases

2) acute respiratory

Very Brief Advice

globally trained

system-specific

advise and ask

Behaviour change

not-one-puff rule

measurement tool

Pharmacotherapy

formulary, e.g.

goal setting

agreeing

formulary

workforce

- Policy
- Equipment
- Training
- Adults
- Children
- Young people
- Families
- Records and stratification of severity/relapse risk
- Fagerstrom test
- Self-reported
- Health space cotinine testing
- Policy
- Equipment
- Training

Treating tobacco dependency and tobacco control policies, supported self-care to include maintaining healthy activity levels and weight. Air quality.

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living

Supportive and palliative care

Complex/severe disease

- Stop Smoking Specialists within teams that look after complex patients who smoke tobacco
- Use stratification process to most appropriately

High-cost/ high-need patients

- Multidisciplinary team working between teams working with people who have severe mental illness plus long-term conditions
- Process that enables seeing those whom you do not normally see
- homeless
- prison populations

End-of-life care

- Local policy for use of oxygen in tobacco users
- Death certificate policy for recording smoking cessation
- Specialist support
- multidisciplinary team in community
- palliative care teams
- Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- Support for preferred place of death
- · Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

After death

- Death certificate policy for doctors and Internal Medical Examiners recording tobacco dependency as causative or related
- Support for family members who may want to quit – teachable moment
- Guidance for Certification Registrars in Local Authorities

Education and clinical support for generalist healthcare professionals

Patient engagement, peer support and self-management. Quality Improvement

Interstitial lung disease pathway

Primary prevention

- Health promotion and education
- Lung health strategies
- · Indoor and outdoor pollution and air quality strategies

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and

Early, accurate and complete diagnosis of respiratory symptoms

- Complete and full history documented of respiratory
- Medication review to include nitrofurantoin or statins
- Chest X-ray
- Pulse oximetry
- Early and accurate diagnosis using appropriate diagnostic tools
- Accurate disease registers including markers of severity
- Enhanced localityagreed referral pathways to specialist support for diagnostic confirmation

- Agreed local templates to encourage quideline-based management
- population basis
- Pulmonary rehabilitation
- Shared care with specialist respiratory team
- Evidence-based
- medication/surgical tertiary centre
- Enhanced selfmanagement wrapped around programme of patient education and empowerment
- Exacerbation management
- Knowledge and support for carers

Treatment and management of respiratory diseases in stable flaring and acute phasese

- Vaccination
- Named healthcare professional within healthcare locality to deliver care on

- oxygen prescribing and follow-up
- Specialist consideration from

Complex/severe disease

- Case management by appropriately trained healthcare professional within locality
- Senior clinician multidisciplinary team access to ensure consistent high-quality care, and access to all members of multidisciplinary team
- Shared care specialist respiratory team, palliative care team and case
- Referral to tertiary care centre for consideration of medical or surgical treatment options
- Non-invasive ventilation
- Planned hospital admission for those who need it and
- Identification and management of co-morbidities and

High-cost/ high-need patients

Treating tobacco dependency and tobacco control policies, supported self-care to include maintaining healthy activity

- Supported and holistic care in the
- Admission prevention
- Planned or unplanned hospital admissions
- Use of intermediate step-up/step-down beds
- Use of entire community multi-disciplinary team
- · Use of palliative care teams
- · Management of co-morbidities
- Hospital admission or respite care if ceiling of treatment agreed
- Post-admission review in specialist consultant and nurse-led clinics
- Oxygen re-assessment

End-of-life care

Integrated social care and therapies aimed at enabling independent living

Inclusion of locality-held Gold Standards Framework list

occupational therapy/psychological support

levels and healthy weight

Supportive and palliative care

- Agreed local treatment and management pathways across all providers
- · Specialist support
- multidisciplinary team in community
- palliative care teams
- Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- · Support for preferred place of death
- · Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

- Provide death certification including diagnosis review and any occupational, drug and smoking history
- Participate in death review processes and investigations
- Report any suspicion of occupational or drug-induced lung disease to coroner
- Review care delivered at end of life
- Bereavement support
- Offer contact with BLF and other patient organisations

Primary prevention

- Health promotion and education
- Lung health strategies
- · Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies`
- Nutrition policies
- Occupational air quality policies
- Health promotion in pregnancy and early childhood

Early, accurate and complete

Treatment and

management of

COPD in stable.

phases

Vaccination

templates to

encourage

consistent

flaring and acute

Agreed local COPD

quideline-based

rehabilitation and

involvement with

Named healthcare

health locality to

population basis

by appropriately

Enhanced self-

management

programme of

Exacerbation

management

 Knowledge and support for carers

wrapped around

patient education

and empowerment

ocality

Medication reviews

trained healthcare

professional within

deliver care on

professional within

management

Promotion of

<u>pu</u>lmonary

diagnosis of respiratory symptoms

- Case-finding of high-risk, undiagnosed patients
- Agreed local diagnostic quidelines
- Early and accurate diagnosis, using appropriate diagnostic tools, performed by healthcare professionals with appropriate training for performing and interpreting spirometry, with ongoing education and support
- Accurate disease registers including markers of severity
- Risk stratification based on severity
- Agreed local referral pathways to specialist opinión for diagnostic difficulty

Tobacco control policies, supported self-care to include maintaining healthy activity levels and healthy weight

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living

Complex/severe disease

- Case management by appropriately trained healthcare professional within İocality
- Senior clinician multidisciplinary team access to high-quality care, and access to all disciplinary team
- Access to secondary care/intermediate/ step-up or step-down beds, where appropriate
- Referral to tertiary care for consideration of surgical treatment options
- Evidence-based oxygen prescribing and delivery within patient community
- Identification and management of co-morbidities and frailty
- Integrated working across primary/ secondary and community care

High-cost/ high-need patients

- Supported and holistic care in the community
- Admission prevention
- Early supported discharge
- Planned or unplanned hospital admissions
- Use of intermediate step-up/step-down beds
- Community specialist clinics
- Use of entire community multidisciplinary team
- Prompt and appropriate access to secondary and tertiary care advice
- Management of co-morbidities and frailty

End-of-life care

 Inclusion of locality-held Gold Standards Framework list

Supportive and palliative care

- Agreed local treatment and management pathways across all providers
- Specialist support
- multidisciplinary team in community
- palliative care teams
- · Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- · Support for preferred place of death
- Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

- Provide death certification including diagnosis review and occupational and smoking history
- Participate in death review processes and investigations
- Review care delivered at end of life
- Bereavement support
- Offer contact with BLF and other patient organisations

Primary prevention

- Health promotion and education
- Lung health strategies
- Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies
- Nutrition policies
- Occupational air quality policies

Early, accurate and complete diagnosis of respiratory symptoms

- Targeted case finding of high-risk individuals
- Hot reporting of chest X-rays within 24 hours
- Agreed local diagnostic and treatment guidelines in line with NICE guidance
- Rapid (2-week wait) secondary care assessment for unexplained symptoms of cough, weight loss, anorexia, lethargy, anaemia, haemoptysis or shortness of breath in high-risk population, regardless of chest X-ray finding
- Multidisciplinary team meetings

 prompt

 and findings
 communicated to
 wider healthcare
 team
- Ensure treatment pathways remain sensitive to patient wishes

Tobacco control policies, supported self-care to include maintaining healthy activity and weight

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living

Supportive and palliative care

Treatment and management of respiratory diseases in stable, flaring and acute phases

- Vaccination
- Smoking cessation
- Named healthcare professional within health locality to deliver care on population basis
- Medication reviews by appropriately trained healthcare professionals within locality
- Optimisation of patient health prior to treatment
- rehabilitation
- co-morbidity and frailty management
- Named cancer specialist healthcare professional for primary care
- Access to urgent assessment for oncological emergencies
- Agreed pathways for patients at the end of cancer treatment delivered within locality
- Survivorship and management of longterm complications of therapy

Complex/severe disease

- Case management by appropriately trained healthcare professional within locality focusing on supportive care and symptom control
- Senior clinician multidisciplinary team access to ensure consistent high-quality care, and access to all members of multidisciplinary team
- Access to secondary care/ intermediate/stepup or step-down beds where appropriate
- Specialist consultant and nurse-led palliative care and symptom control in community with named nurse
- Evidence-based oxygen prescribing and follow-up
- Knowledge and support for carers

High-cost/ high-need patients

- Supported and holistic care in the community
- Specialist palliative care
- Planned or unplanned hospital admissions
- Use of intermediate step-up/step-down beds
- Community specialist clinics
- Use of entire community multidisciplinary team
- Management of co-morbidities and frailty
- Access to out-ofhospital complex symptom management and advice
- Agreed communication pathways across all providers to ensure seamless care pathways

End-of-life care

- Inclusion of locality-held Gold Standards Framework list
- Agreed local treatment and management pathways across all providers
- Specialist support
- multidisciplinary team in community
- palliative care teams
- · Carer and family support
- Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- Support for preferred place of death
- Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

- Provide death certification including diagnosis review and any occupational and smoking history
- Participate in death review processes and investigations
- Report any suspicion of occupation-related lung cancer to coroner
- Review care delivered at end of life
- Bereavement support
- Offer contact with BLF and other patient organisations

Respiratory infections

Primary prevention

- Health promotion and education
- Lung health strategies
- Indoor and outdoor pollution and air quality strategies
- Addressing health inequalities
- Smoking cessation policies`
- Nutrition policies
- Public Health strategies to reduce spread of infection
- Healthy Living
- Vaccination and optimisation of long-term conditions
- Tuberculosis screening targeted at high-risk patients from outside Europe
- Optimising population vaccination programmes

Early, accurate and complete diagnosis of

Treatment and

1) chronic

disease

Vaccination

Agreed local

templates to

quideline-based

of anti-microbial

Importance of

emphasised

prompt therapy

Medication reviews

trained healthcare

professionals within

programme of patient

by appropriately

health locality

Enhanced self-

management

education and

empowerment

Exacerbation

management

wrapped around

management.

resistance.

management of

respiratory

diseases in acute

and stable phases

2) acute respiratory

Smoking cessation

encourage consistent

including recognition

 Agreed local diagnostic guidelines

respiratory

symptoms

- to include vital signs/pulse oximetry/CRB-65
- C-reactive protein
- NEWS2 score
- Symptom awareness of managing respiratory infection
- Access to diagnostics confirm diagnosis
- Managing co-morbidities to enhance recovery
- Enhanced referral pathways to specialist support for diagnostic difficulty

Tobacco control policies supported self-care to include maintaining healthy activity levels and weight. Air quality

Strategies to reduce breathlessness, including pulmonary rehabilitation, respiratory physiotherapy and occupational therapy/psychological support

Integrated social care and therapies aimed at enabling independent living

Complex/severe disease

- Agreed local templates consistent guidelinebased management
- Assessment of severity, using recognised markers, e.g. CRB-65, and place for hospital admission
- Case management by appropriately trained healthcare professional within locality, to include
- Identification and management of co-morbidities
- Evidence-based
- Use of multidisciplinary team
- Access to secondary care/intermediate/ step-up or step-down beds/community care, involving multi-disciplinary team where appropriate
- Early diagnosis of underlying cause of
- Identification and management of comorbidities and frailty

High-cost/ high-need patients

- Supported and holistic care in the
- Admission prevention
- Early supported discharge
- Planned or unplanned hospital admissions
- Use of intermediate step-up/step-down beds
- Community specialist clinics
- Use of entire community multidisciplinary team
- Recognition of frailty terminal decline and treatment futility
- Post-admission review to exclude diagnostic cause and optimise treatment of co-morbidities

End-of-life care

 Inclusion of locality-held Gold Standards Framework list

Supportive and palliative care

- Agreed local treatment and management pathways across all providers
- Specialist support
- multidisciplinary team in community
- palliative care teams
- Carer and family support
- · Agreed local locality pathways to ensure seamless care and communication across all sectors
- Access to appropriate place of care for end of life
- Support for preferred place of death
- Discussions with patient and carers around resuscitation/ escalation plans in case of worsening health/preferred place of care or death

Death certification

- Process to review death certification where lower respiratory tract infection is given as 'cause of death'
- Understand contributing underlying disease
- Bereavement support

Education and clinical support for generalist healthcare professionals