

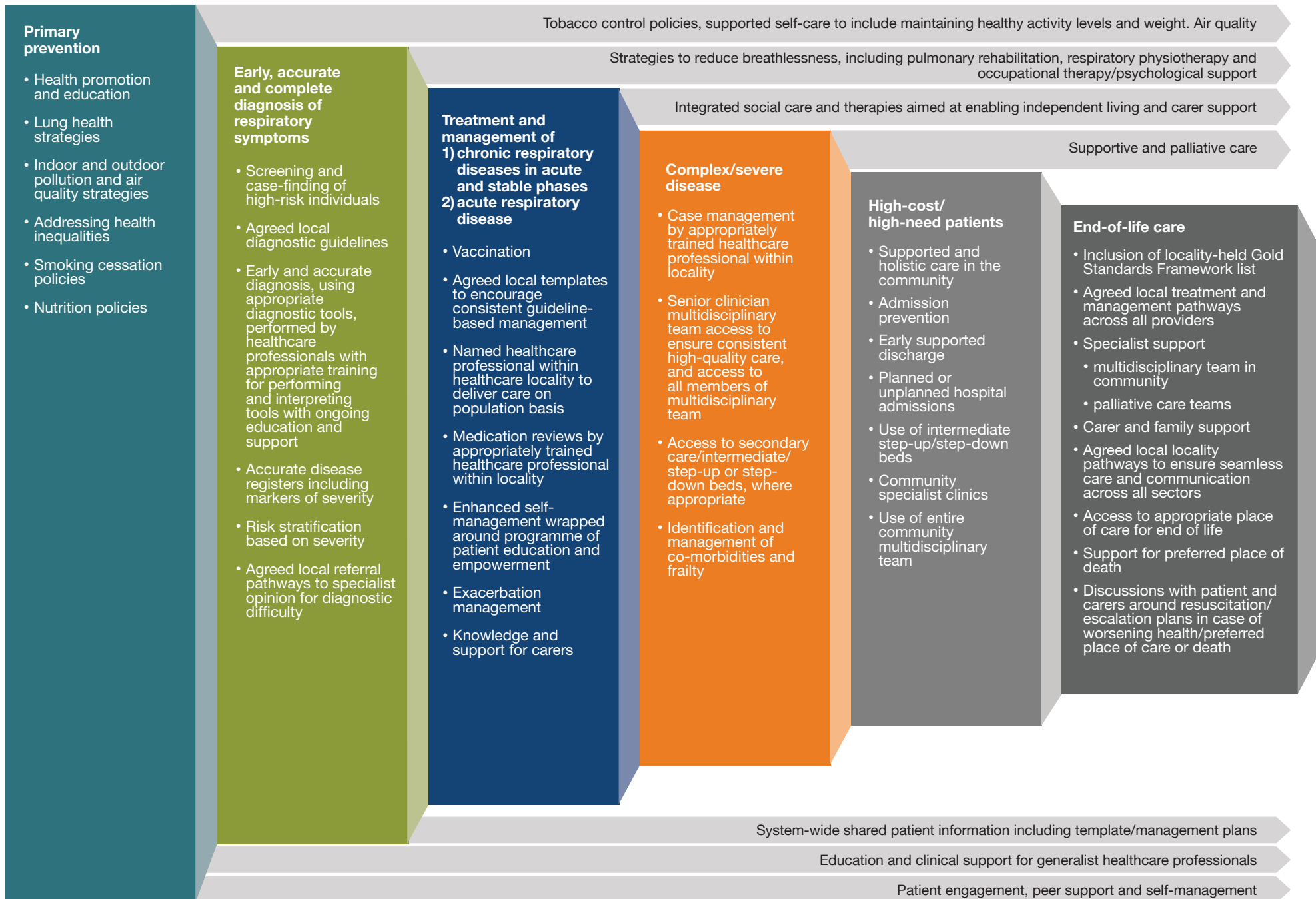


# A population-focused respiratory service framework

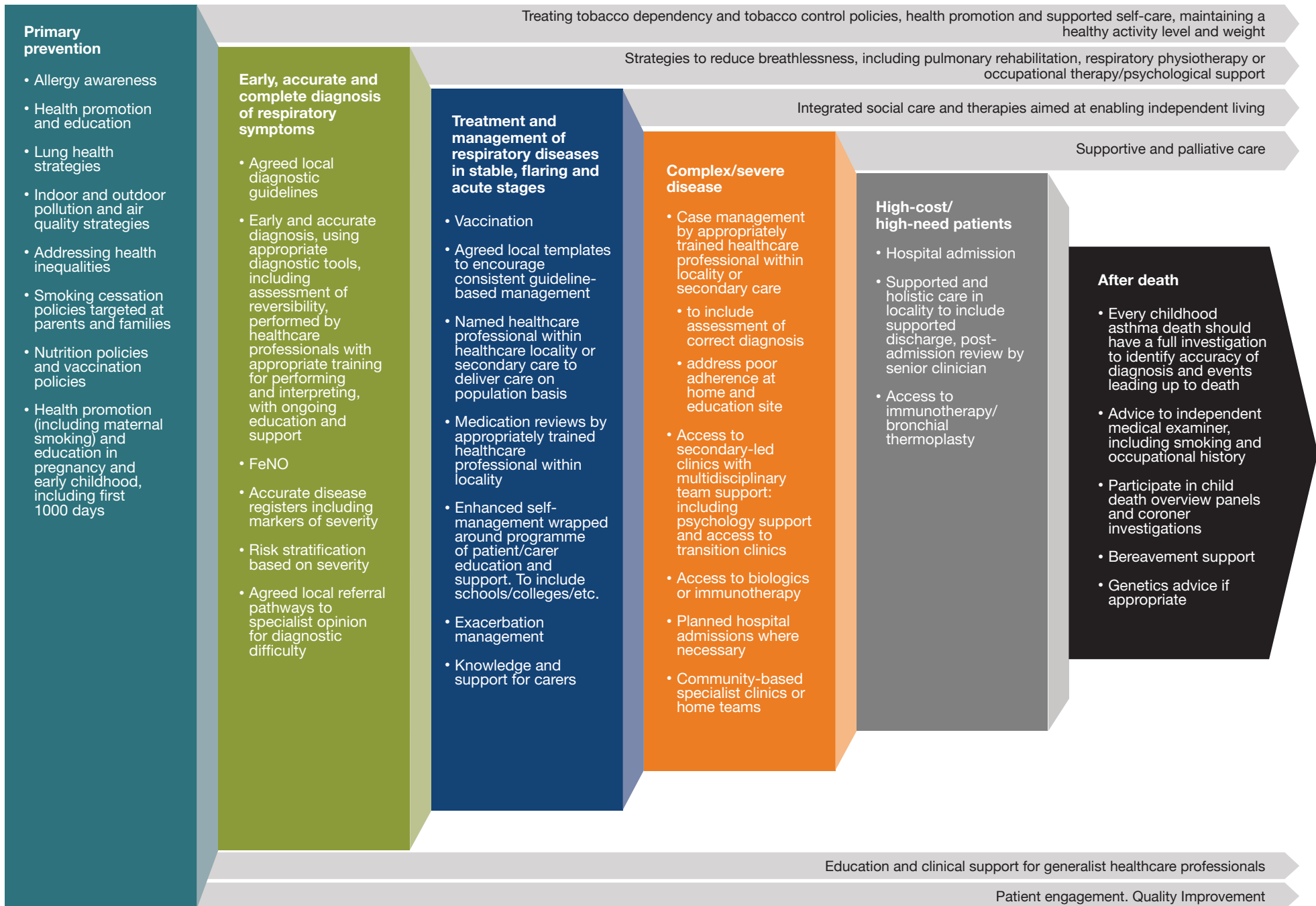
The Primary Care Respiratory Society

©2019. <https://www.pcrs-uk.org>

# Respiratory disease - template



# Asthma in children and young adults



# Asthma adults

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

## 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

## 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 self-management 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, post-admission review 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

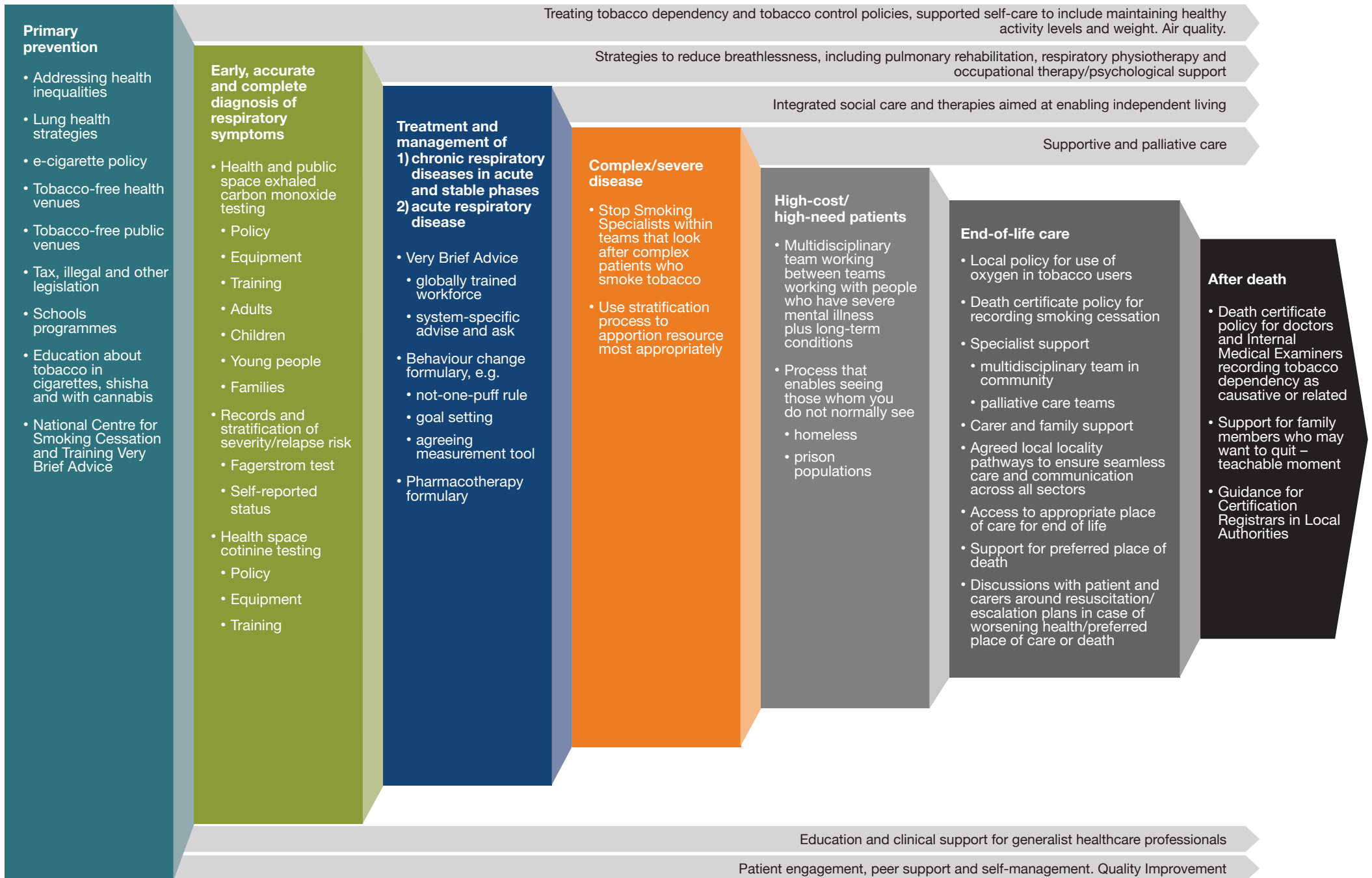
## After death

- 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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement

# Treating tobacco dependency



# Interstitial lung disease pathway

Treating tobacco dependency and 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

Supportive and palliative care

## Primary prevention

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

## Early, accurate and complete diagnosis of respiratory symptoms

- Complete and full history documented of respiratory symptoms
- 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 locality-agreed referral pathways to specialist support for diagnostic confirmation

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

- Vaccination
- Agreed local templates to encourage guideline-based management
- Named healthcare professional within healthcare locality to deliver care on population basis
- Pulmonary rehabilitation
- Shared care with specialist respiratory team
- Evidence-based oxygen prescribing and follow-up
- Specialist medication/surgical consideration from tertiary centre
- Enhanced self-management 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 multi-disciplinary team
- Shared care specialist respiratory team, palliative care team and case manager
- 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 wish for active management
- Identification and management of co-morbidities and frailty

## High-cost/high-need patients

- Supported and holistic care in the community
- 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

- 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

## After 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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement

# COPD - out of hospital

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

Supportive and palliative care

## 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 diagnosis of respiratory symptoms

- Case-finding of high-risk, undiagnosed patients
- Agreed local diagnostic guidelines
- 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 opinion for diagnostic difficulty

## Treatment and management of COPD in stable, flaring and acute phases

- Vaccination
- Agreed local COPD templates to encourage consistent guideline-based management
- Promotion of pulmonary rehabilitation and involvement with BLF
- Named healthcare professional within health locality to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Enhanced self-management 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 multi-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
- 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

## After 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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement

# Lung cancer

## 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

## 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 long-term 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 multi-disciplinary team
- Access to secondary care/intermediate/step-up 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 multi-disciplinary team
- Management of co-morbidities and frailty
- Access to out-of-hospital 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

## After 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

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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement



# Respiratory infections

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

## 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 respiratory symptoms

- Agreed local diagnostic guidelines
  - 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

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

- Vaccination
- Smoking cessation
- Agreed local templates to encourage consistent guideline-based management, including recognition of anti-microbial resistance. Importance of prompt therapy emphasised
- Medication reviews by appropriately trained healthcare professionals within health locality
- Enhanced self-management wrapped around programme of patient education and empowerment
- Exacerbation management

## Complex/severe disease

- Agreed local templates to encourage consistent guideline-based 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 oxygen prescribing
  - Use of multi-disciplinary 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 infection
- 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
- 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
- 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

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