A population-focused respiratory service framework

Providing an overview of what an integrated system can offer its respiratory population both in and out of hospital

Patients with respiratory disease deserve a correct diagnosis and correct guideline driven care that is standardised and patient focussed delivered by a Health Care professional with suitable training and experience in a site and timeframe to meet their needs. Sadly patient groups such as the BLF and Asthma UK have recognised that this is not the case; the Respiratory Service Framework (RSF) attempts to demonstrate what that excellent is – and how it may be delivered at a population level.

This framework, developed by the PCRS Service Development Committee helps those looking to design a patient focussed respiratory service working across all sectors of out of hospital care to see the ideal components for a given population of patients. The RSF has been designed to be applicable and helpful to those delivery care at a PCN or ICS level.

It builds on the work previously undertaken by PCRS to develop a series of care standards for GP practices as part of its Quality Award programme. With the rise of integrated care systems and general practice at scale, commissioners and service development managers tell us they are keen to improve care and reduce variability but needed a starting point.

The Respiratory Service Framework provides that starting point by describing the scope of best respiratory care and the services required.

The original framework has been developed by a multi-disciplinary team of clinicians, who were all members of the PCRS-UK Service Development Committee at the time: GPs Noel Baxter, Daryl Freeman, Katherine Hickman, and Sanjeev Rana, Consultant Chest Physician, Binita Kane, Respiratory Specialist Nurse, Vikki Knowles and Respiratory Specialist Physiotherapist Alex Woodward. The revised framework has been updated by the current Service Development Committee

PCRS-UK is grateful to Cogora, the publisher of Pulse, Healthcare Leader and Management in Practice for their contribution to the design of the framework

Respiratory disease – template

Asthma in children and young adults

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

Supportive and palliative care

Primary prevention

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

Early, accurate and complete diagnosis of respiratory symptoms

- Agreed local diagnostic guidelines
- Early and accurate diagnosis using appropriate tools, including assessment of reversibility, performed by healthcare professionals with appropriate training for performing and interpreting, with ongoing education and support
- FeNO
- 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 or secondary care to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Enhanced self-management wrapped around programme of patient/carer education and support. To include schools/colleges/etc.
- Exacerbation management
- Knowledge and support for carers

Complex/severe disease

- Case management 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 secondary-led clinics with multidisciplinary team support: including psychology support and access to transition clinics
- 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

After death

- 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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement

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
- Smoking cessation policies
- Occupational air quality policies
- Addressing health inequalities

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 revew by senior clinician
- Access to biologics or immunotherapy

End-of-life care

- Inclusion on locality-held Gold Standards Framework list
- Agreed local treatment and management pathways across all providers
- Specialist support secondary and tertiary care
  - 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
- Do Not Attempt Resuscitation discussion

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

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 therapied aimed at enabling independent living

Supportive and palliative care

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

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

- Very Brief Advice
  - globally trained workforce
  - system-specific advise and ask
- Behaviour change formulary, e.g.
  - not-one-puff rule
  - goal setting
  - agreeing measurement tool
- Pharmacotherapy formulary

Complex/severe disease

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

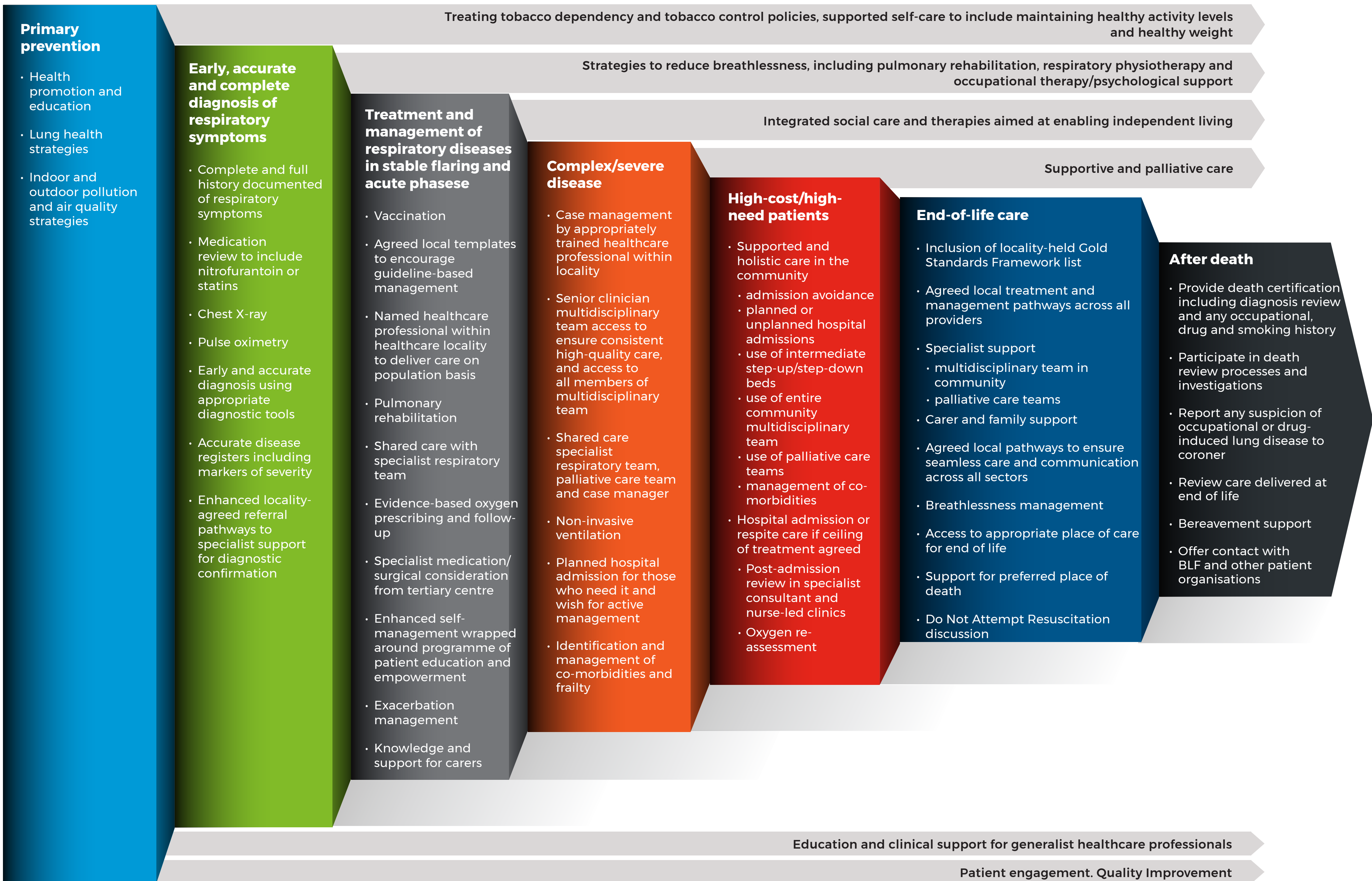
After death

- 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



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 multidisciplinary team
- Access to secondary care/intermediate/step-up or step-down beds, where appropriate
- Evidence-based oxygen prescribing and delivery within patient community
- Identification and management of co-morbidities and frailty

High-cost/high-need patients

- Supported and holistic care in the community
  - admission avoidance
  - 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
  - specialist breathlessness 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
- Do Not Attempt Resuscitation discussion

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

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

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 multidisciplinary 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 multidisciplinary 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 on 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
- Do Not Attempt Resuscitation discussion

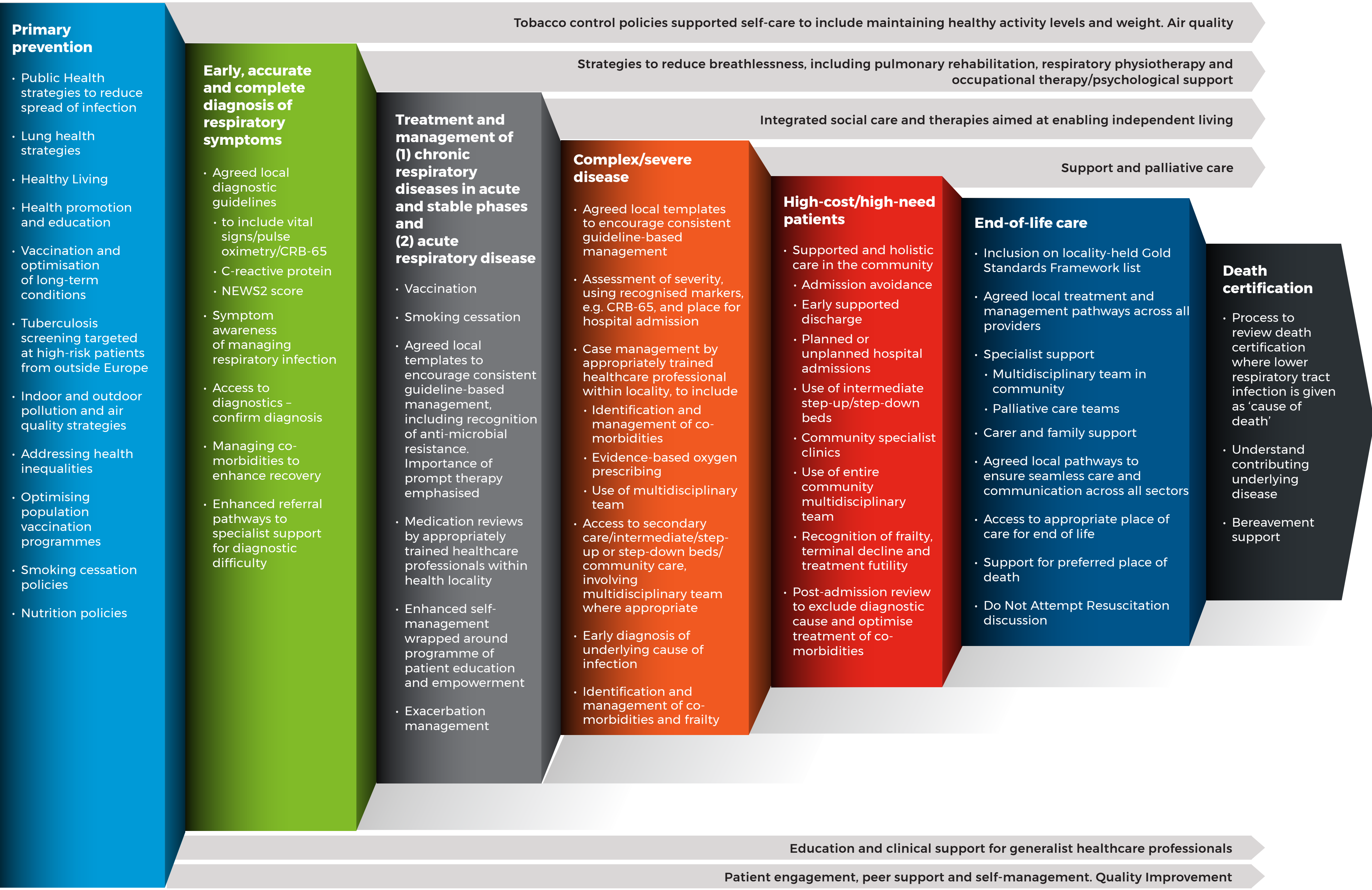
After death

- 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 BF and other patient organisations

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement

Respiratory infections



COPD - community

Primary prevention

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

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, 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 and (2) acute respiratory disease

- Vaccination
- Participate in development and use of local templates to encourage consistent guideline-based management
- Promotion of pulmonary rehabilitation
- Named healthcare professional within locality to deliver care on population basis
- Medication reviews by appropriately trained healthcare professional within locality
- Identification and management of co-morbidities
- Enhanced self-management wrapped around programme of patient education and empowerment
- Exacerbation management
- Knowledge and support of carers

Complex/severe disease

- Case management by appropriately trained healthcare professional within healthcare 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 care/ oxygen assessment/ non-invasive ventilation
- Integrated working with primary and secondary care with shared care
- Identification and management of co-morbidities and frailty
- Consultant and multidisciplinary team specialist clinics – community or hospital based

High-cost/high-need patients

- Supported and holistic care in the community
  - Admission avoidance
  - Early supported discharge
  - Planned or unplanned hospital admissions
  - Use of intermediate step-up/step-down beds
  - Community-based specialist clinics to review at-risk patients/discharge reviews
  - Use of entire community multidisciplinary team

End-of-life care

- Inclusion on locality-held Gold Standards Framework list
- Agreed local treatment and management pathways across all providers
- Specialist support
  - Multidisciplinary team in community
  - Palliative care teams
  - Breathlessness teams
- Carer and family support
- Agreed 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
- Do Not Attempt Resuscitation discussion

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

Education and clinical support for generalist healthcare professionals

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

The Primary Care Respiratory Society UK is a registered charity; Charity No: 1098117. Company No: 4298947. VAT Registration Number: 866 1543 09. Email: info@pcrs-uk.org

Website: http://www.pcrs-uk.org Twitter: @pcrsuk Facebook: https://www.facebook.com/PCRSUK

The Primary Care Respiratory Society UK is grateful to its corporate supporters including AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd, Circassia Pharmaceuticals plc, Napp Pharmaceuticals and Novartis UK for their financial support which supports the core activities of the Charity and allows PCRS-UK to make its services either freely available or at greatly reduced rates to its members.