



Primary Care Respiratory Society Get Winter Wrapped

Top tips for communicating the benefits of pulmonary rehabilitation to patients



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Pulmonary rehabilitation (PR) has been included as a key intervention in the NHS Long Term Plan. However the PR audit¹ showed that only 62% of people referred go on to complete the course. Moreover, the greatest attrition in the referral process occurs between referral to first contact with PR. So how can referrers and practitioners who run courses communicate the benefits of PR to patients?



Starting the conversation: What key messages do you need to convey to the patient when talking about PR?

- Stress that PR is a holistic treatment and that it is not just about exercise. Explain that the course will improve the patient's understanding of their condition and help them to better self-manage in the future.
- If the patient is concerned because they don't participate in regular activity or feel empowered to manage their condition, reassure them that PR should still benefit them. Not all patients are the same and not all patients will enjoy PR though we hope most will do so. It

is important to reassure patients that they will share many of the same concerns as others participating in the programme and will be able to share experiences, concerns and even have fun together learning about their condition, how to manage it and getting to grips with the exercises, even if they have never exercised before.

- Target everyone who might benefit and tailor your approach to each patient – even the individual who considers themselves to be the expert patient will still learn something new from the programme.
- Talk about the respiratory goals that people can achieve. Says Siobhan, “The evidence is so strong that we don't have to prove that it works anymore.” There are a number of leaflets available for patients which highlight the value of pulmonary rehabilitation and what can be achieved.² Examples include those highlighted on the BLF web page which you can show to patients – <https://www.blf.org.uk/support-for-you/keep-active/pulmonary-rehabilitation>
- Explain to the patient that they will undergo an assessment at the start of the programme which will explore what is important to them, both physically and emotionally. PR will be an opportunity to spend some time with health-



care professionals and to ask questions. Highlight that this is not the sort of luxury that is available in the GP surgery where healthcare professionals are restricted to 10 minute appointments. “Patients often say to me on a PR programme that they have learned something that hasn’t been mentioned before – this is because during PR healthcare professionals have the time to pick up on all the little things that individuals might be struggling with”, reports Siobhan.

- Take a holistic approach. “One of my biggest successes recently was helping a lady overcome a barrier to her attending PR, of having to care for her husband. During the course of her treatment she recognised what her needs were as a carer, and we were able to help her go through the process of registering as a carer. This meant she was able to get a sitting service which then freed her up to attend for PR. It had a big impact on her emotional well-being” reported Clare.
- Think carefully how the patient will benefit from PR. For example, a person with idiopathic pulmonary fibrosis (IPF) might be wary of attending PR when the majority of the other patients have COPD. Clare reports, “You can explain that they can ask specific questions about their health as well. Practitioners running courses will have done their pre-planning work about what diseases each patient has and will have put individualised care planning in place.”
“It’s important to know who you have got in that room and to make sure that you are providing something for everybody. Although places on the programme are predominantly filled by patients with COPD we are seeing growing numbers of patients with bronchiectasis, IPF and other interstitial lung diseases (ILD) because we are getting better at diagnosing respiratory disease and the emerging evidence of benefit of PR for these conditions” noted Siobhan.

TOP TIP Key selling points

Clare: “It is important to communicate to the patient that there is robust evidence under-pinning PR and that the therapeutic impact of undergoing the programme can be life changing. It is likely the patient will experience clinically significant improvements in both physical health symptoms and mental well-being.”

Siobhan: “Another selling point is to explain to patients that during PR they will be doing functional exercise with goals such as being able to get out of a chair more easily. For the more severe patients we can target achieving improvements in daily activities such as washing and dressing. Stress that the exercise goals will be tailored to the individual.

“I had a patient recently whose goals was simply to get into the shower. We did some cognitive behavioural therapy, worked through what the barriers were and worked out a step-wise approach for that patient to achieve their goals. So there are lots of approaches within PR that referrers need to understand.”

Benefits of pulmonary rehabilitation in COPD from GOLD³

This table summarises the strong evidence base that underpins the many health benefits that PR delivers for the COPD population.³

Impact of pulmonary rehabilitation	Strength of evidence
Improves exercise capacity	A
Reduces perceived intensity of breathlessness	A
Improves health-related quality of life	A
Reduces hospitalisations and hospital days	A
Reduces anxiety and depression in COPD	A
Strength and endurance training of the upper limbs improves arm function	B
Benefits extend well beyond the immediate period of training	B
Improves survival	B
Improves recovery after a hospitalisation for an exacerbation	B
Enhances the effect of long acting bronchodilators	B
Respiratory muscle training can be beneficial, especially when combined with general exercise training	C

How do you have a meaningful conversation?

Although healthcare professionals are severely time limited in primary care it is important to make sure that your conversation with the patient is not just about ticking the QOF box but results in a meaningful referral that has meaningful outcomes.

- Think about giving patients the right information to enable them to make an informed choice. “It’s really important during the initial conversation that we have a personalised conversation and find out what is important to the patient,” reports Clare.
- Use motivational interviewing strategies with patient-centred goal setting and focus on helping patients to overcome any barriers that might prevent them from doing PR.
- The first thing is to ask the patient if they have any concerns about PR and then you can address these concerns and explain how the treatment will be able to help them. For example, if a patient is concerned about the time commitment, acknowledge that and identify what the patient will get back from their investment of time in the course.

How do you avoid closing the conversation when the patient says no?

- Don’t judge the patient’s decision if they don’t want to be referred for PR.
- It’s important to explore and challenge any incorrect health beliefs or patient resistance. So you could ask – what is it about PR that doesn’t interest you? You could also offer some evidence based information such as – going to PR could reduce your risk of being admitted to hospital and improve your physical performance.³ Common barriers are: The patient says they don’t think they are fit enough, they think they are too old, they think they know everything about their condition or they don’t have enough time to attend a programme.



How to help the patient overcome their barriers

Clare comments, “If someone says to me I’m too old for PR, I reply that most people who do PR are aged between 60 and 70 and quite often the age range is from people in their 40s right up to their mid-90s. Despite people’s ages they’re all in different stages of health and it’s normal to be part of the group. I say to them ‘you are just the sort of person I’d expect to meet on a PR course.’ None of us want to be unique and special in our health status and we don’t want to stand out or break any records.



How to help the patient overcome their barriers

If the patient says they haven’t got time to attend PR Siobhan suggests, “Gently probe to find out why – is it because they care for somebody else, have they got other commitments, is this a genuine issue or just an excuse? Work with the patient to see how they could free up some time. Explain that PR will help them in the long run. Sometimes I compare PR to a course of antibiotics that you would take for an infection – suggesting that this is the single most important thing they can be doing to help their condition”. Clare agreed noting, “You can explain that the time the patient invests in the programme they will reap back because it will improve their current symptoms of breathlessness that are limiting their ability to do everyday activities such as cutting the hedge, walking to the Post Office or carrying shopping back from the supermarket. I had one patient who measured the impact of his respiratory condition on his ability to cut the hedge and it took him seven sessions to cut the hedge but following a course of PR it only took him two or three goes.”

If the patient declines a referral, how do you leave the door open?

- If the patient declines a referral it is important to let them know that the door is always open so they can take the time to reflect on their decision and change their mind at a later date.
- Find out whether patients can self-refer to the services in their area and if they can make sure they have the information about how to do this.
- You could refer the patient to a Breathe Easy Group or a buddy scheme where they can talk to other patients who have undergone PR.
- Record in the patient’s notes that PR is probably their best treatment option and that you have already had a conversation about it, have listened to the patient and understood what their experience of their condition is. This will enable the next practitioner to continue the conversation and leaves the door open for a future positive conversation about PR.

References

1. National COPD Audit Programme. Pulmonary Rehabilitation: An Exercise in Improvement. National Report. April 2018. Royal College of Physicians. <https://www.rcplondon.ac.uk/projects/outputs/pulmonary-rehabilitation-exercise-improvement-combined-clinical-and-organisational>
2. British Lung Foundation 2014. <https://www.respiratoryfutures.org.uk/media/69768/blf-pulmonary-rehabilitation-and-exercise.pdf>
3. Global Strategy for the Diagnosis Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD). Available online: <http://www.goldcopd.org/>