Patients with respiratory disease deserve equal access to early and accurate diagnosis, high standards of care, delivered by practitioners with suitable training and experience. Barriers to such a standardised level of service design, however, may include knowhow, resources and expertise. That’s why the Primary Care Respiratory Society (PCRS) has put together a pragmatic, easy to use Quality Improvement Tool to help commissioners, providers and healthcare professionals overcome these challenges, to reduce variation in care and help to practically demonstrate what excellence is. COVID-19 has added many layers of complexity to providing good respiratory care and has resulted in many patients receiving virtual reviews – often by telephone. The Respiratory Service Framework (RSF) (https://www.pcrs-uk.org/respiratory-service-framework) aims to provide a user-friendly interactive Quality Improvement Tool which can be used by a variety of professionals involved in delivering and designing care for patients with respiratory disease.

The tool covers eight different areas of respiratory disease
- General Respiratory
- Asthma in Adults
- Asthma in Children and Young Adults
- Treating Tobacco Dependency
- Interstitial Lung Disease
- COPD
- Lung Cancer
- Respiratory Infections

Each disease area is divided into “pillars” (https://www.pcrs-uk.org/respiratory-service-framework-pillars-care) covering care from primary prevention through to primary care, complex patients and end-of-life care, with resources applicable to each pillar and each disease.

The tool is interactive and searchable, allowing healthcare professionals to search easily for priorities. The resources are categorised by article, video, blog, etc and have a small clock face next to them, allowing healthcare professionals to choose a resource fitting with the time they have available – from a half day looking at service re-design to a coffee break listening to a blog.

There is a huge variety of resources ranging from clinical, research papers, descriptions of respiratory services to short videos or blogs. In total, there are over 250 resources, allowing everyone...
involved in designing or delivering respiratory care to find a document which is not only of benefit but interesting and inspiring.

To gain the most benefit from the six disease areas, the interactive resource allows professionals to search on:

- Disease area
- Pillar (i.e., primary prevention, complex and severe disease)
- Skill level (based on the Fit to Care document)
- Key— a document, infographic, blog, etc.

This allows a wide range of professionals involved in the care of patients with respiratory disease to identify resources which will aid in service re-design and delivery.

Additionally, there is an HR section to the RSF tool. This consists of several sections:

- A workforce calculation tool (https://www.pcrs-uk.org/workforce-calculation): this allows managers and commissioners to identify how many healthcare professionals they will require to deliver a high-quality respiratory service. The tool can be adapted to fit with a patient population from 10,000 to 50,000 patients. The tool will inform managers about the number of (Full Time Equivalents) staff from Standard, Expert, Advanced professionals in addition to healthcare assistants. The workforce tool is not only aligned to the PCRS Fit to Care document, but also linked to the RSF pillars; as care becomes more complex, a higher level of training is required. This also allows those professionals delivering respiratory care to identify gaps in provision and enable them to be a voice in improving service design and delivery.

- A skills audit (https://www.pcrs-uk.org/supporting-service-redesign-and-delivery): this is a resource which can be downloaded directly from the website and disseminated to deliver excellent care to patients with respiratory disease and to help managers, commissioners and Integrated Care Systems to focus on respiratory care and provide care to patients with respiratory disease, which will be future proofed for the challenges which lie ahead following the “re-start” of services after the COVID pandemic.

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