A population-focused respiratory service framework

The Primary Care Respiratory Society
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

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 disease
- 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
- 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
- Identification and 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

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

Supportive and palliative 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

System-wide shared patient information including template/management plans

Education and clinical support for generalist healthcare professionals

Patient engagement, peer support and self-management
Asthma in children and young adults

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

Early, accurate and complete diagnosis of respiratory symptoms
- Agreed local diagnostic guidelines
- Early and accurate diagnosis, using appropriate diagnostic 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
- FeNO
- Accurate disease registers including markers of severity
- Risk stratification based on severity
- Agreed local referral pathways to specialist opinion for diagnostic difficulty

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
Asthma adults

**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
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- 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/coroners, including smoking and occupational history
- Bereavement support

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

**Supportive and palliative care**

**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**

**Education and clinical support for generalist healthcare professionals**

**Patient engagement. Quality Improvement**
Education and clinical support for generalist healthcare professionals

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

**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**

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### 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
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
- 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
  - Homeless
  - Prison populations

### 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

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**Education and clinical support for generalist healthcare professionals**

**End-of-life care**

**After death**

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**Supportive and palliative care**

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

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**Treating tobacco dependency**
Interstitial lung disease pathway

**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 multidisciplinary 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 multidisciplinary team
- 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

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

Education and clinical support for generalist healthcare professionals

Patient engagement. Quality Improvement
COPD - out of hospital

**Primary prevention**
- Health promotion and education
- Lung health strategies
- Indoor and outdoor pollution and air quality policies
- 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 care
- 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

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

**Supportive and palliative care**
- 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
- Education and clinical support for generalist healthcare professionals
- Patient engagement. Quality Improvement
**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 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**
- 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

**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

**Supportive and palliative care**

**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**

**Education and clinical support for generalist healthcare professionals**

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