

The service has produced two short films, one for patients and one for prospective referrers into the service. The patient film explains the programme and the benefits of attending, including patients describing their experiences, this can be accessed via www.southwestyorkshire.nhs.uk/our-services/directory/barnsley-cardiacpulmonary-rehabilitation-service/ and should be shown to patients at diagnosis and at their annual reviews if they meet the service criteria.

The referrer film outlines the benefits of utilising the service in terms of both patient and wider health economy outcomes whilst giving a general overview of the service provided. This can be viewed at www.southwestyorkshire.nhs.uk/our-services/directory/barnsley-cardiacpulmonary-rehabilitation-service/

Contacts

Addresses and sat nav postcodes:

- Dorothy Hyman Sports Centre, Syndale Road, Cudworth, Barnsley S72 8LH
- Dearnside Leisure Centre, Goldthorpe Rd, Goldthorpe, Rotherham S63 9EN
- Hoyland Leisure Centre, West St, Hoyland, Barnsley S74 9EH
- Recovery College, 33 Gawber Road, Barnsley S75 2AH

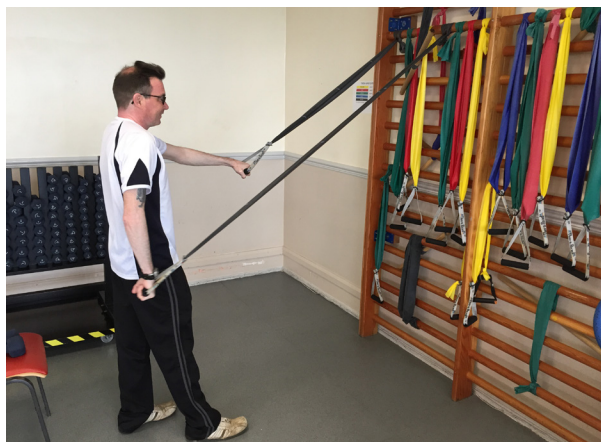
Service contact telephone number: **01226 719781**

Service fax number: **01226 719789**

Referrals can be accepted via the e-referral system (formerly choose and book) or via **nhs.mail: swy-tr.pulmonaryrehab@nhs.net**

Electronic referral forms can be requested from the service.

For respiratory service enquiries please contact the BREATHE team (Barnsley Respiratory Assessment and Therapy service) on 01226 431673.



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Pulmonary rehabilitation

Information for referrers

(GPs, practice nurses and other health professionals)



With **all of us** in mind.

The pulmonary rehabilitation service delivers specialist assessment, planning and care to encourage and support patients through a 6 week programme of exercise and education, helping them to achieve and maintain optimal physical and psychological health.

Each patient receives a full assessment with a personalised plan of care. Before starting the programme, patients will have a pre-programme exercise assessment. They will also undertake pre and post programme outcomes such as a 6 minute walk test, quality of life questionnaires and PHQ 9 and GAD 7 (depression and anxiety scores). The outcomes are shared with the patient after completing the programme and sent to their GP and referrer.

Why a professional should choose the service:

The pulmonary rehabilitation service has a highly skilled team consisting of specialist nurses, specialist physiotherapists, exercise instructors qualified to provide the specialist knowledge needed in cardiac/pulmonary rehabilitation.

We have an integrated team working with other Trust teams such as the Breathe service, and neighbourhood nursing services such as community matrons and district nurses.

Pulmonary rehabilitation has been proven to increase exercise capacity and health status in people with Chronic Obstructive Pulmonary Disease (COPD) who have significant self-reported exercise limitation assessed by MRC dyspnoea scale 3-5.

NICE guideline 101 states pulmonary rehabilitation should be offered to people who consider themselves functionally disabled – MRC dyspnoea 3 or above.

The programme can improve exercise capacity in people with a variety of respiratory conditions other than COPD that affect activities of daily living such as bronchiectasis and interstitial lung disease or COPD MRC dyspnoea 2.



Support offered:

- 6 week programme of individualised exercises
- Group exercise session (twice weekly)
- Education from a variety of health professionals (once per week)
- Onward referral onto appropriate services
- Self-care / self-management skills

Locations:

The service is delivered from four venues across Barnsley: Cudworth, Goldthorpe, Hoyland and Gawber.

Outcomes that can be achieved from pulmonary rehabilitation:

- Increase exercise capacity (measured on pre and post programme walk tests)
- Improved quality of life (measured on pre and post programme quality of life questionnaire)
- Improvement on anxiety and depression scores (measured pre and post programme on PHQ9 and GAD 7)
- Ability to self-care
- Improved engagement with community services
- Improved physical health
- Improved functional capacity
- Relapse prevention
- Self-management skills

Referrals accepted from:

GPs, practice nurses, allied health professionals, consultants, community neighbourhood nursing services, other NHS services

Referral criteria:

Inclusion criteria:

- Diagnosis of COPD or chronic lung condition.
- Clinical assessment must have been undertaken including spirometry and oxygen saturation levels at rest.
- Offer to all appropriate patients including those who have a recent hospitalisation for an exacerbation, those that consider themselves functionally disabled by COPD (usually MRC grade 3 and above).
- Optimised respiratory medication / therapy.
- Motivated to attend and complete the programme.

Exclusion criteria:

- Unstable angina or recent myocardial infarction (3 months).
- Severe aortic stenosis.
- Hypertension >200mmHg Systolic / 100mmHg Diastolic.
- Other co-morbidity disease with prognosis < 6 months.
- Impaired cognitive function.
- Physical disability preventing safe exercise performance (i.e. unsuitable for people unable to walk).
- Awaiting results of further investigations (i.e. cardiac).