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BREATHE Community Respiratory Team Service Update

With **all of us** in mind.

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Who are we?

- We are a team of respiratory nurses integrated into the six neighbourhood teams in Barnsley.
- Two lead respiratory nurses.
- Two respiratory nurses per neighbourhood, delivering nurse clinics and home assessment of patients in their area
- Respiratory consultant delivering two consultant clinic sessions weekly across various sites in the locality
- Access to respiratory physio
- Independent nurse prescribers or working towards.

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Who is it for?

Patients with:

- Barnsley registered GP, or living in Barnsley geographical area,
- Aged 18 and over,
- Diagnosed lung condition- COPD, asthma, bronchiectasis, ILD,
  - Pneumonia, LRTI.

- EXCLUSIONS:
- Heart failure (except for oxygen assessment),
- Acute chest infection without background of lung disease,
- Pulmonary rehabilitation,
- Ventilatory disorders (OSA, OHS).

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Services provided.

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- Exacerbation support service- LRTI, pneumonia, exacerbation of chronic respiratory disease,
- Home oxygen – LTOT, AOT, POT, SBOT.
- Nebuliser assessment service,
- FeNO testing,
- Early supported discharge,
- Admission avoidance,
- Enduring support,
- Respiratory rehabilitation pathways (COVID and rehabilitation),
- Support to virtual ward acute respiratory pathway.
- Advice and guidance 8am-8pm (Respiratory Nurse) or 8.30-9.30am (Consultant)

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Response Times

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Crisis (2 hours):

At Risk of hospital admission and requires assessment because of:

- A diagnosed condition, e.g. chest infection
- Is experiencing a deterioration/exacerbation of a long-term condition (excluding asthma)
- Has become unable to manage at home due to recent hospital discharge
- Patients with a sudden deterioration of terminal condition e.g. EOL,
- Patients with a combination of above factors, along with social/cognitive/memory problems that may require a place of safety, whilst investigations can be taken to confirm or exclude a physical condition (step up bed via RCB)

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Response Times

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Urgent (24 hours):
At risk of deterioration to crisis point without same day assessment because is:

- Experiencing an exacerbation of a long-term condition that is normally stable (excluding asthma)
- Deteriorating terminal condition
- Currently safe to remain at home

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Response Times

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Routine (72 hours):

In a stable condition but requires care or support after a short illness

- Patients who have not fully responded to initial exacerbation management treatment who remain symptomatic but not unwell or unstable enough to require a visit within 24 hours.
- Deteriorating terminal condition
- Currently safe to remain at home

Planned (7 days)/ Proactive (Over 7 days)

- Consultant clinic,
- Oxygen assessments.

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Exacerbation support

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- For patients at risk of hospital admission and requires assessment/ treatment because of an exacerbation of diagnosed lung condition with or without infection.
- Respiratory nurse will visit patient at home within 2 hours and carry out full assessment which includes baseline observations, assessment of clinical symptoms, chest exam and CRP POCT.
- Non-medical prescribers will prescribe acute treatment, if necessary, which can also include short term nebulised Salbutamol if needed.
- Will be reviewed on regular basis at home according to clinic need.
- Before discharge from service, patient is provided with education about self-management of condition including techniques to manage breathlessness, assessment and education of effective inhaler techniques, self-management plans, vaccination advice, onward referral to stop smoking services and pulmonary rehabilitation.
- Patient is encouraged to self-refer back to service in the event for future exacerbation support/ assessment/ treatment.

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Oxygen

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- Locally there is to be an increase in the number of people with chronic respiratory disease who meet eligibility criteria for referral for assessment for home oxygen who are identified in a timely manner and are assessed and managed in line with national guidelines
- To increase the percentage of patients with respiratory disease who would benefit from LTOT.
- Oxygen is prescribed in a cost-effective manner.
- Increase patients' compliance with their oxygen prescription.
- Oxygen is stopped in patients who consistently are not utilising their oxygen, are deriving no clinical benefit or no longer fulfil the clinical criteria.
- Increase the safety of home oxygen provision,
- To promote and embed long term oxygen therapy as a key component in the management of patients with COPD and other respiratory conditions.

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Obligations on referrers for oxygen assessment

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- Should have quality-assured clinical diagnosis and be medically optimised
- Pulse oximetry should be undertaken to determine whether the individual is hypoxaemic
- If diagnosis unclear or significant co-morbidities that may contribute to breathlessness or hypoxaemia, they should be referred to the appropriate specialist physician
- Potential hypercapnic respiratory failure should also be reviewed by physician
- Patients whose SpO2 is borderline may need further ax if breathless on exertion or when sleep disordered breathing is a possibility
- Patients who have oxygen initiated for palliative care by primary or secondary care should inform HOS.

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Nebuliser Assessment

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Goals

- A reduction of long-term use of nebulised bronchodilators
- Increase in safety in the use of nebulised therapy ensuring it is only prescribed to patients who really need it.
- Provision of advice and support to patients and carers so they understand how to administer the therapy
- Provision of quality assured equipment and servicing of equipment
- SOP to be developed

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Referral process

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- E-mail referral proforma to RightCare Barnsley Integrated SPA:
  - RightCareBarnsleyIntegratedSPA@swyt.nhs.uk
- Electronic referral (SystmOne practices)

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