

Moving Forward Together.



# A Cross System Approach to Respiratory Care

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# A Cross System Approach to Respiratory Care

- Examples of good practice
- Potential In Patient Service
- Potential Out Patient Services
- Collaborations



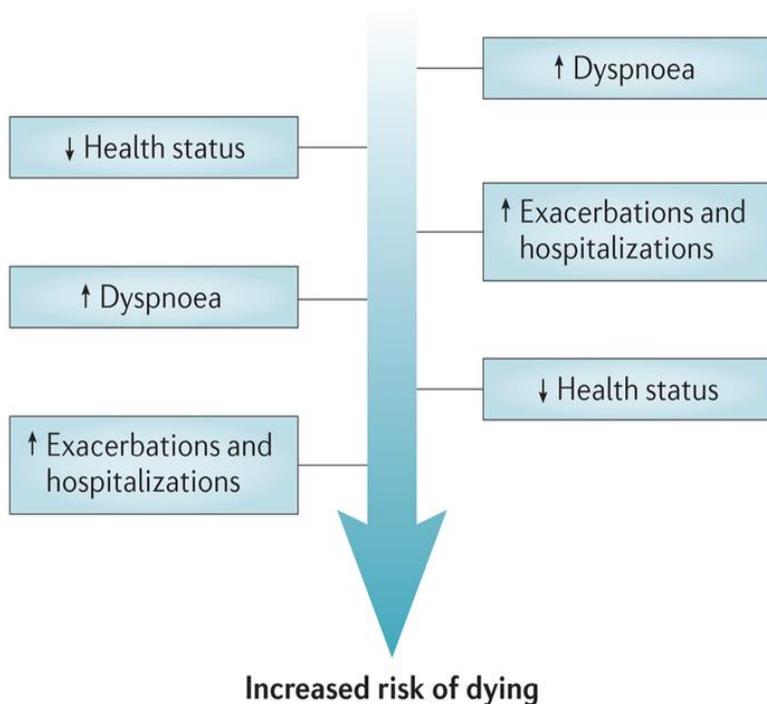
- Care pathways cross boundaries and are not just about traditional health services but may include other social care environments.
- AHPs are key to encouraging individuals to take a preventative approach to long term health



## Current good practice in Respiratory Care

- COPD affects 129 000 people in Scotland
- Predicted increase of 33% in twenty years
- Most common cause of presentation to hospital in Scotland
- Responsible for 46 346 bed days in GG+C
- Bed occupancy increasing
- Accounts for 6% of all deaths in Scotland (4 500 / annum)

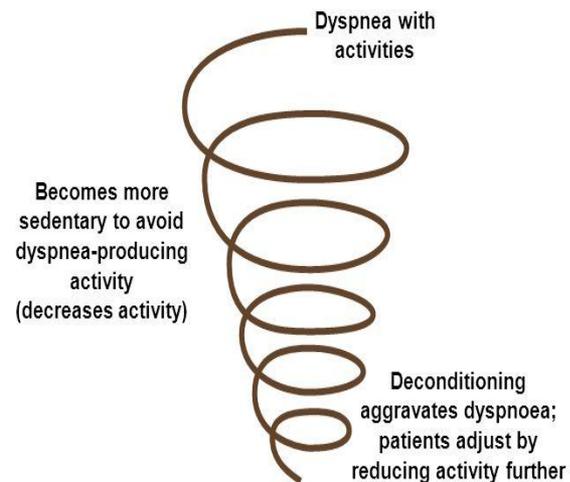
## COPD, progressive airflow limitation



Nature Reviews | **Disease Primers**

<sup>4</sup> Early intervention may interrupt the downward spiral of activity-limiting symptoms

### The dyspnea–inactivity downward spiral



Reardon JZ et al. Am J Med 2006;119(10 Suppl 1):32–72  
ZuWallack R. COPD 2007;4:293–7

## In patient approach

- COPD admissions – one admission predicts the next
- Repeat admissions - medication effects, deconditioning, lost muscle mass, reduced activity, breathlessness
- Early pulmonary rehabilitation
- Discharge in better condition, better QoL, reduced admissions.



# Specialist, reactive, coordinated

Advanced  
assessment

Breathlessness  
Strategies



Emotional Wellbeing

ADL/ equipment

Self  
Management



Virtual Ward –  
secondary  
review

Home PR  
Community  
links



Chest clearance

Medication Review

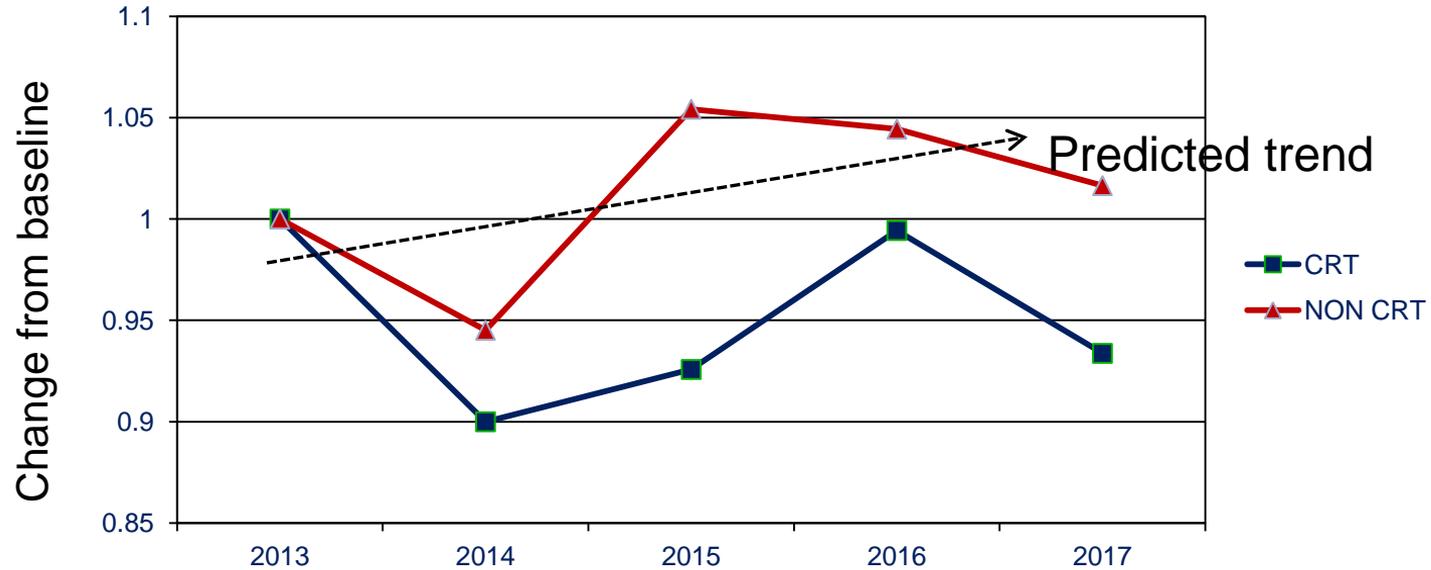
Nutritional health



# A Community Respiratory Team: The Impact

- Comparable readmission and mortality with IP management
- Clinically and statistically significant improvements in disease impact (CAT)
- Clinically and statistically significant improvements Quality of Life (EQ5DL)
- 85% person centred goal attainment
- GPs 75% reported reduced home visits
- 22% reduction in hospital admissions post intervention
- Estimated Net savings: £463,780 to £1,087,564 per annum

# GG+C COPD (J40-44) Bed Days Change from 2013



	2013	2014	2015	2016	2017
CRT	23877	21488	22104	23741	21624
Non CRT	10709	10121	11289	11184	11006

# Moving Forward Together.

1.0 WTE Band 7 Team Lead/ Physiotherapist  
7.0 WTE Band 6 Physiotherapists  
3.0 WTE Band 6 Respiratory Nurses  
1.4 WTE Band 7 Pharmacist  
1.0 WTE Band 6 Occupational Therapist  
0.5 WTE Band 5 Occupational Therapist  
1.0 WTE Band 6 Dietician  
1.5 WTE Band 3 Rehab Support  
1.0 WTE Band 3 Team Secretary  
0.05 WTE Resp Consultant

'I am more than happy to acknowledge there are professions better than me to deal with certain patients'

Dr David Anderson,  
Consultant





# Multidisciplinary Advanced Clinical Practice

## Vision

To enable a skilled and knowledgeable Advanced Clinical Practice workforce to be used effectively to enhance the capacity of the **existing** health workforce to ensure a quality service for patients, now and in the future



## Drivers

- **Increased service and workforce demand**  
Medical workforce shortages  
*- AHP led clinics, improve pt journey, reduced/appropriate prescribing, non pharma Rx.*
- **To reduce or avoidance of A&E admission**  
*- Tier 4 AHP review, Rx, D/C, support, refer*
- **To enable care closer to home**
  - *Community Respiratory Team*
- **24/7 services,**  
*flexible working, extended services*



## Who are AHPs?



- AHPs are a diverse group of highly skilled professions and both as specialist clinicians and clinical leaders, are key to the delivery of a high quality patient-centred services
- AHPs are key to delivering a care service along complete care pathways



# Consider Allied Health Professionals

11,154 AHPs in Scotland – 8% of total 140,000 workforce

Lowest vacancy rate - 3.9%(7.4% Dr, 4.5% Nurse)

Third largest workforce in NHS

Assess, diagnose, treat and discharge

Independent practitioners

Advanced practice specialist and generalist skills

Prevention / improving health and wellbeing

Non pharmacological means in conjunction with traditional approach

Workforce transformation is key for sustainable service models.

Upskilling / utilising existing workforce

Future workforce models with new roles to be developed.

Invest in training to save



# Examples of Respiratory Physiotherapy led clinics

## Physiotherapy led bronchiectasis clinic - Lancashire

- Patients triaged from HRCT to clinic
- Complete case management with advanced practice skills

## Chronic cough clinic – Lancashire, Ipswich, London

- Patients triaged from referral
- Advanced practice skills allows for investigation referral and Rx

## Difficult asthma and breathlessness clinic – Manchester, London, Lancashire

Physiotherapy led NIV, long term ventilation and complex airways service.  
In conjunction with SLT - Lancashire

# Speech and Language Therapy role in Respiratory Services

- Key role in assessment and management of oro-pharyngeal dysphagia
- SLT-led Video Fluoroscopy clinics per week (NMR status under IR(ME)R) (14% referrals from Respiratory)
- Chronic cough and vocal cord dysfunction
- Complex airway management
- Lung cancer
- Growing body of peer-reviewed evidence

# Examples of SLT impact in practice

- Identification and management of dysphagia in lung cancer ( Guy's and St Thomas')
- Dysphagia and COPD (Yorkshire)
- Vocal cord dysfunction in complex airway management (Lancashire)



## Do AHPs have enough skills?

- Advanced practice practitioners
- Autonomous
- Independent prescribing - qualification
- Advanced clinical practice knowledge and skills – qualification
- Investigations – requesting, interpretation and action
- X ray requesting and basic interpretation



# How could we make a difference?

- Reduce waiting times for clinics
- Reduce burden on consultants
- Improved patient journey
- Quality      Time to talk      Contact



# Random review of a Respiratory Clinic

30-40% return patients could be safely seen, treated and discharged by advanced practice Physiotherapist and Speech therapist

Cost saving

Time Saving

Patient focused

Right time

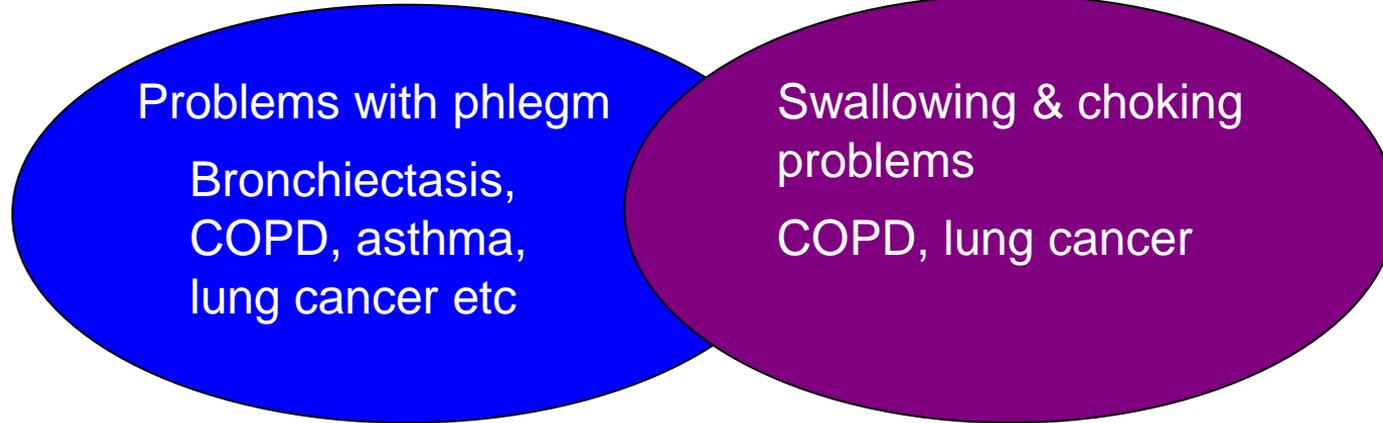
Right person

Right condition



Physiotherapy

Speech therapy



Combined

Complex asthma, chronic cough, vocal cord dysfunction



# A Cross System Approach to Respiratory Care

## Discussion Points

- Multiple Respiratory conditions which benefit from MDT approach-
  - COPD, Lung Cancer, Asthma, Non-CF Bronchiectasis, Chronic cough, breathlessness
- Role of Cross System approach for Prehabilitation in patients for surgical intervention (eg ENT, lung cancer, AAA repair)
- Role of Cross Speciality working- breathless clinics, cough clinics

# Case Study

- 57 yr old female
- Exertional chest pain and SOB
- Referral from Cardio, symptoms for 10yrs- Ix at ANO
- Multiple meds with SEs
- 4 x Cardio clinic appointments last 2 yrs
- 1 x A+E
- Echo, ETT, thallium, CT Coronary Angio, 24 hr tape, 24 hour BP, PFTs, HRCT
- Referred Resp-CPET- impaired ventilation- Physiology led test
- ✓ **3 physiotherapy sessions**
- ✓ **Able to cycle from Glasgow to Edinburgh**
- ✓ **Stopped all medications**