

STANDARD OPERATING PROCEDURE RESPIRATORY PHYSIOTHERAPY OUTPATIENT SERVICE

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	Jan 2024	New SOP - Completed for service following One Community Transformation. Approved at Community Services CNG (18 January 2024).

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1. INTRODUCTION

The following document aims to outline the operational procedures for Respiratory Physiotherapy Outpatient Service for the geographical locality of Scarborough, Ryedale and Whitby. It provides detail of referral, assessment, management and discharge process.

The Respiratory Physiotherapy Outpatient Service can provide assessment and treatment for people living with symptoms of chronic respiratory disease, focussing on providing education and supported self-management strategies.

Respiratory physiotherapy aims to optimise breathing function through patient education and the teaching of breathing control and airway clearance techniques. It may be appropriate to introduce use of oscillatory positive expiratory pressure devices.

Patients are assessed on an individual basis, and the number and location of treatment sessions will vary depending on the specific needs of each patient.

We accept referrals from primary and secondary care: consultants, GP's and healthcare professionals including physiotherapists and nurse specialists.

Patients with diagnosed long term lung conditions, including:

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma / Chronic Obstructive Pulmonary Disease Overlap Syndrome (ACOS)
- Bronchiectasis
- Interstitial Lung Disease (ILD) including Idiopathic Pulmonary Fibrosis (IPF)

This Standard Operating Procedure (SOP) has been produced in line with recommendations from the Gold Global Initiative for COPD (2023), NICE Clinical Guidelines and Standards for COPD (2019) and BTS Guideline for Bronchiectasis in Adults (2019).

2. SCOPE

This SOP outlines the process to follow for the respiratory physiotherapy outpatient service within Humber Community Services. It is developed to provide clear procedural guidance for clinical staff of all banding and students within the Trust, for the specialist area of Respiratory Physiotherapy.

This document will be shared as part of the induction process for new starters, students and temporary staff to ensure compliance with the systems and processes specific to the service. Clinical reasoning and professional experience should be used to inform the appropriateness or priority of a referral.

3. DUTIES AND RESPONSIBILITIES

Service Managers, Therapy Lead and appropriate Clinical/Professional Leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Therapy Lead/Service Managers/Advanced Physiotherapists have responsibility for ensuring the quality of clinical interventions and record keeping by their staff and monitoring compliance with this policy and procedure through the supervision and audit process.

All relevant clinical staff will familiarise themselves and follow the agreed SOP and associated guidance. They will use approved documentation on SystmOne as per policy and SOP. They will make their line managers aware of barriers to implementation and completion.

4. PROCEDURES

4.1. REFERRALS AND TRIAGE

Referrals are accepted from any health care professional using the trusts Single Point of Contact (SPOC) referral form. The SPOC form should be submitted by electronic referral on SystmOne, emailed to hnf-tr.csspoc@nhs.net or telephoned to SPOC on 01653 609609.

If a referral is received by post, subject it being appropriate and meeting standards, it should be forwarded to SPOC to scan and upload onto SystmOne.

Once the referral has been received it should be added by SPOC staff to the 'Triage – Respiratory Physiotherapy' inbox on SystmOne.

Once here, the referral should be triaged by the Specialist Respiratory Practitioner (B7) or Specialist Physiotherapist (B6) within 7 days. The referral should be either:

- Accepted, with the caseload reassigned to 'Respiratory Physiotherapy', and the patient added to the waiting list of the same name.
- The patient should be booked into a Respiratory Clinic in the soonest slot available (see procedure below) in an appropriate location for the (Scarborough, Ryedale or Whitby).
- Reviewed – SPOC tasked to request further or supporting information from referrer (mandatory requirements for referral to follow)
- Rejected as inappropriate based on the inclusion / exclusion criteria (see section 4.3)

A task should then be sent to SPOC with a request to allocate a 'Respiratory Clinic Appointment' at the most appropriate slot in Scarborough, Ryedale or Whitby, and a letter (of the same name) should be sent to the patient. If the appointment is within 2 weeks of the referral the patient should be contacted via phone to confirm their attendance.

4.2. KEY PARTNERS

Key partners include:

- GP's / ACP's (general practice partners)
- Practice nurses
- Community therapists and district nurses
- Acute hospital trusts (respiratory nurses, consultants, and emergency care)
- Urgent treatment centre
- Patients and carers

4.3. INCLUSION / EXCLUSION CRITERIA

The respiratory physiotherapy outpatient service can provide education and supported self-management to people living with chronic lung diseases to optimise and maintain their lung health.

Patients are assessed on an individual basis, and the number of treatment sessions will vary depending on the specific needs of each patient.

Please refer patients who require assessment and treatment for secretion clearance, frequent exacerbations and breathlessness management guided by the criteria below.

We accept referrals from primary and secondary care: consultants, GP's, community therapy teams and healthcare professionals including physiotherapists and nurse specialists.

Inclusion Criteria:

- Patients 18 years of age and over
- Patients with a confirmed respiratory diagnosis
- Patients fully optimised with appropriate pharmacological treatment

Exclusion Criteria:

- Under 18 years of age
- Patient without confirmed respiratory diagnosis still undergoing investigation
- Patients with uncontrolled asthma not optimised
- Patients with suspected breathing pattern disorder / hyperventilation syndrome
- Patients unable to travel to clinic (unless discussed prior with practitioner)

Mandatory fields for the referral to include:

- Consent to information sharing (preferred)
- Full summary of patient medical history and medications

Useful fields for the referral to include:

- Relevant recent investigations: CXR, CT Scan, Sputum Cultures, Spirometry.

4.4. LOCATION OF SERVICES

Respiratory Physiotherapy Outpatient Services are delivered in 1:1 clinic in the following venues:

- Malton Community Hospital
- Whitby Community Hospital
- Scarborough:
 - Eastfield Medical Centre
 - Prospect Road
 - Scarborough Rugby Club

If patients have more complex pathology and require specialist input for their chest management, above the scope of a community physiotherapist, a home visit may be required if they are unable to attend an outpatient clinic.

The waiting list for assessment will be managed in line with the community Services waiting list and attendance SOP (link).

4.5. ASSESSMENT AND TREATMENT

4.5.1. INFORMED CONSENT AND ASSESSMENT

The Physiotherapist will introduce themselves and the purpose and procedure. The initial appointment will be for the 45-60 minute appointment.

A comprehensive subjective and objective assessment is carried out, by the specialist respiratory physiotherapist, including gathering information on the patient's respiratory symptoms, past medical history, medications and physical function. Baseline measurements may be taken, such as: SpO₂, HR, BP, MRC Dyspnoea Score or auscultation. This is recorded on Systmone, along with NOK.

Patients may also be asked to complete questionnaires relevant to their condition, such as the Hospital Anxiety and Depression questionnaire (HAD), the COPD Assessment Test (CAT), Hull Cough Questionnaire etc.

4.5.2. INTERVENTION

Respiratory physiotherapy intervention can consist of the following:

1. Education on lung condition
2. Education on medication (without prescribing) e.g. inhaler technique
 - a. Request of adjuncts to aid optimisation e.g. spacer device
3. Referral to stop smoking services
4. Education on airway clearance:
 - a. Active Cycle Breathing Techniques (ACBT)
 - b. Provision of Oscillating Positive Expiratory Pressure (OPEP) Device
 - c. Autogenic Drainage
5. Education on managing exacerbations:
 - a. Advice on / request of sputum sampling
 - b. Advice on rescue antibiotics / steroids (without prescribing)
6. Education on breathlessness management:
 - a. Breathing Retraining
 - b. Breathing Control (BC) techniques
 - c. Potential liaison with GP / Respiratory Consultant
7. Facilitation of activity:
 - a. Assessment of mobility
 - b. Provision of appropriate walking aid
 - c. Provision of appropriate exercise programme
 - d. Completion of GP exercise scheme referral:
(<https://survey.eacommunications.co.uk/home/index?id=1743&NewSession=1>)
 - e. Signposting to support services
8. Liaison with GP / respiratory consultant / other community services / specialist centres if required

Supporting printed materials would be offered to patient to ensure their ability to refer back to once their intervention has been explained; these can be found on the V:Drive - V:\PCC\S&R - Specialist Services\Private\Respiratory

4.5.3. DISCHARGE PROCEDURE

If the patient treatment is completed, the physiotherapist will complete and send discharge letters to the referring clinician, the GP and the patient when treatment is complete.

If a patient is admitted to hospital whilst still under the care of the physiotherapist but wishes to resume once well enough, the physiotherapist will contact the patient to discuss a suitable option; resuming treatment plan once appropriately recovered.

Patients should then be discharged on SystemOne to close their referral.

Patients who do not attend for appointments will be managed in line with the intranet.humber.nhs.uk/Policies/Clinical_Policies/C_Policies/Was_Not_Brought_and_No_Engagement_Policy_N-072.pdf and also the divisional waiting list and attendance SOP

5. WORKFORCE AND STAFFING

The service is delivered by Specialist Respiratory Physiotherapy staff at band 6 and 7 level. The service is led by the band 7 Physiotherapist. Patients can also be supported by a band 4 Associate Respiratory Practitioner. Administrative support is provided by SPOC team staff.

Staff working on external sites need to follow the Trust lone working procedures available on the intranet.

6. STAFF TRAINING AND COMPETENCIES

Staff should complete adequate training in all equipment and procedures involved with Respiratory Physiotherapy Outpatient Service to ensure that they are competent. Staff competency framework checklists can be found on the local V:Drive.

Staff are also required to review relevant literature / research and encouraged to attend approved training courses to maintain continued professional development.

7. REFERENCES

Chronic obstructive pulmonary disease in over 16s: diagnosis and management. London: National Institute for Health and Care Excellence (2019). Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK542426/>

Chronic obstructive pulmonary disease in adults. London: National Institute for Health and Care Excellence (2023). Available from: <https://www.nice.org.uk/guidance/qs10>

Global Strategy for Prevention, Diagnosis and Management of COPD: 2023 Report. GLOBAL (2023). Report. Available at: <https://goldcopd.org/2023-gold-report-2/>

Pulmonary Rehabilitation Service Guidelines, (2020) NHS England Improvement. Available at <https://www.england.nhs.uk/wp-content/uploads/2020/03/pulmonary-rehabilitation-service-guidance.pdf>.

Hill, T.A., Sullivan, L. A., Chalmers, J., *et al* (2019) British Thoracic Society Guideline for bronchiectasis in adults *Thorax*, **74**, pp1-69.

APPENDIX A: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Respiratory Physiotherapy
2. EIA Reviewer (name, job title, base and contact details): Bev Quarton, Pulmonary Rehabilitation Lead, Malton Hospital
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Procedure

<p>Main Aims of the Document, Process or Service</p> <ul style="list-style-type: none"> Respiratory physiotherapy aims to optimise breathing function through patient education and the teaching of breathing control and airway clearance techniques. It may be appropriate to introduce use of oscillatory positive expiratory pressure devices. This SOP outlines the process to follow for the respiratory physiotherapy outpatient service within Humber Community Services. It is developed to provide clear procedural guidance for clinical staff of all banding and students within the Trust, for the specialist area of Respiratory Physiotherapy.
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	<p>Resp PT inclusion criteria >18yrs old Commissioning contracts</p>
Disability	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory Physical Learning Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	<p>Incorporate adaptations to support patients needs</p>
Sex	<p>Men/Male Women/Female</p>	Low	<p>No bearing on treatment</p>
Marriage/Civil Partnership		Low	<p>No bearing on treatment</p>
Pregnancy/Maternity		Low	<p>Unlikely to be referred</p>
Race	<p>Colour Nationality Ethnic/national origins</p>	Low	<p>Interpreters available as per Trust guidelines (see section 13)</p>

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Adaptions made as per patient cultural preferences / religious observations.
Sexual Orientation	Lesbian Gay men Bisexual	Low	No bearing on treatment
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No bearing on treatment

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
Equality & Diversity and access to services underpins the standards of Respiratory Physiotherapy as per Trust policy and GOLD guidelines (2023).	
EIA Reviewer: Bev Quarton	
Date completed: 17/11/23	Signature: B. Quarton