Appendix 7

Summary of physio input to the Integrated Respiratory Team

Home Exercise Programme

39 referrals for a HEP were received. 4 declined input, 1 has not responded to attempts to contact, 3 were unsuitable for input. 15 had their input suspended as a result of COVID-19. Three patients stopped their HEP due to other health reasons after starting. Of the 12 patients who have completed the programme so far, 10 improved their exercise tolerance significantly and all patients improved their CAT score significantly. Five patients were enrolled onto PR following their HEP, who otherwise wouldn't have attended.

The small numbers are due to the length of treatment required, and that the assistant practitioner not being in post for the first part of the project. The results are promising in terms of improvements seen and shows that offering a formal home exercise programme with one to one follow up can be a good alternative to PR. It can also serve as a pre-cursor to getting patients into a PR course, which they otherwise wouldn't have accessed.

Better Breathing

A total of 5 patients completed the course over 2 months. Each patient reported that the course has helped them to feel better about managing their COPD, and that they were reassured by the support available to them which they hadn't necessarily realised previously. 2 patients improved their CAT score significantly, and all improved their 5RSTS significantly. 2 patients asked for a referral to traditional PR following completion of the course. The courses were slow to get going due to staffing numbers needed and locating a suitable venue. The courses were cut short due to COVID-19.

I think that despite the small numbers, this was an extremely valuable option as an alternative to standard PR, which was well received by the GP practices that I have spoken to, with one practice asking on a regular basis when we could start there. We were unfortunately not able to get on top of this due to staffing issues.

Physiotherapy input for Non-COPD patients

This mainly consisted of patients with neuromuscular weakness patients. I feel this is important because of the impact this service could have, and formed quite a large part of my clinical caseload during the IRT, despite the relatively small numbers.

14 patients were referred specifically with airway clearance issues as a result of neurological conditions. A range of diagnoses were seen, including stroke, Parkinson's Disease, Multiple Sclerosis, Von Hippel-Lindau Syndrome, spinal cord injuries and motor neurone disease. It is estimated that an average of 30-40 bed days/year were saved across these patients, including one patient who has not been admitted for 406 days (as of 26/6/2020) compared to 49 days between admissions prior to this input.

There has been a previous report by various professionals in OUH estimating that having a team of 4 WTE physiotherapists (B5-7) to do this work across the county could save up to 25% of their

admissions to hospital (105 admissions totalling 1124 bed days in their data). My role had a band 6 physio working with me for a total of 3 months to achieve these results.

Ongoing work to establish need across the county and formal pathways for referral is needed, with a more longer term evaluation period to determine the success and efficacy of a service like this. I am ware that previous proposals for a service like this have suggested a minimum of 3 years to truly be able to evaluate the impact of community physiotherapy input on hospital admissions.

There is currently no community physiotherapy provision for patients in this category other than myself.

Other Physiotherapy Input and duties

I also spent time providing airways clearance advice, breathlessness management and COPD support for patients within the IRT area. I attended clinics with [redacted] where [redacted] wasn't available and also supported the organisation and delivery of the study days that were run. I was also a part of the palliative team, which has a separate report.

In total, 229 individual patients were seen by a physiotherapist, with 508 sessions completed (either face to face or telephone consultations). 35 patients who had previously declined pulmonary rehabilitation were referred for PR as a result of physiotherapy input, and were offered a place on the next available course to maximise uptake.

Thoughts from the Project

Community Physiotherapy input for respiratory conditions and respiratory complications of non-respiratory conditions is vital, though essentially non-existent in Oxfordshire. The data of my role helps to show how useful any input can be, and hopefully shows the need for a properly funded team.

I could not have done this role without the use of our locum physio for 3 months, and without the band 4 assistant practitioner role. It would also have been much harder had there not been integration with the current PR service, which allowed some cross cover when referrals were high. As a result of this, no patient had to wait more than 2 weeks for input during the course of this pilot.

To be able to go countywide, a formal review of the needs of patients and therefore number of staff needed is required. It will not be possible to offer this service countywide with just 1 physio.

Alternatives to PR are essential to be able to offer more to patients where "standard" isn't right for them. This needed to be run outside the PR team due to staffing at present, but should longer term sit within the commissioned service for PR.

IT systems have generally caused us problems throughout the project.

Slow recruitment into posts had a large impact. Once things like the home exercise programmes, palliative care meetings were up and running, it showed just how well we can provide joined up, holistic care to patients with respiratory problems.

Opportunities for shared learning were great. Seeing new roles fit into respiratory care, such as the OT and the palliative care teams really enabled the team to thrive and work well together. Patients often noticed where there was that joined up care and commented on it.

IRT Physiotherapist
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