Wiltshire
HEALTH AND CARE

NHS

Wiltshire Community Respiratory Team

Geographic Area:
All patient registered to GPs in North, West and East Wiltshire

Team:
Respiratory Clinical Lead nurse Band 7 (2.0 wte)
Respiratory Nurse Band 6 (0.6 wte)
Respiratory Physiotherapist Band 6 x 2 (1.8 wte)
Assistant Practitioner Band 4 (1.0 wte)
Physiotherapy Assistant Band 3 (0.6 wte)
Total staff = 6.0 wte

Service provision:

- Complex respiratory care - frequent admissions/ housebound/severe disease/end stage/ GP concerns.
- Specialist respiratory nurse support to community teams and practice nurses
- Pulmonary Rehabilitation Programme across North, West and East Wiltshire
- Wiltshire Home Oxygen Service for respiratory and cardiac disease – North, West and East Wiltshire. Not commissioned for palliative oxygen prescription.

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Wiltshire Community Respiratory referral from is available is on Ardens template.
Send referral form by Email: GWH.WiltsO2@nhs.net
Contact the Community Respiratory Team : 01249 456607

Management guidelines and links:

- BSW COPD Guidance (August 2019) – Wiltshire CCG Medicines Management (bswccg.nhs.uk)
- https://www.nice.org.uk/guidance/NG115
- Key learning points: GOLD COPD 2020 report | Key learning points | Guidelines in Practice
- https://www.brit-thoracic.org.uk/quality-improvement/guidelines
- Home Oxygen Service | Air Liquide Homecare UK - Home Oxygen Portal (airliquidehomehealth.co.uk)

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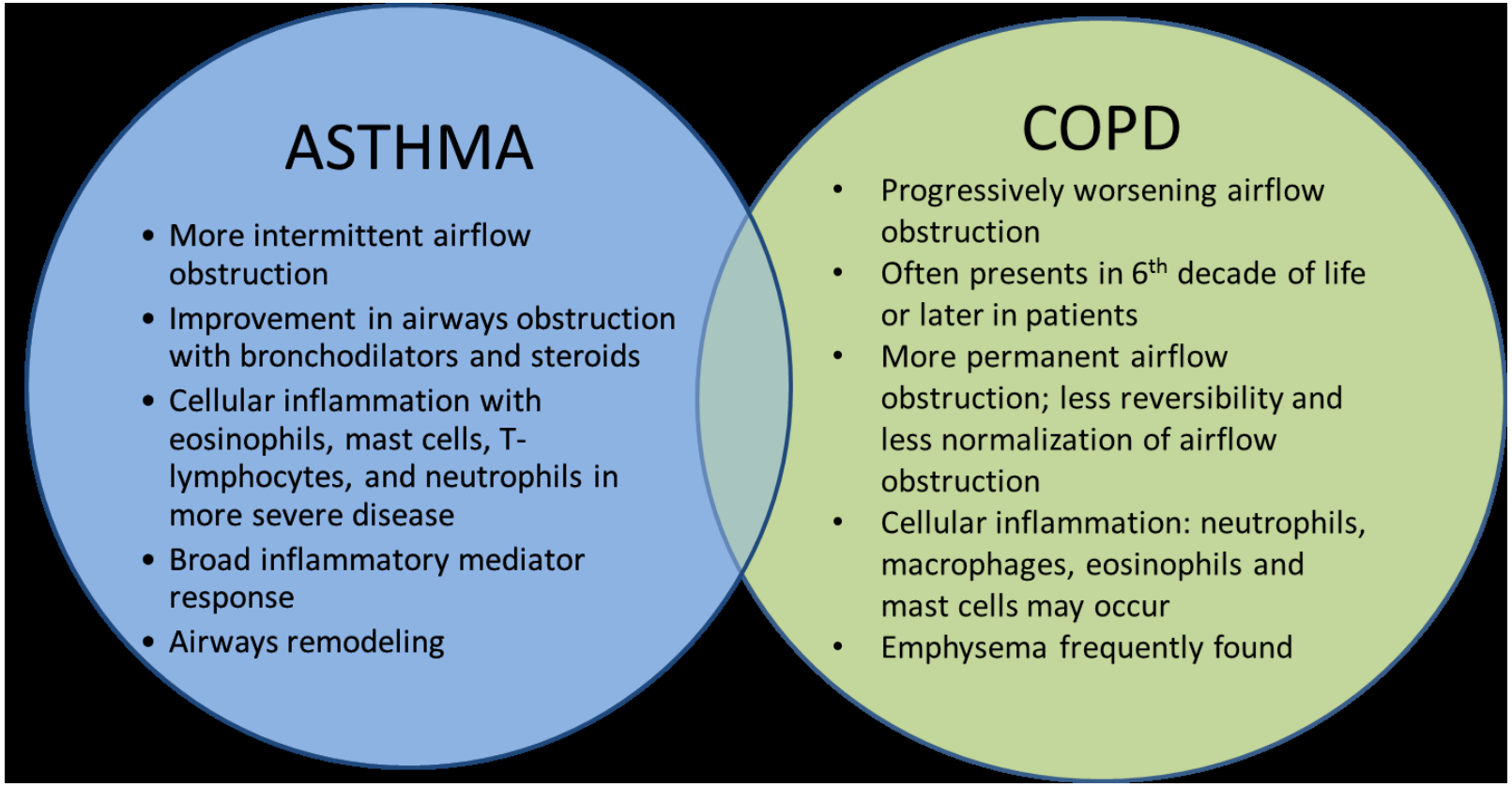
Is it Asthma or COPD?



Managing Breathlessness
- for discussion

- Respiratory support and education for patients and family members/ carers.
- Breathing control exercises,
- Relaxation
- Address anxiety management
- Pulmonary Rehabilitation
- Appropriate training in use of inhalers – correct inhaler technique
- Use of nebulisers – yes or no?
- Use of Oxygen – yes or no?
- Use of opiates

Nebulisers

Nebulisers are only considered when…

- the patient cannot achieve bronchodilator relief with inhalers + aerochamber device.
- the patient is discharged home from hospital with a nebuliser to continue or complete a treatment plan.
- the patient is not able to activate inhaler
- the patient has severe symptoms and admission can be avoided with nebuliser use.

Nebuliser use should be reserved for use in worsening symptoms and then reduced as symptoms improve. The patient should then be supported to achieve equal benefit from inhaler + Aerochamber use.

Patients should not be encouraged to buy their own nebuliser. This is because the patient will be responsible for purchasing their own consumables, servicing and repairs.

- The patient should have a practice nurse assessment and review of inhalers,
- If a nebuliser is appropriate the patient can be referred to the community respiratory team for further assessment at home.
- A nebuliser and all appropriate consumables will be ordered from Medequip
- Wiltshire Community teams have 2 nebulisers in stock in case GP needs an urgent nebuliser to avoid a hospital admission.

Prescribing Palliative Oxygen

Community respiratory team is not commissioned to provide Palliative oxygen.

NICE guidance states that Oxygen can be prescribed to palliate end of life symptoms in last few days of life.

GPs can prescribed Palliative oxygen on a PART A HOOF directly.- please always choose a static concentrator for the patient- not a large cylinder.
NB – GPs cannot order ambulatory oxygen so there is often problems and we are asked to do non commissioned work in order to allow the patients to get to appointments etc with oxygen.

Oxygen is not prescribed for breathlessness. Other management options need to be considered. e.g. Hospice referral for anxiety/ breathlessness management , prescribing Opiods

Managing COPD exacerbations / Use of Rescue medications.

Discussion points:

- Asthma exacerbation:
  Asthma, acute | Treatment summary | BNF content published by NICE
- COPD exacerbation:

Scenario: Acute exacerbation | Management | Chronic obstructive pulmonary disease | CKS | NICE

Patient history :

- 2 or more days of worsening COPD symptoms.
- Can they identify if changes in sputum colour and viscosity – is it an infection or not?.
- Has the sputum change been present consistently over 2 or more days(often darker and thicker in mornings and improves through the day)
- Have they got a self management plan? Are they following it?
- Can they be seen face to face or on a video call to assess more visually.
- Can you see latest prescribing history re rescue meds? - what action do you take?

Managing COPD rescue medications

Practicalities of dealing with COPD exacerbations…

- Is it an non infective exacerbation – a virus / cold?
- Do they need rescue meds – antibiotics +/ - steroids?
- If its worsening breathlessness can you rule out other causes before issuing rescue meds too quickly?
- How many times have rescue meds been issued in recent months?
- Are you informing GP to review pt? Who is going to follow up on this exacerbation?
- Consider bone protection for repeated or long term steroids use
- Consider PPI use .

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Q&A

- What patient are suitable to hold rescue medications at home?
- Rescue medications should not be on repeat prescriptions?
- Are the patients followed up after requesting rescue meds?
- Are the patients calling to tell GPs they have started their rescue meds for an exacerbation?
- Can we see patients with frequent use of rescue meds?
- Are the patients being seen prior to giving antibiotics and steroids?
- When do patients get called in if repeated use of antibiotics / steroids?
- Is it always an infection or just increased breathlessness??
- Do all COPD and Asthma patients get a written action plan/ self management?

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Working in partnership
Great Western Hospitals NHS Foundation Trust
Royal United Hospitals Bath NHS Foundation Trust
Salisbury NHS Foundation Trust