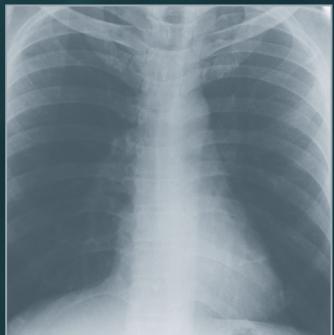


National COPD Audit Programme



Pulmonary Rehabilitation: Time to breathe better

National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme:
Resources and organisation of Pulmonary Rehabilitation services in England and Wales 2015

National organisational audit Executive summary November 2015

Prepared by:



Royal College
of Physicians



British
Thoracic
Society

In partnership with:



Royal College of
General Practitioners



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Working in wider partnership with:



The Royal College of Physicians

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The British Thoracic Society

The British Thoracic Society (BTS) was formed in 1982 by the amalgamation of the British Thoracic and Tuberculosis Association and the Thoracic Society, but their roots go back as far as the 1920s. BTS is a registered charity and a company limited by guarantee. The Society's statutory objectives are: 'the relief of sickness and the preservation and protection of public health by promoting the best standards of care for patients with respiratory and associated disorders, advancing knowledge about their causes, prevention and treatment and promoting the prevention of respiratory disorders'. Members include doctors, nurses, respiratory physiotherapists, scientists and other professionals with an interest in respiratory disease. In September 2014, BTS had 2950 members. All members join because they share an interest in BTS's main charitable objective, which is to improve the care of people with respiratory disorders.

Healthcare Quality Improvement Partnership (HQIP)

The National COPD Audit Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit Programme (NCA). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. Its aim is to promote quality improvement, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. HQIP holds the contract to manage and develop the NCA Programme, comprising more than 30 clinical audits that cover care provided to people with a wide range of medical, surgical and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual audits, also funded by the Health Department of the Scottish Government, DHSSPS Northern Ireland and the Channel Islands.

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Foreword

Pulmonary Rehabilitation (PR) is one of the most effective therapies for chronic lung disease. Alongside smoking cessation and influenza immunisation, it offers tangible long-term benefits that are not currently provided by any pharmacological therapy. It is also very popular with patients, but may not always be freely available or provided to a standard that might produce the desired results. This audit report on the resources and organisation of PR services is the first comprehensive national audit of PR provision anywhere in the world, and it offers insight into the quality and quantity of provision of 224 programmes. The tough audit standards were set by the most recent evidence-based British Thoracic Society (BTS) clinical guidelines and quality standards, and therefore reflect the clinical standards that we would currently expect.

There is much to be admired about the operation of most of the programmes. In the main, they offer the appropriate components, although there is some variation in the detail and not all programmes understand that behaviour change and ongoing support may be necessary to maintain the benefit. The most encouraging aspect is that, almost without exception, the programmes routinely collect outcomes data on health status and exercise capacity. This is not something that usually occurs in most medical services. We look forward to seeing the second report from the audit that will focus on these outcomes in the large number of patients included in the dataset.

At first sight, the inclusion of 224 programmes would seem to be a remarkable achievement as compared with what is perceived as the generally poor provision of PR in all countries. The reality, however, might be different when viewed against the potential need. The capacity of most programmes is too small to meet the demand or the need. Approximately one-third of patients who are referred to rehabilitation subsequently do not attend, which says something about the way that it is sold. What is more concerning is that the referral rate is much lower than would be expected from the number of potentially eligible patients; perhaps many healthcare professionals are also unaware of the benefits. We should be pleased that the number of commissioned programmes seems to have grown in recent years, as recommended by clinical guidelines and commissioning advice from NHS England and the Welsh Government. However, as with other services, much of what is commissioned is for the short term and often temporary. It would be more sensible, as with other similar services, to commission longer duration contracts to allow programmes to mature and conclusively demonstrate their effectiveness. Hopefully this audit report will encourage that transformation.

Mike Morgan.

Professor Mike Morgan
National Clinical Director for Respiratory Services in England

Executive summary

This report presents results from the National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Resources and organisation of Pulmonary Rehabilitation services in England and Wales 2015. The Pulmonary Rehabilitation (PR) component of the National COPD Audit Programme provides a comprehensive overview of PR service provision and treatment outcome across England and Wales. This is the first time PR services have been audited at a national level, and therefore a requirement was a detailed exercise in identifying and enrolling local PR programmes across England and Wales. A further report, due to be published in early 2016, will document the results of the clinical component of the National COPD Pulmonary Rehabilitation Audit. The audit outcomes presented here were measured against the BTS PR quality standards ([1](#)), which in turn were informed by evidence summarised in the BTS PR guideline ([2](#)).

Summary of recommendations

These recommendations are directed collectively to commissioners, provider organisations and to PR practitioners themselves. Implementing these recommendations will require discussions between commissioners and providers, and we suggest that the findings of the audit are considered promptly at board level in these organisations so that these discussions are rapidly initiated. Commissioners and providers should ensure they are working closely with patients, carers and patient representatives when discussing and implementing these recommendations.

- Action should be taken by commissioners and providers to ensure that supervised PR is offered to and available for all suitable COPD patients across the range of severity of exercise limitation shown to benefit from this intervention (Medical Research Council (MRC) breathlessness grades 2–5). Action should also be taken:
 - to review and enhance referral pathways for PR and ensure referrers are aware of local referral processes
 - to review and improve written information about PR and its benefits that is provided to patients and referrers, to improve uptake of treatment by patients who are offered PR.
- Commissioners should take steps to ensure PR providers have an adequate, long-term funding framework that will allow programmes to recruit and retain staff with an appropriate skill and seniority mix.
- Action should be taken by commissioners and providers to ensure that local PR services are able to offer supervised treatment for eligible patients due to other chronic respiratory diseases.
- PR providers should initiate urgent discussions with commissioners and acute care providers to ensure robust referral pathways for post-exacerbation PR are in place, and that sufficient PR capacity and flexibility exists to meet this demand.
- PR programmes should review their programme structure (frequency and duration) and content to ensure that they are providing treatment in line with BTS quality standards. In particular this should include:
 - a review of exercise prescription practice to ensure this is being rigorously performed in line with published guidelines
 - a review of discharge processes to ensure each patient receives a written, individualised plan for ongoing exercise and maintenance when they finish rehabilitation
 - taking steps to ensure a written Standard Operating Procedure (SOP) is agreed with the provider organisation.

PR is a multicomponent healthcare intervention that has been shown to improve symptoms and overall health and wellbeing in people with COPD. The evidence for the effectiveness of PR is sufficiently strong that its provision for patients reporting significant exercise limitation due to COPD is mandated in all current national and international COPD treatment guidelines.

The large body of scientific evidence regarding the structure and content of PR has been summarised in the BTS PR guideline published in 2013 ([2](#)), which subsequently informed the development and publication of BTS quality standards for PR ([1](#)). These standards offer commissioners and PR providers clear guidance on what constitutes a high-quality service and provide patients with information about the treatment they should expect to receive. This audit of resources and organisation is designed to measure the structure and processes of PR services against these quality indicators. The performance and clinical outcomes of these services will be reported in the clinical audit, which will be published in early 2016.

Prior to this audit, there was no detailed database or register of PR services in the UK. As a result, before conducting the audit, we undertook a mapping exercise to identify programmes (both NHS and non-NHS) across England and Wales, to make contact with PR leads and to request that they enrol in the audit. This mapping exercise (which we believe was comprehensive) identified 230 PR programmes, of which 97% participated in England and 100% participated in Wales.

The audit suggests that, for the most part when assessed against the BTS quality standards, patients with COPD receive care from PR services with robust processes. Provision of appropriate modes of exercise (a central component of PR) is widespread, and there is universal provision of disease management education. There is a strikingly widespread use of objective measures of individual patient treatment outcome, suggesting that a culture of rigorous outcome measure assessment is deeply embedded in UK PR practice.

However, the audit also identifies areas where there is unsatisfactory variation in the quality of care when measured against these standards. Although referral practice was not audited, when the reported capacity of PR programmes is compared with the known prevalence of COPD, it is clear that not all eligible patients who would benefit from attending PR are being referred, and a significant number of those who are referred do not attend for treatment. Moreover, the audit demonstrates that availability of treatment across the full range of severity of disability is not universal. We urge commissioners to ensure there is sufficient local capacity to allow *all* eligible patients to benefit from PR and encourage healthcare professionals in both primary and secondary care to give PR the high priority it deserves when discussing treatment options with patients. Given that PR is one of the few therapies that has been shown to reduce subsequent time spent in hospital (one of the costliest aspects of COPD care), this should be a high priority for national and local health policymakers. Indeed, referral of patients with COPD for PR is included in the 2015/16 clinical commissioning group (CCG) outcomes indicator set ([3](#)).

Attending and benefiting from PR requires commitment and time from patients. The low attendance rate for initial assessment is an indicator that significant barriers remain for patients, some of which could be addressed by improvements in referral processes and accessibility (eg availability of transport). Delivering and sustaining high-quality services such as PR is heavily reliant on the recruitment of appropriately trained and committed health professionals. The audit indicates that some PR programmes do not have long-term funding security, and we urge commissioners to commit to longer term financial planning to ensure PR is provided on a firmer footing so that high-quality staff can be recruited and retained, and that programmes can develop and enhance current service provision.

The audit also identifies areas where the structure and content of PR could be improved. Despite evidence that rigorous exercise training prescription improves treatment outcome, this is not undertaken by all

programmes. One of the primary aims of PR is to encourage patients to adopt a more active and healthy lifestyle. This requires a clear, individualised ongoing exercise plan after PR is completed, which was not always provided. We encourage all programmes to review their exercise prescription and ongoing exercise advice processes to ensure they meet the standards set out in the BTS guideline and quality standards. The audit highlights that PR is provided at a wide range of healthcare and non-healthcare venues (such as local gyms and community centres). There is no evidence that treatment provided in non-healthcare settings is inferior, indeed they may offer advantages of proximity to patients' homes and improved transport access. However, these venues require sufficient staff (in numbers and training) and equipment to be able to provide treatment to all eligible patients including those with complex or advanced disease or those with greater disability. If some patients are deemed to be not suitable for treatment in some community venues (for example, because onsite emergency resuscitation equipment is not available), we encourage these programmes to work closely with other providers (such as acute trusts) to ensure eligible patients are not denied treatment.

Our recommendations are aimed at both widening access to PR and ensuring that patients can be confident that when they attend PR they are receiving state-of-the-art, evidence-based treatment. The evidence from this audit indicates that many programmes across England and Wales have the structure and processes in place to provide treatment to this standard. We hope this audit report will provide the necessary information and impetus to ensure this high standard of care is provided universally to patients with COPD.

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For further information on the overall audit programme or any of the workstreams, please see our website or contact the national COPD team directly:

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We also have a quarterly newsletter, so please send us your email address and contact details if you would like to join the mailing list.

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