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Liverpool Community Respiratory Team

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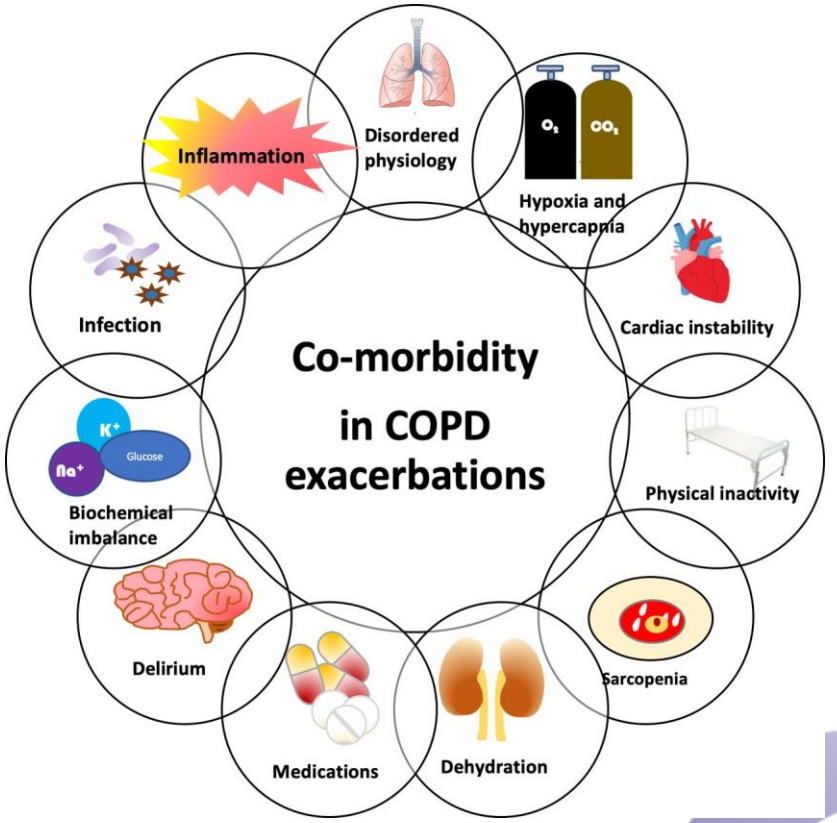
Liverpool Community Respiratory Team (LCRT) is a multi disciplinary service that offer multi-source admission avoidance or early supported discharge, to patients with a diagnosis of C.O.P.D. and/or Bronchiectasis and a Liverpool region General Practitioner.

C.O.P.D

- Chronic Obstructive Pulmonary Disease
- Bronchitis, Emphysema and +/- Asthma
- Dyspnoea, Cough, sputum production and exacerbations
- Caused by tobacco smoke, environmental factors, inhalation of toxic particles, host factors.



C.O.P.D cont…

Chronic Obstructive Pulmonary Disease (COPD) is now one of the top three causes of death worldwide and 90% of these deaths occur in low- and middle-income countries (LMICs). (2) More than 3 million people died of COPD in 2012 accounting for 6% of all deaths globally. COPD represents an important public health challenge that is both preventable and treatable. COPD is a major cause of chronic morbidity and mortality throughout the world; many people suffer from this disease for years and die prematurely from it or its complications. Globally, the COPD burden is projected to increase in coming decades because of continued exposure to COPD risk factors and aging of the population. (GOLD 2022)

The Team

-2 Respiratory Consultants
-1 Clinical Team Lead
-10 Advanced Respiratory Nurse Practitioners
-1 Advanced Respiratory Physiotherapy Practitioner
-7 Respiratory Nurse Practitioners
-1 Assistant Practitioner
-1 Office Supervisor
-1 Office Clerk

Branches of the service

- Hospital at home
- Early supported discharge (ACTRITE)
- The caseload
- - Inhaler Optimisation ‘Triple Switch’ clinic
- Primary care chronic COPD management advice telephone line
- Unconfirmed diagnosis MDT clinic
- Brooke Place Drug Dependency unit COPD review project

Hospital at home.

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8am – 8 pm 7 days a week, 365 days a year

We accept referrals from…
- Patients
- General Practitioner
- NWAS
- CRT Nurse
- Telehealth practitioner
- Community Matron
- LUHFT Respiratory Nurse Specialist
- Practice Nurse (band 6 or above)
- Heart Failure Specialist Nurse
- Advanced Nurse Practitioner or Advanced Care Practitioner for Walk In Centre
- Advanced Nurse Practitioner or Advanced Care Practitioner for PC24
- ICRAS Coordinator
- ICRAS Doctor
- Pulmonary Rehab Practitioner

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Early Supported Discharge

9am-8pm, 7 days a week. We have nurses based in RLH and UHA.

Exactly what it says on the tin!

- COPD/Bronchiectasis
- Acutely exacerbating
- Medically stable for discharge
- AED, AMAU or any ward
- Referral via ICE.

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‘Triple Switch’ inhaler optimisation clinic

- NHSE directive to save money within inhaler prescribing

- Working with GP practices to identify patients on 3 separate inhalers
- Clinics were initially face to face but moved to virtual during and after pandemic
- Patients were given 40 minute consultation time.
- If suitable after consultation, change to combination inhaler
- Fully optimised
- Referrals to allied services

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Primary care advice line

- Noted by team that there are inequalities in local respiratory health economy
- Other Merseyside localities have chronic management service
- No current chronic COPD management service in Liverpool
- FUNDING!!!!!!
- So to aid primary care, idea for advice line pitched to CCG. They obviously said yes!
- Utilising current staffing we offer a 9-5, non-emergency advice line for all of primary care.

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Unconfirmed Diagnosis clinic

- in 2018 after Addaction project and Admission avoidance project we had screened just over 2000 patients GP records.
- Discovered that approx. 300 patients who had GP diagnosis of COPD, did not have COPD
- Lack of evidence in testing
- Primary care were not looking at all available information
- Not considering other differential diagnoses
- Not being referred to respiratory secondary care

- Funding!!!
- Initially started as F2F, moved to virtual
- Consultant lead
- Once virtual it adapted to be MDT
- All available testing and histories noted.
- Notes from primary and secondary care reviewed
- Collaborative approach to decision making
- Patient could be involved
- Inform all clinicians of decision

Brooke Place Drug Dependency unit COPD review project

-Historically difficult to engage group.
-Plan is to review all 762 patients under BPDDU to screen for COPD.
-Offer face to face review with ARNP to Optimise their COPD and refer to allied services.
- Offer Spirometry in BP to patients with no diagnosis.
- ARNP will review individual spirometry and signpost appropriately.

Brooke Place Drug Dependency unit COPD review project

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Allied services include.

- Smoke Free Liverpool
- Pulmonary Rehabilitation
- Community Pharmacy
- Telehealth
- Social prescribing services
- Mental health services
- Community Dietetics
- Occupational Therapy
- Social services
- Community Physiotherapy

Optimising The Dragon: Liverpool Community Respiratory Team Optimising Drug Service Users.

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Introduction

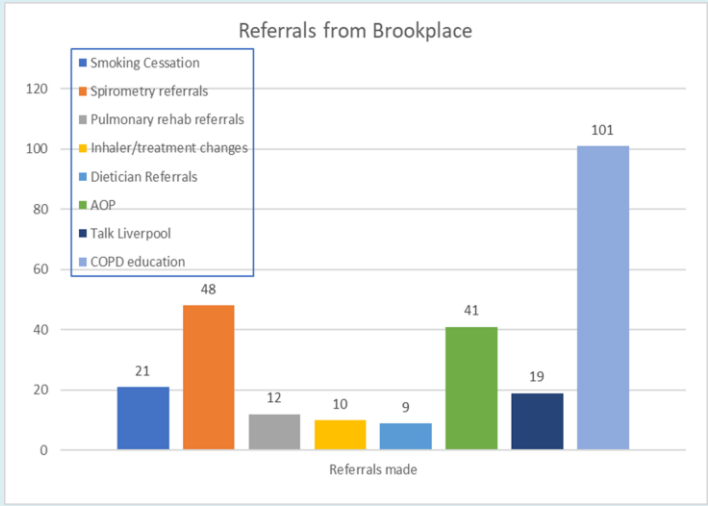
The Liverpool Community Respiratory Team (CRT) is a multi-professional team which specialises and supports patients with COPD.

Liverpool CRT has initiated a trial study alongside Brook Place, a local community addiction clinic, to pilot COPD optimisation clinics for heroin and crack cocaine smokers who are a high risk of developing COPD. This pilot project has been introduced since it has demonstrated in recent years that heroin and crack cocaine smoking is connected with severe and early onset COPD.

Method

A group of 101 clients who were receiving Opiate Substitution Treatment at Brook Place were directed to CRT for a drop-in clinic. We also reviewed housebound clients who were visited by a CRT at home with a Brook Place mental health nurse or key worker.

Data Analysis



Case Study

42 year old male with established history of smoking crack cocaine/ heroin, also a current tobacco smoker with a 30 pack year history.

Currently under Brook Place for methadone programme but still an occasional user.

Attended COPD optimisation drop in at Brook, no confirmed diagnosis but probable COPD.

Referral made to spirometry and follow up review at drop in COPD clinic.

Diagnosis of very severe COPD FEV1 28%, fully optimised on inhalers, Pulmonary Rehab, Smoking cessation, Advice On Prescription, education and rescue pack issued.

Discussed in MDT with Respiratory Consultant and offered secondary care appointment due to age and severity.

Results

All Brook Place clients seen by CRT were educated about the risks of Smoking and COPD.

31% accepted a referral for smoking cessation. All 101 clients smoke tobacco. The majority of these clients also smoke heroin or crack cocaine.

48% of clients did not have a COPD diagnosis, though they were referred for a reversible spirometry diagnostic test.

12% of patients diagnosed with COPD and had an MRC score of 3 or above those who accepted were referred to pulmonary rehabilitation.

10% of patients eligible for triple switch inhalers were switched and optimised by assessing their inspiratory flow using the appropriate inhaler device.

9% of patients with a MUST score of 3 or above were referred to a dietitian.

41% of clients were referred to Advice on Prescription, this is a social prescribing service provided by Citizens Advice. Many of the clients we see in Brook Place are unemployed, work in low-wage jobs, or have severe respiratory problems. This service helps patients work towards debt reduction, financial stability, better housing, employment conditions, and reduce social isolation. It also provides a wellbeing service that aims to combat loneliness and isolation in our community.

19% of clients accepted a referral to Talk Liverpool, a free NHS program that provides psychological therapy to patients who suffer with anxiety and or depression within Liverpool.

Conclusion

This pilot project is still in its early stages. Nonetheless, we determined that spirometry testing at the clinic would be more beneficial, as most clients find it difficult to attend outpatient clinics due to financial difficulties and a chaotic lifestyle. Spirometry testing has become much more difficult as a result of the Covid pandemic. However, this will be implemented in the coming months.

Data parameters provided Monthly

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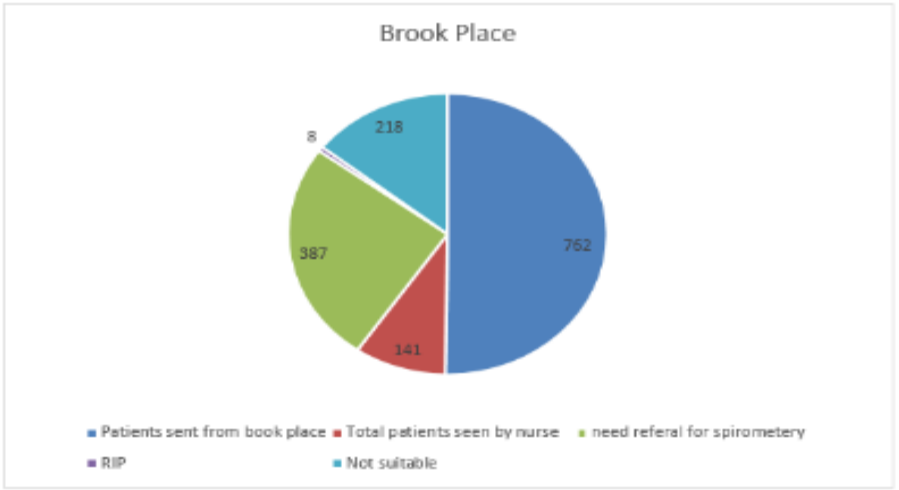
Brook Place Clinic total numbers to date: 28/11/22

Registered onto Emis	762
Not Suitable for Clinic	208
RIP	8
Need a referral for spirometry	387
Total Patients reviewed in clinic	141
Referred to spirometry	114
Attended Spirometry	14
Did not attend spirometry	18

Patients referred to smoking cessation	91
Patients referred to dietitian	48
Patients referred to pulmonary rehab	17
Patients referred to talk Liverpool	17
Patients referred to advice on prescription	18
Patients referred to MDT	10
Patients referred to Hospital at Home service	2



The future…….

- Offer Brooke Place clinic to other units
- Respiratory Virtual ward
- Wearable auscultation device clinical trial
- In house primary care assistance
- Green Inhaler Initiative
- Overnight early supported discharges
- CRT psychological services
- Closer links to other localities

……..We are open to any offers or ideas?!

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