

## Title Bronchiectasis Pathway

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Reference Number: RDF1990-23

Date of Response: 20/11/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

1. Does the Trust currently have a Bronchiectasis pathway? Yes.
  - a) If not, why? This question is not applicable.
  - b) Is there a plan to implement one? This question is not applicable.
  - c) And how so? This question is not applicable.
  - d) Will it be based on the NICE and British Thoracic Society Guidelines? Yes
  - e) If yes, please provide when the current Bronchiectasis pathway.
2. Are they based on the NICE and British Thoracic Guidelines? Yes, and ERS.
3. Is physiotherapy a key part in your trusts acute Bronchiectasis management? Yes
4. Since implementation, are more patients being referred to physiotherapy? Yes.
5. Has there been an improvement in patient outcomes/management of bronchiectasis? Yes, there is a shorter time to meet the BTS standards for physiotherapy.
6. Pre and post implementation, what are the referral statistics to physiotherapists?. This data is not held by the Trust in a reportable format to enable the Trust to respond to this question. To provide you with the information requested would require the manual extraction and manipulation of information from various sources. To conduct this work would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

Under the Freedom of Information Act 2000 Section 12 (1) and defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004, a public authority is not obliged to comply with a request for information if it estimates that the cost of complying would exceed the appropriate limit. The limit of £450 represents the estimated cost of one person spending two and a half days determining whether the Trust holds the information, locating, retrieving, and extracting that information.

7. Patient's being admitted into hospital with acute exacerbation of bronchiectasis, are they being referred to physiotherapists on admission? Yes, this patient group is seen by a ward physiotherapist within 24 hours either on the acute medical unit/ respiratory ward or if required seen by the on-call physiotherapist.

8. Average waiting time for referral to physiotherapists? The Trust does not hold the data over an extended period of time but currently most new patients that are referred to physiotherapy are seen within 4-8 weeks depending on clinical need.

New patients that are seen by a Consultant within our Bronchiectasis MDT clinic will be seen by a physiotherapist that day usually within 10- 30 minutes of seeing the Consultant (we have the specialist bronchiectasis physio in MDT clinic to see new referrals and any follow ups who need a physiotherapy review).

9. How do you refer to a physiotherapist:

- i. Paper. No
- ii. digital- Yes
- iii. or verbal communication? No

10. If there is a referral form to physiotherapy. No, referrals are made via internal letters and MDT meetings.

11. Is there a criteria for a patient (admitted with acute exacerbation of bronchiectasis) that they need to meet for a referral to physiotherapy? No, we don't have a set referral system but all respiratory patients (including bronchiectasis patients) who are admitted for an acute exacerbation are seen by a respiratory consultant within 24 hours of admission (and this is 7 days a week) and they then have access to resp physios (either ward team/Bronchiectasis specialist physio or on-call physio) 7 days a week including overnight as clinical need indicates.

12. What have been the goals of trust since the implementation of the Bronchiectasis pathway?

The goals of improving the bronchiectasis pathway have been driven mainly by the bronchiectasis team with some overarching Trust principles. The main goals have been:

- To increase specialist physio time
- To increase nurse specialist's time
- Facilitate a more efficient pathway for initiation of inhaled antibiotics.
- To enable a pathway for "hot" clinic reviews
- To increase efficiency with IV antibiotics being given outside the hospital
- To implement a patient-initiated follow-up (PIFU) pathway
- Improve team working via a timetabled regular MDT meeting.
- To reduce the clinic backlog following the COVID pandemic
- To set up a more efficient "new" patient clinic

- To increase bronchiectasis subspecialty clinic activity
- To increase research

### 13. Are the goals being achieved?

Many of the above goals are clearly interlinked:

Bronchiectasis.:

- We have been able to increase our specialist physiotherapy and specialist nurse time bronchiectasis. We have also been able to include a bronchiectasis “fellow” in team. This is clearly helping to enable quick initiation of therapy and reduce the post COVID backlog.

Follow-up pathway:

- The initiation of a patient-initiated follow-up pathway within the service has also helped with this. This goal is still very much ongoing, and it is likely to be more than a year before we are where we would want to be with regards to appointments, but we are making real progress.

“Hot” clinic:

- By utilising a new area on the respiratory template alongside the increase staffing, a “Hot” clinic is now functioning for acute reviews as well as starting patients on potentially “admission-avoidance” therapies.

Virtual Wards:

- The Team has been working with the Trust to also utilise the Virtual Wards when patients have required IV antibiotics.

MDT meeting:

- The team efficiency has been increased further by being able to timetable a fortnightly MDT meeting.

Joint clinics:

- The team has also made progress with bronchiectasis subspecialty clinics by increasing joint clinics with our Immunologist’s to three times a year.

PCD clinic

- We also now host a yearly PCD clinic with our colleagues from the Southampton Centre.

Research

- With regards to research, we are currently a recruiting centre for the ASPEN and GREAT-2 studies, which enables patients to be involved in interventional trials of new therapies. We also are recruiting for a basic science bronchiectasis related study.

Poly-clinic:

- We are currently trying to work on developing a more efficient “new” patient Poly-clinic, whilst continuing to try and catch-up on our follow-up appointments following the pandemic.

Overall, there have been many improvements and goals achieved. There is still much progress to be made which will require the maintenance and potential further development of staffing.