

Enter and View Report

RESPIRATORY TEAM

22nd March 2023



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 22nd March 2023

Service Visited:

Respiratory Team - (covering North and South), Bentilee Neighbourhood Centre, Dawlish Drive, Bentilee, Stoke on Trent. ST2 0EU.

Tel number for main office is 0300 404 2997 x 4531

Review Method:

This visit was done jointly between Midlands Partnership Foundation Trust who were conducting an internal quality visit and Healthwatch Staffordshire who were conducting an independent Enter and View. By combining the visits, the aim was to gain a comprehensive view of the service with minimal disruption to operational delivery.

An overview of the service was given by the Respiratory Team Leader, and the review team then split into pairs to visit the different areas of the service. Healthwatch and the Patient Involvement Manager from MPFT observed a Pulmonary Rehabilitation for Exercise session, and an assessment for Oxygen Therapy. Other members of the assessment team also viewed these aspects of the service at different times. At the end of the visit the Review Team met with the Respiratory Team Leader to provide initial feedback.

Both Healthwatch and the MPFT Quality Team are producing their reports individually and this report is an independent view from Healthwatch. Thanks goes to all MPFT staff who made us welcome and participated in the process.

The Review Team:

The review team were:

- Emma Ford, Engagement Officer for North Staffordshire, Healthwatch Staffordshire
- QSAV Programme Lead, MPFT
- Specialist Heart Failure Nurse, MPFT
- Clinical Lead, Diabetes Service, MPFT
- Patient Involvement Manager, MPFT

- Non-Executive Director, MPFT
- Trust Governor, MPFT

Service Outline:

The Respiratory Team Leader gave the following information about the Team:

The Respiratory service has sites in Stoke-on-Trent (Tunstall, Bradeley, Bentilee, and Trent Vale) whilst in Staffordshire its sites are in Leek, Stafford, Stone, Rugeley, and Cannock.

The Team consists of Occupational Therapists, Physiotherapists, and Nurses. People can access the service via a GP referral or on being discharged from hospital. In instances where a person has been referred from the hospital, this can ensure the person is discharged from hospital earlier than they would have been.

The service provides assessment for people who may need oxygen therapy, as well as exercise for pulmonary rehabilitation. For people who are accessing the Respiratory Service, a Duty Nurse is available Monday to Friday, 9am-5pm. If people are having a 'flare up' the Team will visit them in their own home. People who reside in Care Homes will also receive visits from the Team.

In addition to these services, the Respiratory Team supports Primary Care by having nurse specialist clinics and participating in home visits to help with diagnosis, or treatment, if this is not progressing as expected. The Team also link into the Falls Prevention Team as this can assist people in their wellbeing. A mentoring service is also offered for practice nurses and pharmacists.

Referrals and Wait Times:

For a routine referral the waiting time is three months which, we were told, adheres to national guidance. However, if someone is very unwell or receiving palliative care, they will be seen the same day as they are referred, or the day after.

If there has been an exacerbation in a person's condition, and someone has been referred for pulmonary rehabilitation, they will be seen within a month. Again, we were informed that this is in line with national guidance.

If someone is referred to the service from hospital, they will be seen the following day.

The waiting time to be seen in clinic by a nurse is less than 6 weeks, but each person is triaged.

Observations:

The first observation was of a Pulmonary Rehabilitation for Exercise session. This group is led by a physiotherapist and its aim is to improve muscle strength and physical function. This programme is 8 Weeks in total, consisting of an assessment in the first week, followed by 6 weeks of two sessions per week of group exercise sessions. In the final week a further assessment takes place before the person is then discharged from the service. This programme has specific outcomes which are set by the National Pulmonary Rehabilitation Audit, ran by the National College of Physicians.

The goal of the Pulmonary Rehabilitation for Exercise is to reduce breathlessness and help people to manage their condition. Patients set their own goals and revisit these at the final week assessment to determine if they have been achieved.

We were informed by the lead Physiotherapist of the group that NICE British Thoracic Society new guidance says that 20-30 minutes aerobic exercise should be undertaken. This happens at the start of the session, followed three 10-minute sessions of lifting hand weights.

We were told that the second session of the week includes a 20-minute education session, on for example, how to manage breathlessness.

At the exercise session we observed:

- Staff spoke with people as they entered the group, did health checks, and asked people how they were.
- Where people were new to the group, they were talked through the weights and prescribed the right weight for them. We were told that the weight should be a % of the total weight the person can lift. The physiotherapist told us that this weight will be reassessed after a few weeks, as the weight a person can lift should have increased. New people were also told how they should expect to feel to get a benefit from the sessions.
- People with walking aids, and those on oxygen therapy, were able to participate.
- [We were told that] People with hip problems were able to use the exercise bikes as an arm bike, meaning they were still having aerobic exercise.
- We were also told there is an online home exercise programme via video call. Virtual Reality Rehabilitation is also available, and people can be referred into the concept health team. This could

be for example, if people are unable to travel, either because of availability of transport, cost, or because of where they live.

- We observed staff joining in with the cool down exercises, which meant as well as telling people what they needed to do, they were also demonstrating the movements.

We asked if people were able to speak to a member of staff in private if they needed to. We were told they were, as they could either stay behind after the group, or call the office and a physiotherapist would call them back. We were told this often happens.

We were very grateful that a patient allowed us to observe the appointment where they were assessed for oxygen therapy.

The nurse explained to the patient what the therapeutic range needs to be and why they had taken a blood sample from their ear. The nurse used the person's name often and had good humour whilst remaining professional. It was decided that the person needed to start oxygen therapy, and the nurse was very good in explaining this to the patient, including telling them the side effects of using oxygen they must be aware of. They also discussed with them how they could continue their day-to-day activities whilst using the therapy.

The Respiratory Team Leader had told us that Oxygen Therapy is installed in people's homes by Baywater Healthcare.

The patient was told that the oxygen would be taken to their home the following day.

We did not have time to sit in on an Assessment for Pulmonary Exercise.

Summary and Recommendations:

The delivery of the service could not be faulted, and the Team Leader was exceptionally knowledgeable.

The Team Leader did point out the following gaps in service provision which we would recommend are addressed:

- Primary Care are no longer picking Spirometry back up following the Pandemic. This service is now out to tender but there is no provider at this time. It is said that there may be up to 10,000 people across Staffordshire potentially waiting for spirometry to confirm COPD or asthma. This gap in service means that people are referred to the Acute Trust, which leads to issues as there are other people who need prioritising within this service. To try and alleviate this, the Respiratory Service try and educate people, as well as having other ways of diagnosing asthma. The fact they do this goes to show what a conscientious team they are.

- The service is not delivered in East Staffordshire. This is something that needs addressing for the people who live in that area.
- Healthwatch asked how the service fits in with the Respiratory Service that is provided at Basford during the Winter. We were told that the Acute Service and the Respiratory Team at MPFT have little awareness of this service. Healthwatch will try and put these services in contact with each other [Completed].

The following issues were also noted:

- A service user pointed out that the clocks were the wrong time, and this seemed to be the case throughout the centre.
- There was no signage indicating where the service is based in the building. When we asked the Pulmonary Team Leader about this, she said that people are sent an appointment letter which is very specific as to which building entrance to use and where to sit.

However, it should be noted that the service is provided from a shared building, and so the signage and clocks are not the responsibility of MPFT.

The feedback on the day from other members of the Review Team were that the Respiratory Team is positive, and patient focused.