



## Pulmonary Rehabilitation:

### Good Practice Repository – Working through, and restarting PR after, COVID-19 shutdown

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#### Introduction

The National Asthma and COPD Audit Programme (NACAP) have collated a series of case studies which highlight good practice in:

- carrying out pulmonary rehabilitation during COVID-19,
- restarting PR during/after COVID-19, and
- data entry during the lockdown.

This document aims to provide PR services with information and examples on how other services have worked and/or adapted during COVID-19 in order to continue to provide PR to their patients.

#### Do you have any questions?

If you have any questions about any of the content, or would like more detail about any of the case studies, please contact the NACAP team on 020 3075 1526 or via email ([pulmrehab@rcp.ac.uk](mailto:pulmrehab@rcp.ac.uk)).

For further information on NACAP, please visit [www.rcp.ac.uk/nacap](http://www.rcp.ac.uk/nacap).

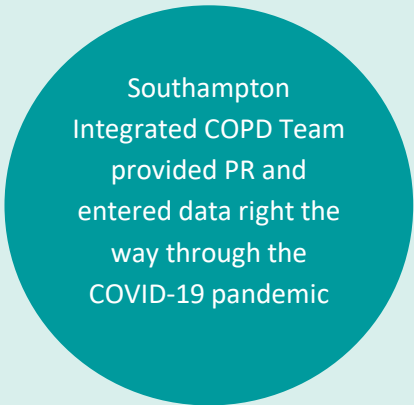
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## Southampton Integrated COPD Team

### Context and introduction

- Solent pulmonary rehabilitation (PR) service is part of Southampton Integrated COPD team. This a jointly commissioned team providing care across secondary care and the community for Southampton's COPD population.
- The population the team provide services to has many pockets of high deprivation, poor literacy and digital skills. This makes engaging with healthcare at any time challenging let alone in a pandemic – the team are really proud of what was achieved amidst the other service pressures and commitments.



Southampton  
Integrated COPD Team  
provided PR and  
entered data right the  
way through the  
COVID-19 pandemic

### Carrying out PR and data entry

- During the first wave of COVID-19 the team continued to provide support in several different ways, including:
  - mixed method initial and discharge assessments – questionnaires conducted remotely and exercise tests carried out on-site or remotely via video (depending on assessment period),
  - video conferencing,
  - NHS attend Anywhere classes,
  - telephone support PR, and
  - activity optimisation advice and self-management support for those not able to engage in the options above (this was predominantly telephone based).
- The administration and pathway co-ordination team supported patients to upskill their digital ability and engage in more effective remote consultations. They conducted trial video appointments to enable their devices and have them fully prepared for their clinical review. Patients are very grateful for this support and it has improved their confidence and communications with the team.
- Patients were sent the audit information in advance, via pre-appointment packs, to allow them time to consider participation.
- The team utilised clear guidance from NACAP regarding gaining verbal consent. Obtaining verbal consent was carried out by the admin team when completing patient appointment reminder phone calls/pre appointment screening calls. They then started a new patient record on NACAP web tool immediately.
- The team has a fully electronic networked records system which makes sourcing audit data and input easier and also makes remote data collection and input possible.

- NACAP is discussed in every weekly clinical team meeting. Discussions include number of assessments completed each week, number of audit records returned, reminder of standard operating procedure (SOP) and process, barriers encountered and team engagement.

### Resource support

- The team has a dedicated clinical member as lead for the NACAP audit. They have continued oversight of progress and completion.
- The team has dedicated administration and pathway coordination staff in post. They have been key to several of the required changes during COVID-19. In the staffing establishment it is also ensured there is correct budgeting for clinical administrators. This allows the clinicians to use their time in delivering care to patients. The skill set of the admin team means they deal efficiently with the audit and other patient related outcomes and quality projects to help drive service improvement.
- It is a partnership and we are very proud of the team and how it has evolved further during the pandemic.

Pictured:

1. Michelle Noton, COPD Nurse
2. Helen Fricker, Physiotherapist COPD PR Team Leader
3. Lucia Hemmingsley, Exercise Instructor
4. Sue Bathchelor, Advanced Nurse Practitioner
5. Sara Fashola, COPD Administrator and Pathway co coordinator
6. Caroline Stabler, Specialist Physiotherapist



Other team members not pictured:-

Mona Khatun, PR administrator  
 Dr Elanor Pond, COPD Consultant- clinical lead  
 Dr Thomas Havelock, COPD Consultant

## Herefordshire Pulmonary Rehabilitation Programme

### Carrying out face to face PR safely during COVID-19

- In March 2020 face to face PR sessions were discontinued as a result of COVID-19.
- Since then, the team has restarted a small face to face group to support higher risk and vulnerable patients and those not able to use online resources due to skills or equipment.
- The team currently sees four patients at a time who stay for 1 hour of exercise, led by a physiotherapist and individualised as much as possible.
- The hospital's sleep service was moved off site to a community centre at the start of the pandemic to maintain the service. A boxing gym is attached to the community centre, and this was offered for use by the PR team. The site is large and so team members and patients can maintain social distancing.
- A site visit was arranged with a member of the infection prevention and control team and COVID safety measures discussed. The process of patient arrival, use of PPE, how patients would be managed during the session and patient exit were all gone through and discussed.
- Patients are now triaged by telephone and a subjective assessment is completed. They are then invited to attend the centre for a walk test (Integrated Shuttle Walk Test (ISWT)) and are provided with questionnaires to complete and return. At this stage we also provide information about the NACAP audit, and a consent form to review and sign. Once a place is available, they start twice weekly face to face sessions which currently last for six weeks.
- On arrival the patient is greeted by the physiotherapist, at their car, or at an appropriate social distance outside the centre. The rehabilitation patients use a separate entrance and exit to other centre users. They then have their temperature checked, use the hand gel and are issued with a surgical face mask. They then take a seat at an exercise station. The team has a plastic lidded box for each patient to store any belongings they bring but we do ask that they bring the minimum amount.
- Exercises are demonstrated by the physiotherapist who maintains social distancing and all staff wear appropriate PPE following local guidance. The same warm up and cool down are used as before, but as we are unable to provide a circuit-based session with shared equipment as before, all patients follow the same exercise at the same time. They are allocated their own set of weights, and if they have no allergies, they can also use resistance bands. The score sheet and resistance bands are taken home by the patient and they bring this with them each time. This means these are not stored on-site.

Herefordshire Pulmonary Rehabilitation Programme have adapted and restarted face to face PR successfully following COVID-19

- All equipment is decontaminated before and after use.
- Education is currently provided to patients via handouts or signposting to online links if appropriate.



Rehabilitation staff Vicki Howard and Jo Nicholls are pictured with patients in the gym



### Patient Feedback

*“I feel the sessions are having a benefit already – my walking is better, and it takes me less time to walk to the session” (4 sessions in)*

*“I feel the exercises have helped my balance and I feel generally a bit fitter than when I started”.*

*“Being able to do the sessions with someone was good for me and has helped motivation, as I know at home, I wouldn’t do them or would forget”*

## Berkshire West Cardiac and Respiratory Specialist Services

### Carrying out PR safely during COVID-19

- Following piloting a virtual initial and discharge assessments and conducting a patient survey on their appetite for virtual PR, the team created a hybrid programme of face to face and virtual/remote to reach as many patients as infection control would allow.
- This hybrid programme comprised a 6-week virtual/remote PR programme and included:
  - face to face assessment
  - face to face exercise induction session
  - exercising in accordance with team advice at home independently
  - watching pre-recorded education sessions online or reviewing paper handouts
  - two booked catch-telephone calls over the 6 weeks
  - contact details for the team should they require advice and guidance
  - face to face discharge assessment
- To support this approach pre-recorded education sessions, patient booklets/leaflets and email template with links to Asthma UK – British Lung Foundation (AUK-BLF) information and guidance were created. If the patient did not have access to the internet, hard copies of the BLF Keep Active Booklet and disease specific leaflet were provided.
- At each face to face session COVID-19 secure guidelines are followed. These included:
  - COVID symptom triage tool (<https://digital.nhs.uk/services/covid-19-clinical-triage-support-tool/>)
  - COVID infection control cleaning guidelines
  - PPE in line with PHE guidance
- To ensure safe social distancing a maximum of four patients could attend a face to face session at any one time.

Berkshire West has created a hybrid service to accommodate various patients since restarting PR.

### Resources (staffing for sessions)

- 1 x Band 6 or above Respiratory physiotherapy
- 1 x Band 4 physiotherapy assistant

### Patient Feedback

*“The PR programme greatly helped me to better understand and recognise my condition and more importantly what actions and exercises I can take to significantly improve the restrictive effects of my condition. Given the current environment the virtual rehab programme is well constructed and presented”*

*“This is the only time, probably, that I have felt as though somebody really took an interest in me”*