



# Mid-West Community Healthcare GP Access Respiratory Clinics: A Service Evaluation

## Enhanced Community Care



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### Introduction

A community-based respiratory hub was established in the Mid-West as part of HSE's Integrated Care Program for Prevention and Management of Chronic Diseases (ICPCD). An initial pilot GP access respiratory service was commenced in North Tipperary in Sept 2022 and in 2023 expanded to provide community respiratory clinics in Co Clare. The service aims to provide timely, safe, efficient, and convenient respiratory care services as close to patient's homes, to minimise hospital admissions and waiting times within hospitals for respiratory care. It enables GP practices in Co Clare and North Tipperary to refer patients at the lowest level of complexity directly to respiratory hubs.

The clinic is run by Respiratory Clinical Nurse Specialists and Senior Physiotherapists who provide one-to-one appointments to patients with chronic respiratory diseases with an opportunity for participation in community based Pulmonary Rehabilitation if required.

It is planned to further expand the service to all areas in the Mid West and develop the service in Limerick City/County in late 2023/early 2024.

### Process Measures: Uptake and Service Delivery:



#### Demand

Commenced in Sept 2022.  
87 referrals to date.



#### Referral

Referrals are accepted from GP via Email to Clinic.



#### Wait Time

Average of 4 weeks



#### Uptake

71 new patient appointments to date.

### Outcome Measures: Who was referred?

GPs referred patients over the age of 16 with confirmed COPD, Asthma, Bronchiectasis and Asthma/COPD Overlap. These patients had an average of 2 exacerbations requiring antibiotics and steroids in the previous year. 11% of the patients had been admitted to hospital and 10% required out of hours GP services in the previous year.

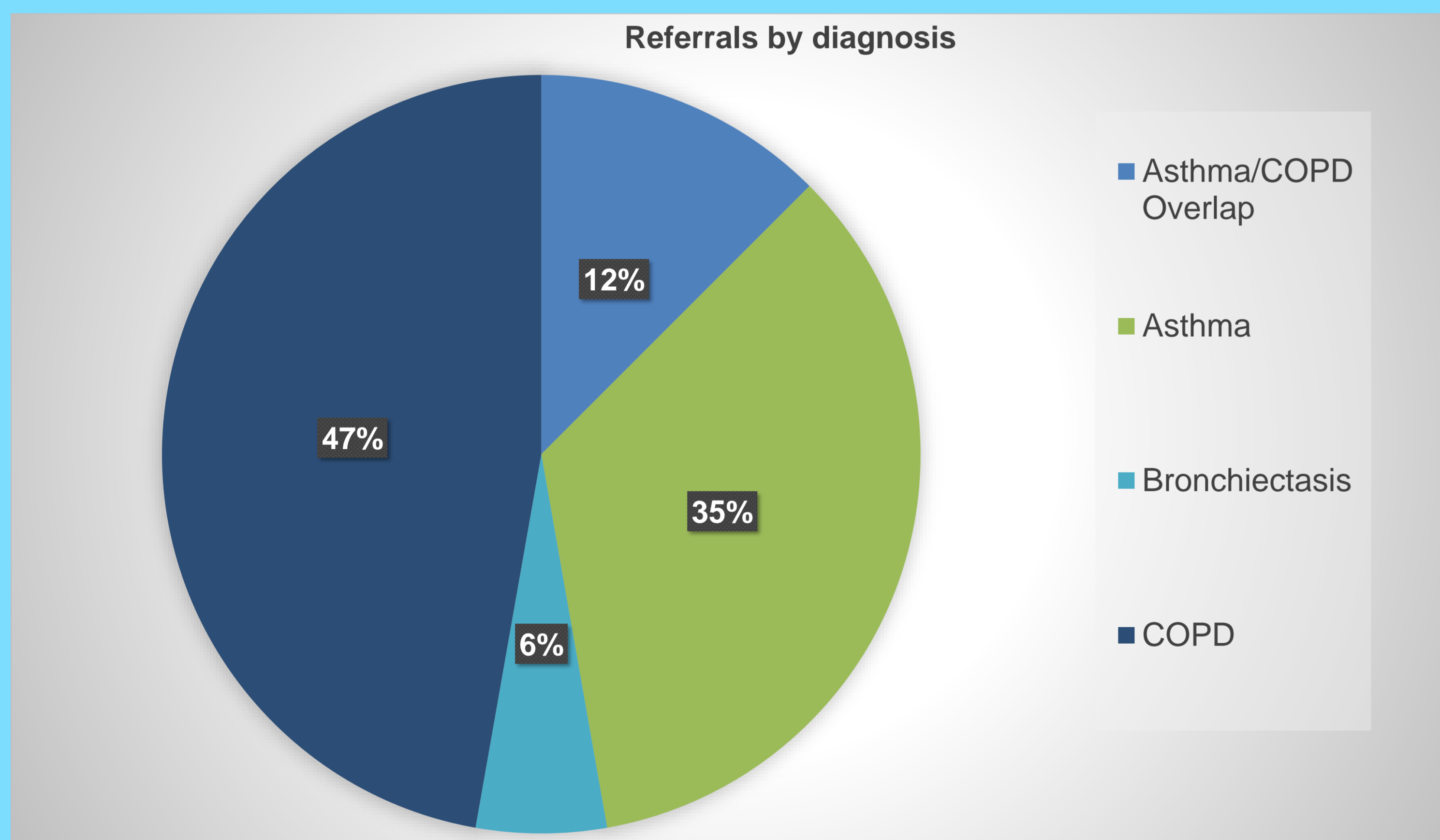


Figure 1: Referrals received by diagnosis

The inclusion criteria for referral were patients who presented to their GP with two or more exacerbations, one Out of Hours GP presentation or who had a hospitalisation in the previous 12 months. The reasons for referral are displayed in Figure 2 below.

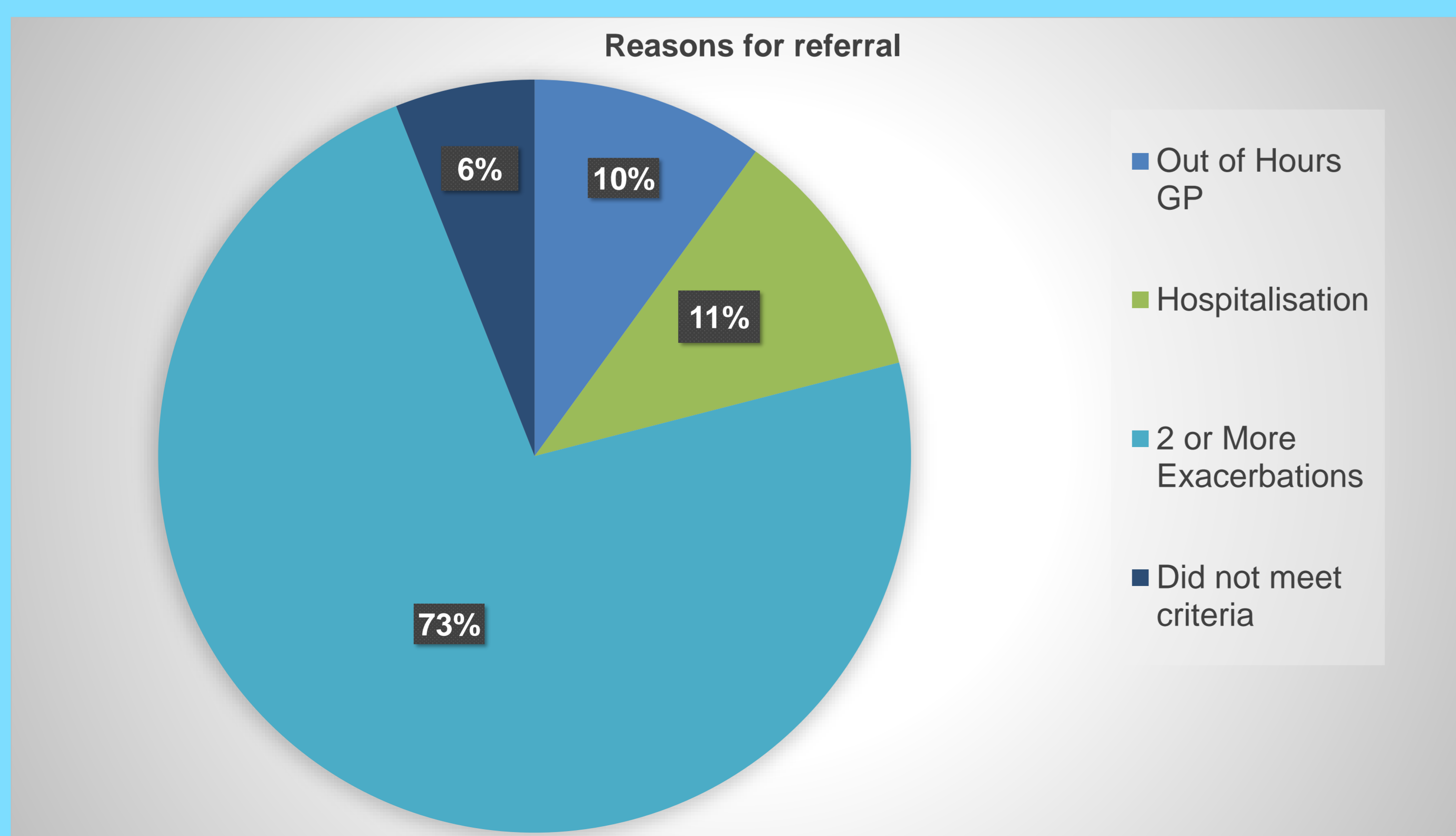


Figure 2: Reasons for referral

### Patient Outcomes:

Subjective outcome measures were used to measure symptoms and treatment responses in patients. These included use of the Asthma Control Test (ACT), COPD assessment Test (CAT), modified Medical research Council (mMRC) Dyspnoea scale, and Generalised Anxiety Disorder 7 item scale (GAD 7). Variability in the management of respiratory patients between GPs was observed. It was found that the respiratory treatment provided was much broader than the reason for referral in most cases. Subsequently, patients received access to individualised treatments as listed below.

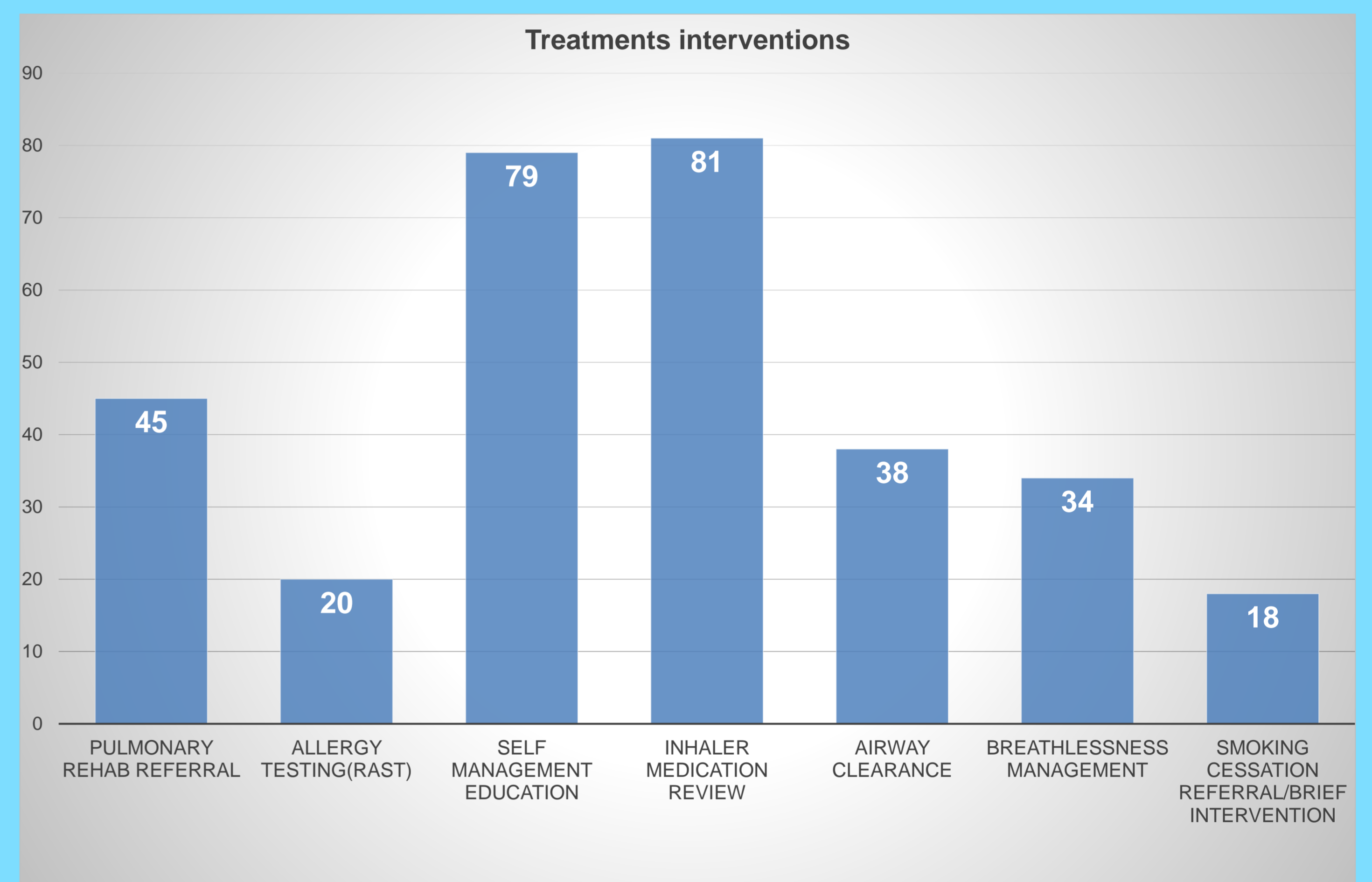


Figure 3: Treatments provided

### Patient Experience:

Patients completed a survey following attendance at the clinic. All described attending the service as a positive experience in terms of patient experience of the clinic, clinic location, treatment received and improvements in their level of knowledge of their condition.

### Referrer Experience:

The GPs involved in the pilot were also surveyed and reported high levels of satisfaction regarding the referral process, communication and patient outcomes. An editable PDF referral form was suggested as feedback and this has now been developed. GPs also report that an inability to use Healthlink by CDM is currently a barrier to onward referral.

### Limitations:

1. Lack of access to spirometry and FENO testing to confirm diagnosis/inform treatment.
2. The team is awaiting the appointment of more Nursing staff and an Integrated Respiratory Consultant.
3. Limited number of referrals received from GP practices at present in certain locations.
4. As the service is less than 12 months in existence, timelines did not allow for evaluation in order to show impact on exacerbation rates or unscheduled GP visits.
5. Lack of patient information, i.e. no access to discharge notes from recent hospital admissions

### Conclusion:

This evaluation of a local service development consisting of an integrated model of care aligned clinic, aiming to improve outcomes for respiratory patients in the community demonstrated that it is feasible and worthwhile to run. This is evident from the high referral and attendance rates, appropriateness of referrals, range of treatments received by patients and the patient/referrer satisfaction data. The outcome of this service evaluation will inform future local respiratory service planning.

### Contact us:

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