

## **7.2 PULMONARY REHABILITATION**

Pulmonary rehabilitation is a dynamic multidisciplinary programme of care that consists of exercise, education and psychosocial interventions. It can be tailored to individual need and is designed to improve physical and social performance and autonomy for patients with chronic respiratory disease (NICE, 2004).

The benefits of pulmonary rehabilitation have been well researched and it has been shown to improve quality of life, reduce breathlessness, increase function and exercise capacity, and decrease the use of health services. Pulmonary rehabilitation has been identified as a central treatment strategy for COPD particularly.

Pulmonary rehabilitation programmes should meet the standards that have been shown in research studies to be necessary for the person to achieve evidence based outcomes. These standards define various multidisciplinary aspects and the number of sessions that a person should attend.

There should also be opportunity for patients to attend other exercise programmes in the community to help them maintain the outcomes achieved during pulmonary rehabilitation.

## **Overarching Standard 47:**

### **Pulmonary rehabilitation**

All appropriate patients with respiratory conditions and symptomatic breathlessness should be offered referral to pulmonary rehabilitation.

#### **Rationale:**

Pulmonary rehabilitation delivered, by a multidisciplinary team, has been convincingly demonstrated to reduce disability and handicap in people with lung disease and to improve their quality of life and functional independence.

#### **Evidence:**

National Institute for Health and Clinical Excellence (NICE) (2004)  
Management of chronic obstructive pulmonary disease in adults in primary and secondary care (Update due in June 2010)

<http://www.nice.org.uk/Guidance/CG12>

Strategic Framework for Respiratory Conditions (N. Ireland) (2006)

[http://www.dhsspsni.gov.uk/pcd - respiratory\\_framework.pdf](http://www.dhsspsni.gov.uk/pcd - respiratory_framework.pdf)

British Thoracic Society (BTS) (2001) Statement on Pulmonary Rehabilitation

<http://www.brit-thoracic.org.uk/ClinicalInformation/PulmonaryRehabilitation/PulmonaryRehabilitationGuidelines/tabid/139/Default.aspx>

Pulmonary rehabilitation: Joint ACCP/AACVPR evidence based clinical practice guidelines (2007)

[http://www.chestjournal.org/cgi/content/full/131/5\\_suppl/4S](http://www.chestjournal.org/cgi/content/full/131/5_suppl/4S)

#### **Responsibility for delivery / implementation**

HSC Board

Public Health Agency

HSC Trusts

Primary Care (including community pharmacy)

<b>Quality Dimension</b>			
<ol style="list-style-type: none"> <li>1. Pulmonary rehabilitation programmes should be accessible (ideally within 30 mins travel time for all users) to all and offered to all patients without contraindications who consider themselves functionally disabled by COPD (usually MRC 3 and above).</li> <li>2. Pulmonary rehabilitation programmes should comply with the BTS/NICE guidelines for pulmonary rehabilitation.</li> <li>3. Pulmonary rehabilitation programmes should run over a minimum of 6 weeks and include at least 2 supervised exercise sessions per week.</li> </ol>			
<b>Performance Indicator</b>	<b>Data Source</b>	<b>Anticipated Performance Level</b>	<b>Date to be achieved by</b>
Percentage of patients with COPD who meet the criteria for pulmonary rehabilitation (as defined by the Regional Respiratory Forum) and have been offered referral for pulmonary rehabilitation	LTC DES (to be revised)	Establish baseline  Performance level to be determined once baseline established	March 2011  March 2012
Percentage of pulmonary rehabilitation programmes which are geographically accessible and include all required elements as per BTS/NICE guidelines	HSC Trust report	60% 100%	March 2011 March 2012