

## Service Framework for Respiratory Health and Wellbeing

### Summary of Standards

#### Communication with Patients, Clients and Carers

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<p><b>Standard 1</b></p> <p>All patients, clients and carers should expect effective communication with them by HSC organisations as an essential and universal component of the planning and delivery of health and social care</p>	<p>HSC organisational communication strategies should show evidence of direct patient / client feedback as part of regular audit of their effectiveness</p> <p>HSC organisational complaints reports should show evidence of action where communication is the primary factor</p> <p>HSC organisational strategies for clinical and social care governance should show evidence that direct patient feedback is included in relevant audit and monitoring</p>	<p>March 2010 – All HSC organisations</p> <p>March 2010 – All HSC organisations</p> <p>March 2010 – All HSC organisations</p>

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<p><b>Standard 2</b></p> <p>All patients, carers and the public should have opportunities to engage actively and meaningfully with HSC organisations at all levels</p>	<p>HSC organisational strategies for person and public involvement</p> <p>HSC service planning reviews for respiratory disease are carried out on a regular basis at locality level. Patients and carers are afforded every opportunity to participate. The results of the planning reviews are summarised and widely circulated, for example, through the voluntary network, self help groups and respiratory networks</p>	<p>March 2010 – All HSC organisations</p> <p>March 2011 – All HSC Trusts</p>
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### Prevention

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<p><b>Standard 3</b></p> <p>Health and social care should work in cooperation with voluntary, education, youth and community organisations to prevent the recruitment of young people to smoking</p>	<p>Percentage of 12, 14 and 16 year old boys and girls who smoke</p>	<p>March 2012 – 5% decrease on baseline for boys (rate has been constant)</p> <p>March 2012 – maintain at baseline for girls (rate has been increasing therefore initial target to halt rise)</p>

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<p><b>Standard 4</b></p> <p>All relevant health and social care professionals should identify people who smoke, make them aware of the dangers of smoking, advise them to stop and provide information and signposting to specialist cessation services</p>	<p>Percentage of people attending specialist smoking cessation services</p> <p>Percentage of clients quitting at 4 and 52 weeks</p> <p>Percentage of women attending antenatal clinics that are asked about smoking and advised appropriately</p> <p>Percentage of families where children are aged less than 1 year that are asked about smoking and advised appropriately by health visitors</p>	<p>March 2010 – maintain 2007/08 baseline levels            March 2011 – 4% increase in uptake            March 2012 – 4% increase in uptake</p> <p>March 2010 – maintain 2007/08 levels            March 2011 – 2% increase in number of quitters (4% increase in uptake of services)            March 2012 – 2% increase in number of quitters (4% increase in uptake of services)</p> <p>March 2011 – 95%            March 2012 – 98%</p> <p>March 2013 – 95%</p>
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<p><b>Standard 5</b></p> <p>All relevant health and social care professionals should identify inactive* individuals and, where appropriate, provide them with advice and support to accumulate a minimum of 30 minutes of moderate activity** on 5 days of the week or more</p> <p>*inactive refers to all people who do not meet the recommended level of physical activity</p> <p>**walking briskly, walking downstairs, dancing, biking, swimming, gardening, housework e.g. washing floors</p> <p>(<a href="http://www.paho.org/English/HPP/H PN/whd2002-factsheet2.pdf">http://www.paho.org/English/HPP/H PN/whd2002-factsheet2.pdf</a>)</p>	<p>Percentage of people being asked and advised about their physical activity</p> <p>Percentage of people advised who achieve the recommended level of physical activity</p>	<p>March 2010 – Establish baseline March 2011 – Performance level to be determined once baseline established</p> <p>March 2010 – Establish baseline March 2011 – Performance level to be determined once baseline established</p>
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<p><b>Standard 6</b></p> <p>Health and social care should work with early years settings, schools, workplaces and communities in the promotion and support of breastfeeding, healthy eating and physical activity to prevent obesity</p>	<p>Percentage of people who have a BMI of above 25</p> <p>Percentage of P1 children who have been identified as being overweight and obese</p>	<p>March 2011 – 2% decrease on 2005/06 baseline</p> <p>March 2010 – Establish baseline. March 2011 – Performance level to be determined once baseline established</p>
<p><b>Standard 7</b></p> <p>All individuals should be up to date with their personal vaccine schedule</p>	<p>Percentage of children receiving routine childhood vaccines</p> <p>Uptake rate for flu vaccine and pneumococcal vaccine in over 65s and those under 65 with respiratory disease</p>	<p>March 2011 – 92% for MMR 97% for all other vaccines (by age 2 years)</p> <p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p>

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#### Chronic Obstructive Pulmonary Disease (COPD)

	Key Performance Indicators	Anticipated Performance Level
<b>Standard 8</b> All people suspected of having COPD should have accurate diagnosis, assessment and management in primary care	<p>Percentage of patients with COPD who smoke, who have had appropriate smoking advice</p> <p>Percentage of patients diagnosed with COPD after April 2008 according to NICE Guidelines</p> <p>Percentage of patients with COPD assessed and managed according to NICE Guidelines</p>	<p>March 2011 – 80%</p> <p>March 2012 – 90%</p> <p>March 2012 – 80%</p> <p>March 2012 – 80%</p>
<b>Standard 9</b> All patients with severe COPD should have access to specialist respiratory team care in the community	<p>Percentage of patients with COPD and 2 or more admissions within the previous 12 months, who were assessed by the community specialist respiratory team for case management</p> <p>HSC Trusts and locality GPs should develop an agreed pathway between primary and secondary care for the management of COPD</p>	<p>March 2012 – 60%</p> <p>March 2013 – 90%</p> <p>March 2012 – All HSC Trusts and locality GPs</p>

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<p><b>Standard 10</b></p> <p>All patients with COPD and their carers should be given the opportunity to learn about their disease and receive self management information</p>	<p>Percentage of patients with COPD with moderate / severe disease (as per NICE guidelines) given individualised, face to face information and a written self management action plan</p>	<p>March 2012 – 90%</p>
<p><b>Standard 11</b></p> <p>All patients with COPD, who are hypoxic (low oxygen), should have referral for assessment and prescription for long term oxygen therapy, if appropriate</p>	<p>Percentage of patients prescribed LTOT according to NICE guidelines</p>	<p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p>
<p><b>Standard 12</b></p> <p>All patients with COPD should be treated with appropriate controlled oxygen therapy during transportation in ambulances</p>	<p>Percentage of patients with a history of hypercapnic respiratory failure issued with an Oxygen Alert Card and a 24% or 28% Venturi mask and ambulance control informed</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>

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<p><b>Standard 13</b></p> <p>All patients with an acute exacerbation of COPD should be managed to an optimal standard in an appropriate setting</p>	<p>Percentage of patients with COPD admitted to hospital with an exacerbation who receive care in line with NICE Guidelines</p> <p>Percentage of patients with COPD admitted to hospital with an exacerbation who receive care from a respiratory team</p>	<p>March 2011 – 70%          March 2012 – 80%          Attaining 4 out of 5 key items each year</p> <p>March 2011 – 80%          March 2012 – 90%</p>
<p><b>Standard 14</b></p> <p>All patients with COPD with acute and/or chronic type 2 respiratory failure should have timely access to ventilatory support, if required, in a unit supervised by a respiratory physician or intensive care physician</p>	<p>Percentage of patients with an acute exacerbation of COPD who are found to have respiratory acidosis (pH&lt;7.35), despite delivery of controlled oxygen therapy and maximal medical treatment, who are assessed for NIV</p> <p>Percentage of patients admitted to hospital with an acute exacerbation of COPD who have access on site 24 hours per day, seven days per week to NIV</p>	<p>March 2011 – 95%</p> <p>March 2011 – 100%</p>

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<p><b>Standard 15</b></p> <p>All patients admitted to hospital with acute exacerbations of COPD should be assessed and, if appropriate, managed at home</p>	<p>Percentage of patients who are admitted with an exacerbation of COPD who are assessed appropriately for early supported discharge</p>	<p>March 2012 – 90%</p>
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### Asthma in Adults

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 16</b></p> <p>All people with suspected asthma should have an appropriate assessment and investigations to confirm the diagnosis</p>	<p>Percentage of new patients with a diagnosis of asthma who meet the diagnostic standards in the BTS/SIGN guidance</p>	<p>March 2011 – 60% March 2012 – 80%</p>
<p><b>Standard 17</b></p> <p>All patients with asthma and their carers should be given the opportunity to learn about their condition and receive self management information</p>	<p>Percentage of patients with asthma step 2 and above who had individualised face to face information and action planning</p>	<p>March 2011 – 60% March 2012 – 80%</p>

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	<p>Percentage of patients with asthma who attend for review and who smoke, who have been offered appropriate smoking cessation advice and support services</p>	<p>March 2011 – 95%</p>
<p><b>Standard 18</b> All patients with asthma should be on appropriate pharmacological therapy according to the nature and severity of their disease</p>	<p>Percentage of patients who have had their disease control assessed using a validated asthma questionnaire at interview</p> <p>Percentage of patients on step 5 treatment who are appropriately referred for specialist assessment</p> <p>Percentage of patients with asthma who have been assessed for symptoms of allergic rhinitis at diagnosis and review</p>	<p>March 2011 – 20% March 2012 – 50% March 2013 – 70%</p> <p>March 2011 – 20% March 2012 – 50% March 2013 – 80%</p> <p>March 2011 – 20% March 2012 – 50% March 2013 – 90%</p>

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<p><b>Standard 19</b></p> <p>All patients with acute severe asthma should be accurately assessed and managed appropriately according to the severity of their presentation</p>	<p>Percentage of patients presenting with acute severe asthma who have a documented clinical assessment, peak flow measurement and oxygen saturation measurement</p> <p>Percentage of patients offered review in primary care within 10 working days after attendance at A&amp;E or GP out of hours with an acute exacerbation of asthma</p> <p>Percentage of patients reviewed within 30 days after any acute admission to hospital with exacerbation of asthma by a clinician with a particular expertise in asthma management – GPwSI, hospital clinician or asthma specialist nurse</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established.</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – 70% March 2012 – 90%</p>
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<p><b>Standard 20</b></p> <p>All patients with ‘difficult asthma’* should be assessed and managed by a team with the appropriate skills and experience</p> <p>*‘Difficult asthma’ is defined as those who are symptomatic on BTS/SIGN guidelines step 4 treatment and all patients on step 5 treatment</p>	<p>Establish a system to ensure that patients with difficult asthma are appropriately assessed in secondary care</p> <p>Percentage of patients assessed to benefit from appropriate monoclonal antibody therapy who are offered a therapeutic trial</p>	<p>March 2011 – All HSC Trusts.</p> <p>March 2011 – Establish baseline. Performance level to be determined once baseline established.</p>
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### Asthma in Children and Young People

	Key Performance Indicators	Anticipated Performance Levels
<p><b>Standard 21</b></p> <p>All children and young people in whom there is a clinical suspicion of asthma should have an accurate assessment and access to diagnostic tests</p>	<p>Percentage of children and young people (aged 8 and over) diagnosed as having asthma who have had their diagnosis confirmed as per BTS/SIGN guidelines</p>	<p>March 2011 – 70% March 2012 – 90%</p>

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	<p>Percentage of children and young people (aged 8 and over) diagnosed as having asthma who have had an assessment of symptoms and signs of allergic rhinitis at diagnosis and review</p>	<p>March 2011 – 40% March 2012 – 80%</p>
<p><b>Standard 22</b> All children and young people diagnosed with asthma should receive individualised evidence based management</p>	<p>Percentage of children and young people step 2 and above and their carers that have individualised face to face information and self management action plan</p> <p>Percentage of children and young people/carers (under 14) with a diagnosis of asthma that attended and has been asked to demonstrate their inhaler technique at asthma review</p> <p>Percentage of schools supported to develop action plans for asthma and anaphylaxis</p>	<p>March 2011 – 60% March 2012 – 80%</p> <p>March 2011 – 90%</p> <p>March 2011 – Establish baseline Performance levels to be determined once baseline established</p>

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<p><b>Standard 23</b></p> <p>All children and young people with asthma who have an acute exacerbation should receive a timely high quality assessment of severity and evidence based management and review</p>	<p>Percentage of children and young people who have presented to GP out of hours services or A&amp;E with an acute exacerbation of asthma that is managed according to current acute asthma guidelines</p> <p>Percentage of children and young people offered review in primary care within 10 working days after attendance at GP out of hours services or A&amp;E with an acute exacerbation of asthma</p>	<p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p>
<p><b>Standard 24</b></p> <p>No child or young person should have a second unmanaged anaphylactic event</p>	<p>Percentage of children and young people with acute anaphylaxis who are assessed and receive an educational package (including use of an adrenalin autoinjector device where indicated) within 2 weeks of the primary episode</p>	<p>March 2011 – Develop care pathway for Accident &amp; Emergency March 2012 - 100%</p>

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<p><b>Standard 25</b></p> <p>All children and young people with asthma should be managed according to evidence based guidelines</p>	<p>Establish a system to ensure that children and young people on beclometasone dipropionate or budesonide 800 mcg/day (or fluticasone propionate 400 mcg/day) or more have been given a steroid alert card</p> <p>Establish a system to ensure that children and young people are appropriately referred to and appropriately managed in secondary care according to the Difficult Asthma Guidelines</p> <p>Percentage of children and young people appropriately referred to and appropriately managed in tertiary care according to the Difficult Asthma Guidelines</p>	<p>March 2012 – All HSC Trusts</p> <p>March 2011 – Establish baseline</p> <p>March 2012 – Performance level to be determined once baseline established</p> <p>March 2012 – All HSC Trusts</p> <p>March 2011 – Establish baseline</p> <p>March 2012 – Performance level to be determined once baseline established</p> <p>March 2012 – Establish baseline</p> <p>March 2013 – Performance level to be determined once baseline established</p>
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#### Community Acquired Pneumonia in Adults

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 26</b> All patients with suspected community acquired pneumonia (CAP) should be assessed, diagnosed and treated according to BTS pneumonia guidelines	Percentage of inpatients diagnosed with CAP who meet the BTS adult pneumonia guidelines for diagnosis and treatment	March 2011 – 60% March 2012 – 80% attaining 4 out of 5 key items each year

#### Community Acquired Pneumonia in Children and Young People

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 27</b> All children and young people with suspected community acquired pneumonia (CAP) should be assessed, diagnosed and treated according to the BTS guidelines	Percentage of children and young people diagnosed with CAP who met the BTS guidelines for diagnosis and treatment  Percentage of appropriate children and young people who are formally considered for ICU transfer according to BTS guidelines	March 2011 – 75% March 2012 – 95% attaining 4 out of 5 key items each year  March 2011 – 75% March 2012 – 95%

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#### Obstructive Sleep Apnoea/Hypopnoea Syndrome (OSAHS) in Adults

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 28</b></p> <p>All adults with a clinical suspicion of having obstructive sleep apnoea/ hypopnoea syndrome (OSAHS) should have investigation at a specialist OSAHS service led by a respiratory physician</p>	<p>Establish a system to ensure that patients are appropriately referred, clinically assessed and investigated within agreed timeframes by appropriately trained staff</p>	<p>March 2012 – All HSC Trusts</p>
<p><b>Standard 29</b></p> <p>All patients with more complex obstructive sleep apnoea disorders should have timely and appropriate access to attended polysomnography (PSG)</p>	<p>Percentage of patients with complex obstructive sleep disorders who are appropriately referred and investigated according to the standards in the Regional Sleep Apnoea Strategy</p>	<p>March 2012 – Establish baseline Performance level to be determined once baseline established</p>

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<p><b>Standard 30</b></p> <p>All patients with OSAHS should be provided with information on lifestyle modification and referred to services as appropriate</p>	<p>Establish a system to ensure that all patients have the lifestyle assessment pro forma completed, appropriate advice given and appropriate referral offered</p>	<p>March 2012 – All HSC Trusts</p>
<p><b>Standard 31</b></p> <p>All patients should have timely and equitable access to CPAP treatment, review and follow up at HSC Trust level. Patients who are unable to tolerate CPAP should have access to assessment for suitability for an intra oral device</p>	<p>Percentage of patients on CPAP who were appropriately treated, reviewed (standardised compliance monitoring) and followed up*</p> <p>*This should include access to information, advice and telephone support</p> <p>Percentage of appropriate patients who have been assessed for suitability for an intra oral device</p>	<p>March 2011 – Establish baseline          March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline          March 2012 – Performance level to be determined once baseline established</p>

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#### Obstructive Sleep Apnoea Syndrome In Children And Young People

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 32</b></p> <p>All children and young people with obstructive sleep apnoea syndrome (OSAS) should have the condition accurately assessed for severity and treated in a timely fashion</p>	<p>Percentage of children and young people with OSAS deemed suitable for CPAP who have had confirmed and timely access to a CPAP service</p> <p>Percentage of children and young people with a named link respiratory nurse to access the multidisciplinary team based at RBHSC</p>	<p>March 2012 – 50%</p> <p>March 2012 – 70%</p> <p>March 2013 – 90%</p>

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#### Long Term Ventilation in Children And Young People

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 33</b>		
All children and young people requiring or potentially requiring long term ventilation (LTV) or nocturnal non invasive ventilatory (NNIV) support at home should have access to a specialist multidisciplinary team at tertiary level	Percentage of children and young people requiring NNIV/LTV who receive an initial assessment/management (within 4 weeks) and regular follow up (at least twice yearly) by the specialist regional multidisciplinary team	March 2012 – 50%
	Percentage of children and young people with a named link specialist respiratory nurse for direct access to the regional multidisciplinary team	March 2012 – 70% March 2013 – 90%

#### Cystic Fibrosis

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 34</b>		
All babies born in Northern Ireland should be screened for cystic fibrosis	Percentage of babies born in Northern Ireland who have had an IRT test by day 10 of life	March 2011 – 99.5%

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<p><b>Standard 35</b></p> <p>All people suspected of having cystic fibrosis should have appropriate diagnostic testing at a specialist centre</p>	<p>Percentage of babies with a raised IRT who have had DNA analysis by day 21 of life</p>	<p>March 2011 – 99.5%</p>
<p><b>Standard 36</b></p> <p>All patients with cystic fibrosis should receive care as per guidelines via specialist multidisciplinary teams</p>	<p>Percentage of screened positive babies who are referred to a specialist centre</p> <p>Percentage of patients referred for a clinical diagnosis who receive this within 8 weeks of seeing a consultant</p>	<p>March 2011 – 100%</p> <p>March 2011 – 100%</p>
	<p>Percentage of patients who have an annual recorded: FEV1 BMI Sputum microbiology and median age of death (averaged) Survival time</p>	<p>March 2011 – Comparable to upper quartile of UK centre performances for each dimension</p>

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	<p>Percentage of patients and parents reporting a high satisfaction with communication / information received from the specialist team</p>	<p>For adults:            March 2011 – 75%            March 2012 – 90%</p> <p>For children and young people:            March 2011 – 75%            March 2012 – 90%</p>
<p><b>Standard 37</b>            All patients with cystic fibrosis should have their care provided in a safe environment consistent with infection control policies</p>	<p>Percentage of patients receiving microbiological surveillance of at least 4 sputum samples per year</p> <p>Percentage of inpatients in single room accommodation</p>	<p>March 2011 – 90%            March 2012 – 95%</p> <p>March 2012 – 95%</p>

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<b>Bronchiectasis</b>	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<p><b>Standard 38</b></p> <p>All people (children and young people and adults) with suspected bronchiectasis should have an appropriate diagnostic assessment</p>	<p>Establish a system to ensure that patients with suspected bronchiectasis have appropriate investigations completed for adults in secondary care and children and young people in tertiary care as per the BTS guidelines</p>	<p>For adults: March 2011 – All HSC Trusts</p> <p>For children and young people: March 2011 – 50% March 2012 – 90%</p>

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<p><b>Standard 39</b></p> <p>All patients with symptomatic bronchiectasis should be accurately assessed and managed by the specialist respiratory team</p>	<p>Establish a system to ensure all patients with symptomatic disease attending secondary care have had a comprehensive annual review to include spirometry, BMI and sputum microbiology</p> <p>Percentage of inpatients (adults and children) receiving antibiotic therapy for an exacerbation who have sputum microbiology</p> <p>Percentage of inpatients with an exacerbation who are admitted under the care of a specialist respiratory team</p>	<p>For adults March 2011 – All Trusts</p> <p>For children and young people March 2012 – 50% March 2013 – 80% (BHSCT only)</p> <p>For adults March 2011 – All Trusts</p> <p>For children and young people March 2012 – 60% March 2013 – 70% (BHSCT only)</p> <p>For adults March 2011 – All Trusts</p> <p>For children and young people March 2011 – 50% March 2012 – 80% (BHSCT only)</p>
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<p><b>Standard 40</b></p> <p>All patients with symptomatic bronchiectasis and their carers should be given the opportunity to learn about their disease and receive self management information</p>	<p>Establish a system to ensure that patients who have symptomatic bronchiectasis attending secondary care have been given individualised, face-to-face information and a written action plan</p>	<p>For adults: March 2011 – All HSC Trusts</p> <p>For children and young people: March 2011 – 70% March 2012 – 80%</p>
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### Tuberculosis (TB)

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 41</b></p> <p>All people considered to be at high risk of tuberculosis (TB) should be able to access services for screening and BCG vaccination as appropriate</p>	<p>Establish a system to ensure that all new migrants (new arrivals from high risk countries who are registering with GPs) are screened and provided with BCG vaccination according to NICE guidelines</p>	<p>March 2013 – All HSC Trusts</p>

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<p><b>Standard 42</b></p> <p>All patients with active tuberculosis who require admission to hospital should be managed in hospital according to strict infection control standards</p>	<p>Percentage of patients requiring hospital admission with confirmed sputum smear positive TB who are placed in a single room at time of admission to hospital</p>	<p>March 2012 – 95%</p>
<p><b>Standard 43</b></p> <p>All patients with active tuberculosis should have appropriate individualised management</p>	<p>Percentage of patients where prescribed treatment has been carried out in accordance with NICE Guidance</p>	<p>March 2012 – 100%</p>
<p><b>Standard 44</b></p> <p>All patients with active tuberculosis, and their contacts, should be managed by professionals with appropriate skills and experience</p>	<p>Percentage of patients who are managed by a specialist TB service (clinician who is a respiratory physician or appropriately trained infectious disease physician / paediatrician who has regular ongoing expertise in managing tuberculosis, and specialist TB nurse)</p>	<p>March 2011 – 100%</p>

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#### Interstitial Lung Disease (ILD)

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 45</b></p> <p>All patients with ILD or suspected ILD should be under the care of a respiratory physician with appropriate clinical, physiological, radiological, pathological, surgical and laboratory support</p>	<p>Percentage of patients who have spirometry and gas transfer measurements at presentation</p> <p>Percentage of patients who have had high resolution CT scans where these have been seen and discussed between the referring physician and radiologist within 3 weeks</p>	<p>March 2011 – Establish baseline Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline Performance level to be determined once baseline established</p>

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#### Nebuliser Treatment

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 46</b></p> <p>All patients with respiratory disease should only start long term home nebuliser therapy following appropriate assessment and education</p>	<p>Percentage of new patients starting long term nebuliser therapy who have been assessed at a specialist respiratory service</p> <p>Percentage of patients, assessed as needing nebulisers for long term home use and, where the nebulisers are supplied by HSC Trusts, who receive appropriate training in their use</p> <p>Percentage of patients, assessed as needing nebulisers for long term home use and, where the nebulisers are supplied by HSC Trusts, who have nebulisers maintained to agreed standards</p>	<p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline March 2012 – Performance level to be determined once baseline established</p>

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#### Pulmonary Rehabilitation

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 47</b></p> <p>All appropriate patients with respiratory conditions and symptomatic breathlessness should be offered referral to pulmonary rehabilitation</p>	<p>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</p> <p>Percentage of pulmonary rehabilitation programmes which are geographically accessible and include all required elements as per BTS/NICE guidelines</p>	<p>March 2011 – Establish baseline</p> <p>March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – 60%</p> <p>March 2012 – 100%</p>

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#### Transitional Care for Adolescents with Chronic Respiratory Disease

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 48</b> All young people with chronic respiratory disease (asthma / OSAS / LTV / cystic fibrosis / bronchiectasis) should have appropriate arrangements in place for transition and transfer to adult services	Percentage of HSC Trusts where there are transition arrangements in place for chronic respiratory disease (asthma / OSAS / LTV / cystic fibrosis / bronchiectasis)	March 2011 – 100%

#### Lung Transplantation

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<b>Standard 49</b> All patients with respiratory disease, who meet the criteria for lung transplantation, should have the opportunity for referral to a transplant centre	Percentage of people with cystic fibrosis or ILD who meet the criteria for lung transplantation and have been offered referral to a recognised transplant centre	March 2011 – 100% of people with cystic fibrosis March 2012 – 100% of people with ILD

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#### Acute Oxygen Therapy

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 50</b></p> <p>All acutely ill patients, apart from those at risk from hypercapnic respiratory failure, should have oxygen prescribed to achieve a normal or near normal oxygen saturation</p>	<p>Establish a system in all hospitals for a standard oxygen prescription document or designated oxygen section on drug prescribing cards</p>	<p>March 2011 – All HSC Trusts</p>

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### Summary of Standards

#### Social and Emotional Support

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 51</b></p> <p>All patients with severe respiratory disease and their carers should be offered an holistic assessment of their needs and be facilitated and supported to maintain their connections with social networks and community life, in order to promote wellbeing and mitigate the potentially isolating effects of long term disability</p>	<p>Percentage of local areas with patient self help support groups supported and facilitated by HSC Trusts (approximately 80,000 population)</p> <p>Percentage of local areas with generic expert patient programmes available for patients with respiratory disease (approximately 150,000 population)</p> <p>Percentage of local areas with respiratory support networks (approximately 150,000 population)</p> <p>Percentage of patients on specialist community respiratory team caseloads who have had an holistic assessment of their social and emotional support needs</p>	<p>March 2011 – 100%</p> <p>March 2011 – 100%</p> <p>March 2011 – 100%</p> <p>March 2011 – 40% March 2012 – 60%</p>

## Service Framework for Respiratory Health and Wellbeing

### Summary of Standards

	<p>Percentage of people who have been offered to move on from pulmonary rehabilitation to local exercise/support groups</p> <p>Percentage of carers (of people with respiratory disease who are newly referred for social care) who have been offered a formal carers assessment, where appropriate</p>	<p>March 2011 – 80%</p> <p>March 2011 – 50% March 2012 – 90%</p>
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### Information

	<b>Key Performance Indicators</b>	<b>Anticipated Performance Level</b>
<p><b>Standard 52</b></p> <p>All patients, clients and carers should receive information which will allow them to know about general management options for their condition as well as the range of services available locally including health promotion and appropriate community support services</p>	<p>Percentage of local* areas where directories of services are available (*Approximately 150,000 population)</p> <p>Percentage of people with asthma and COPD who attend their GP for review who are given a pack of contact details (with sources of condition specific information devised in collaboration with the Respiratory Forum and Asthma UK/GHS) by their primary care team</p>	<p>March 2011 – All areas</p> <p>March 2011 – 30% March 2012 – 50%</p>

## Service Framework for Respiratory Health and Wellbeing

### Summary of Standards

#### Palliative Care

	Key Performance Indicators	Anticipated Performance Level
<p><b>Standard 53</b></p> <p>Health and social care professionals, in consultation with the patient, should identify, assess and communicate the unique supportive, palliative and end of life care needs of that person, their caregiver/s and family</p>	<p>Establish HSC Trust palliative care database</p> <p>Percentage of patients with COPD with MRC grade 5 who have been assessed as to whether they have palliative care needs using the Gold Standards framework guidance</p> <p>Percentage of patients with a respiratory diagnosis on the HSC Trust palliative care database who have had an holistic assessment appropriate to needs and a care plan developed (including carer needs)</p> <p>Percentage of the specialist respiratory team members who have had training in appropriate palliative care competencies</p>	<p>March 2011 – All HSC Trusts</p> <p>March 2011 – Establish baseline. Performance level to be determined once baseline established</p> <p>March 2012 – Establish baseline. Performance level to be determined once baseline established</p> <p>March 2011 – 70% March 2012 – 95%</p>

## Service Framework for Respiratory Health and Wellbeing

### Summary of Standards

<p><b>Standard 54</b></p> <p>All patients, carers and families should have access to responsive, integrated services which are coordinated by an identified team member according to an agreed plan of care, based on their needs</p>	<p>Percentage of patients with respiratory disease with an identified/named key worker (usually specialist respiratory team member) responsible for ensuring the 24 hour plan of care is communicated to relevant professionals</p> <p>Establish a system to ensure that updated out of hours handover forms held manually are transferred to all relevant professionals for patients who are at the end of life</p> <p>Establish a system to ensure that all patients on the HSC Trust palliative care database with unresolved symptoms and complex psychosocial needs have appropriate input from specialist palliative care services for advice or management in accordance with the Regional Criteria for Specialist Palliative Care</p>	<p>March 2011 – Establish baseline. Performance level to be determined once baseline established</p> <p>March 2012 – All HSC Trusts</p> <p>March 2012 – All HSC Trusts</p>
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## Service Framework for Respiratory Health and Wellbeing

### Summary of Standards

<p><b>Standard 55</b></p> <p>All people with advanced progressive conditions, their caregivers and families, will be informed about the choices available to them, by an identified team member, and have their dignity protected through the management of symptoms and maximising comfort in end of life care</p>	<p>Percentage of patients with respiratory disease who are enabled to die in their appropriate preferred place of care (identified as part of regularly reviewed assessments)</p> <p>Percentage of patients, identified with end stage disease who have met the criteria of the Care of the Dying Pathway, and have their care recorded using the Care of the Dying Pathway in hospital, hospice and community</p> <p>Percentage of appropriate professionals trained in advanced communication skills</p>	<p>March 2011 – Establish baseline. March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline. March 2012 – Performance level to be determined once baseline established</p> <p>March 2011 – Establish baseline. March 2012 – Performance level to be determined once baseline established</p>
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