BACKGROUND

Early and accurate diagnosis of respiratory disease is essential for accessing treatments and improving health outcomes (Taskforce for Lung Health (2021). A survey completed by the BLF (2021) found that COPD patients often received diagnostic care which did not follow recommendations from national guidelines.

Furthermore, during the COVID19 pandemic, access to respiratory testing in Primary care has been severely limited (ARTP, 2021). This has led to an increase in the number of patients requiring quality assured diagnostic testing, skilled interpretation and accurate respiratory diagnoses

A PCN in Southampton with almost 40,000 patients set up a respiratory diagnostic hub in December 2021 to support a new pathway for patients; from presentation of symptoms to diagnosis.

Implementing a new service to reinstate respiratory diagnostic testing in primary care is vital. Patient feedback and satisfaction is essential to new service development (NHS England, 2018).



METHOD

Patients are reviewed by General Practitioners within the PCN for consideration of differential diagnoses of respiratory symptoms. Patients with a suspected respiratory diagnosis are then referred to the diagnostic hub.

A hub appointment consists of: a review with a Respiratory Nurse Specialist for history taking and examination, fractional exhaled nitric oxide (FeNO) and Spirometry testing if required. Results are interpreted and a treatment plan initiated.

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	Tes bo
L r	a. If no, alsy not?
L	
	What is your understanding of the information was have been given today?
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	Now was your experience at the regulatory hub-today?
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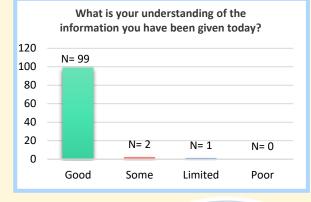
Patients attending the diagnostic hub were asked to complete a feedback questionnaire at the end of their appointment.

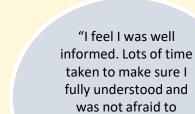
Feedback forms were collated by a project administrator. The data was split into quantitative and qualitative data; the quantitative data in this analysis was reviewed to facilitate a timely response to patient feedback.

RESULTS

116 patients attended the hub from December 2021 to June 2022. 102` completed a feedback questionnaire. 98% felt well prepared for their appointment, 99% rated their experience as "excellent", 97% had "good" understanding of the information they were given.







answer questions. Very

polite, professional &

friendly appointment"

respiratory hub today? 120 N= 101 100 80 60 40 20 N= 1 N=0N=00 Excellent Good Poor Very poor

How was your experience at the

"Very impressed with the professional care, support and information I've been given. I was quite anxious about the procedure etc but was totally reassured and helped by the people involved. I am confident with the next steps I've been given."

REFERENCES

- Association for Respiratory Technology & Physiology (ARTP) (2021) Risk minimisation in spirometry re-start. Available at: <u>www.artp.org.uk/COVID19</u> (Accessed 30 August 2022).
- British Lung Foundation (BLF) (2021) Failing on the fundamentals insights from those living with chronic obstructive pulmonary disease (COPD) around the UK. Available at: www.blf.org.uk/support-for-you/copd/world-copd-day/failing-onthe-fundamentals-our-copd-report (Accessed 1 September 2022).
- National Health Service England (NHS England) (2018) Patient experience improvement framework. Available at: <u>www.England.nhs.uk/publication/patientexperience-improvement-framework</u> (Accessed 30 August 2022)
- Taskforce for Lung Health (2021) Diagnosis working group briefing on the lung disease diagnosis pathway. Available at: <u>www.blf.org.uk/taskforce/about/ourdiagnosis-working-group/lung-disease-diagnosis-pathway</u> (Accessed 1 September 2022)

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Suggestions for improvement included:

- Use of simplified language or offering a chaperone for patients with learning disabilities; to help with understanding of information given.
- Improving access by offering appointments at different sites.
- Appointment letter to include length of appointment and foods to avoid before a FeNO test
- Changing the booking process to contact patients before an appointment is made (to reduce non attendance rates)
- Information provided on expected wait times for an appointment.

These were all acknowledged and changes were implemented where possible.

CONCLUSIONS

- Implementing a respiratory diagnostic hub in Primary care has been well received by the large majority of patients attending.
- Most patients felt prepared for their appointment and understood the information provided.
- All patients found that the appointment was either an "excellent" or "good" experience overall.
- It is also important to consider recommendations from patients to further improve the respiratory diagnostic hub experience. Collecting constructive feedback from patients supports service evaluation and patient satisfaction.
- A further analysis of qualitative data and ongoing collation of patient feedback will ensure continued service improvement.

pathway mansjormation Fund has supported Living Well PCN in the implementation of the respiratory diagnost pathway and recruitment of staff.