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Pulmonary Rehabilitation Standard Operating Procedure

Background

Baywater Healthcare provides Pulmonary Rehabilitation on behalf of the National Health Service. Pulmonary Rehabilitation is a multidisciplinary eight-week program that promotes self-care and management for patients with chronic lung disease. The aim is for the individual to achieve their fullest physical, mental, social, and vocational potential above what conventional medical treatment achieves. PR is an individually tailored exercise and education programme that aims to prevent deconditioning, improve exercise capacity, and desensitise the patient to breathlessness. It also helps the patient to develop disease-coping strategies and self-management skills, promoting long-term lifestyle changes.

The Pulmonary rehabilitation team provides outpatient activity for patients with respiratory conditions. Referrals are taken from consultant clinics, oxygen assessment services, and General Practitioners. The evidence for rehabilitation includes reducing readmissions for both stable and post-hospitalisation patients who have experienced an exacerbation of COPD.

Baywater Healthcare provides Pulmonary Rehabilitation in Somerset, Newcastle Upon Tyne, Bradford, and Airedale on behalf of the National Health Service (NHS) and supports all patients within all regional Integrated Care Board locations who meet clinical criteria for attendance. All have areas of deprivation and a high prevalence of patients with the diagnosis of COPD. Pulmonary Rehabilitation services are provided in localities on good transport links, with disabled access to ensure equal opportunity for all.


This plan has been developed with involvement of the multi-disciplinary team and external stakeholders including Integrated Care Board Leads and those who refer into the service.

Aims and purpose

This policy aims to detail the service details and arrangements and identify the processes by which patients are referred, assessed and managed by the Pulmonary Rehabilitation team. This document aims to ensure safe cost effective and appropriate Pulmonary Rehabilitation within Baywater Healthcare. This includes:

- Ensuring that patients are referred to Pulmonary Rehabilitation appropriately
- Ensuring that patients are stratified into the correct programme of Pulmonary Rehabilitation
- Ensuring that all staff members understand the patient pathway well and that thorough assessments are performed before joining and on completion of Pulmonary Rehabilitation
- Ensuring all staff have a good understanding of the delivery of Pulmonary Rehabilitation by Baywater Healthcare
- Ensuring classes are maximised to ensure capacity is achieved

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Benefits of Pulmonary rehabilitation:

Pulmonary rehabilitation is an essential option in a wider, comprehensive respiratory pathway. There is sound evidence of the benefits of pulmonary rehabilitation, supported by the British Thoracic Society Pulmonary Rehabilitation Guidelines.

Research studies have shown that pulmonary rehabilitation (PR) can:

- Reduce mortality
- Reduce hospital admissions
- Reduce inpatient hospital days
- Reduce hospital readmissions (e.g. from 33 – 7%)
- Reduce the number of required home visits
- Improve health-related quality of life in COPD patients after suffering an exacerbation (e.g., dyspnoea, fatigue, depression, and patient control of the disease)
- Cost-effectiveness for the National Health Service

Information and resources regarding Baywater Healthcare Pulmonary Rehabilitation Service can be found on the Baywater Healthcare website.

<https://www.baywater.co.uk/?s=pulmonary+rehabilitation>

Resources include

- Explanation of the Pulmonary Rehabilitation service
- Welcome to Pulmonary Rehabilitation booklet, which contains details of what to expect from a Pulmonary Rehabilitation Programme and Baywater Healthcare contact details
- Venue location information
- Educational Leaflets
- Exercise videos
- Referral form
- Operational Procedure

Clinical Guidelines for Pulmonary Rehabilitation

The clinical guidelines and other guidance relevant to the provision of Pulmonary Rehabilitation operational provision are:


- British Thoracic Society (BTS) Pulmonary Rehabilitation guidelines (2013)
- BTS Quality Standards for Pulmonary Rehabilitation (British Thoracic Society, 2014)
- NICE COPD guidance and quality standards (2023)
- NACAP Pulmonary Rehabilitation Services Accreditation Benchmarks (2021)

Aims:

The aims of pulmonary rehabilitation are to:

- Increase exercise tolerance and reduce dyspnoea
- Increase muscle strength and endurance (peripheral and respiratory)
- Improve quality of life
- Increase independence in activities of daily living
- Increase knowledge of lung condition and promote self-management
- Promote long-term commitment to exercise

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Baywater Healthcare Visions and Values

Customer Focus

Patients are at the heart of everything we do

Understanding our patients is vital. They value the support of our team. We make them feel at ease and treat them with respect and dignity. We assist patients and professionals round the clock. We are here whenever they need us. By listening to our patients we know how to make a positive difference to their lives. As a trusted partner we tailor our services to meet every challenge.



Always Be Caring

We care passionately about individuals and their own specific needs

We all face challenging times. Challenges are not just restricted to our patients, but can also be faced by our employees. We make ourselves available to listen to and support patients and colleagues whenever the need arises.

Make it Happen

We empower our people to deliver excellence

Patients often come to us at a challenging time in their lives. Our brilliant teams support patients and their families in their own homes building trust and friendship, and sharing knowledge. Our patients tell us this support makes the world of difference. We have people with the integrity, skills, empathy and enthusiasm to deliver an exceptional service that exceeds everyone's expectations.



Lead the Way

We embrace ideas from all; innovation gives us the edge

Our passion for innovation has made us a leader in the home healthcare sector. We encourage and reward improvement. Big ideas can make a significant difference, but the small changes matter too. The best ideas are often the simple ones.

Growth

We grasp opportunities to develop new, life enhancing services

We have exciting plans for Baywater Healthcare. The NHS needs reliable partners with expertise in service redesign. We have those skills. We are always seeking opportunities to offer new and improved services.




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Our Approach to Pulmonary Rehabilitation

Ethos: Enhancing Lives

Our ethos is rooted in the belief that every action we take has the power to enhance lives. We are committed to delivering compassionate, patient-centred care that prioritises dignity, respect, and empathy in every interaction. "Always Be Caring" is not just a value but a promise—to our patients, their families, and one another. It drives us to listen deeply, act thoughtfully, and continually improve in our pursuit of excellence. Together, we foster an environment where compassion meets innovation, ensuring that every life we touch is enriched with care and kindness.

Culture

Baywater Healthcare is proud of the strong healthcare culture within our Pulmonary Rehabilitation service. Patients are at the heart of everything we do; the service is individualised and patient-centred. The Healthcare staff working and leading the Pulmonary Rehabilitation Service foster a culture of empathy, respect, collaboration and safety. The service demonstrates continual learning and accountability and is innovative. Pulmonary Rehabilitation staff are empowered to provide the highest quality care while adapting to evolving medical advancements. Leadership within the team cultivates a culture of inclusivity and open communication, where employees feel supported and valued. This positive atmosphere not only enhances patient outcomes but also promotes staff well-being and retention, creating a sustainable and effective service.

Teams approach


Our clinical team is committed to delivering a patient-centred, evidence-based pulmonary rehabilitation service aimed at improving the quality of life and functional capacity of individuals with chronic respiratory conditions. We adopt a multidisciplinary approach that integrates medical expertise, physiotherapy, nutritional advice, psychological support, and education tailored to each patient's unique needs and goals. Through individualised exercise programs, symptom management strategies, and ongoing support, we empower patients to enhance their respiratory function, build resilience, and maintain long-term health and independence. Collaboration, compassion, and continuous quality improvement are at the core of our service.

Referral Process:

Patients and any healthcare professional can refer to the Baywater Healthcare Pulmonary Rehabilitation programme; this can be from both primary and secondary care (e.g. Consultant, GP, Physiotherapist, Practice Nurse, Community Matron, the patient or their family member or carer). Referring Healthcare Professionals in Integrated Care Board areas are educated about the Pulmonary Rehabilitation service and how to refer into the programme.

- The Baywater Healthcare administration team will process a referral and communicate acceptance or rejection in accordance with British Thoracic Society Guidelines Pulmonary Rehabilitation criteria and Baywater Healthcare processing a Pulmonary Rehabilitation Referral process

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Inclusion Criteria:

- The following criteria should be met for patients to be eligible for referral to PR:
- Diagnosed respiratory condition (confirmed with spirometry), this may include COPD, Bronchiectasis, Chronic Asthma, Pulmonary Fibrosis, Fibrosing Alveolitis
- The patient experiences breathlessness in their day-to-day life
- The patient is on optimal respiratory medication
- Motivated to attend PR
- No cardiac event in the past 3 months
- Any known cardiac condition (e.g., angina, hypertension) must be well controlled and stable
- Aged 18+

Exclusion Criteria:

This list relates to patient with various medical conditions where it would aggravate their present condition and possibly make their condition worse. It would therefore not be safe or advisable for them to attempt such a programme. These would include:

- The presence of unstable cardiac disease – unstable angina
- Not motivated to attend
- Acute Left Ventricular Failure (LVF)
- Uncontrolled Hypertension
- Uncontrolled cardiac arrhythmias
- Uncontrolled Diabetes
- Aortic Stenosis
- Suspected or known dissecting aneurysm
- Any medical problem which severely restricts exercise or compliance with the programme (e.g., dementia)

Pulmonary Rehabilitation programme

A Respiratory Physiotherapist or nurse delivers the Pulmonary rehabilitation programme and consists of two main components: exercise and education.


The Pulmonary Rehabilitation programme is eight weeks long, and patients attend classes twice weekly. They then attend a one-to-one discharge assessment, where appropriate, referrals to ongoing exercise schemes are made, and patients are given a maintenance and discharge plan.

Individualised information is recorded in the patient's electronic medical record after each class. Details include whether they require oxygen, transport requirements, comorbidities, exercise tolerance and personal goals.

Venues

Pulmonary rehabilitation venues are selected in community locations that have disabled access, parking, toilets, with good transport links. Clear signage and directions are used to direct service users to the venue locations.

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Shuttle Walk Test

All patients meeting the inclusion criteria for the exercise component of PR will perform the Incremental and Endurance Shuttle Walking tests during the assessment. Results are used to calculate an individualised training plan for each patient.

Quadriceps Strength

The quadriceps strength of the dominant leg is measured using a seated position strain gauge unless contraindicated by abdominal surgery or musculoskeletal or skin integrity reasons. For eligible patients, this is monitored throughout the individualised programme.

Assessment

During the first and final assessment, patients will be assessed using the below tools

- COPD Assessment Tool (CAT)
- BORG scale
- The Medical Research Council (MRC) dyspnoea scale
- St George's Respiratory Scale

The exercise component includes:

- Warm-up exercises - This can be done sitting or standing, depending on the group or individual capability
- Main exercise session – an individualised programme consisting of aerobic and anaerobic exercise, which includes endurance and strength training

The exercise component lasts approximately one hour.

Education sessions include:


- Types of lung disease
- Breathing Techniques / chest clearance techniques
- Breathing Control
- Management of exacerbations
- Inhaler technique and medications
- Dietary advice
- Living an active life with lung disease
- Managing anxiety / Relaxation strategies
- Benefits of exercise

The education session lasts approximately one hour, and written materials are provided for self-directed learning.

Exercise Training

Patients receive two supervised strength and aerobic training sessions per week. In addition, they are instructed to complete an individualised home exercise programme every day, which includes unsupervised home strength training. Home exercise intensity is individually prescribed. All patients are provided with a home exercise diary to record their

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progress. Progress is reviewed in each session, and individual goals are set for each exercise session. Strength training is at a weight the clinician deems appropriate for the patient. This is based on patient history, physical ability and discussion. It progresses as the documented rating of perceived exertion for the exercises allows.

The Pulmonary Rehabilitation Team:

The respiratory physiotherapist or nurse coordinates group-based programs and provides advice regarding exercise components and daily living activities.

Respiratory physiotherapists, Respiratory Nurse Specialists, Respiratory Healthcare Assistants, dieticians contribute to education provision per individual patient needs.

Health and Safety

All staff are trained in basic life support and first aid annually. All are personally responsible for ensuring they are up to date with all mandatory training requirements, including Safeguarding, Data Protection and Emergency preparedness as per Baywater Healthcare policy. All staff know how to report and respond to incidents and to monitor and appropriately react to adverse events.

All employees responsible for the provision of Pulmonary Rehabilitation are competent to provide exercise advice and be signed as competent for the use of exercise equipment associated.

Baywater Healthcare has a duty to provide a safe and secure environment for patients, staff and visitors. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors. Baywater Healthcare operates a zero-tolerance programme and does not tolerate any form of abuse, racism or discrimination against our staff.


The Pulmonary Rehabilitation Team expects that patients engaging with this service will treat staff in a manner that reflects Baywater Healthcare Values. A patient's responsibility for informing the department of non-attendance, illness and decisions to change treatment is communicated to the patient at each stage of the rehabilitation pathway:

Equality and Diversity

Vulnerable adults and patients with learning disabilities can bring their support worker with them to class.

Interpreters will be provided for patients whose first language is not English. Interpreters are expected to stay for the educational component of the program. The use of family and friends as interpreters is discouraged unless it is the patient's choice. If patients exercise this choice, it is documented on the electronic patient medical record.

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Discharge Assessment

Once the patient has completed the program, they attend a discharge assessment in which the Incremental and Endurance Shuttle Walking Tests are repeated along with quadriceps strength testing. Health status is also reassessed. The patient's progress is discussed, along with a plan for the patient to continue their home exercise programme, including signposting to local exercise groups. A discharge summary letter is then sent to the patient's GP, referrer and consultant as appropriate. If further input from the pulmonary rehabilitation is required, then a new referral is required.

Following completion of the Pulmonary Rehabilitation Programme, patients and their carers are invited to complete a satisfaction survey to provide feedback on the service provision.

Patients who do not attend Pulmonary Rehabilitation appointments

Patients who are offered a Pulmonary Rehabilitation assessment appointment and decline will be discharged. Those who do not attend will be contacted to determine their reasoning/difficulties; if it is due to a genuine reason, a further appointment will be offered. If no contact can be made after two weeks, the patient will be discharged. If the patient does not wish to engage or does not attend the second offered appointment, they will be discharged with immediate effect from the service. Patients may seek a re-referral to Pulmonary Rehabilitation. This will be triaged as outlined within this policy.

Signposting to other agencies

Patients are assessed and referred to external agencies individually; this can include community groups such as Action for Pulmonary Fibrosis or Breathe Easy Groups.

Safeguarding

The safety of patients and their carers is paramount. All Baywater Healthcare staff are trained to recognise, respond to, and report evidence of abuse in accordance with National Guidelines. All patients are treated with dignity and respect; care is provided in a sensitive individual approach that respects the patient's needs and wishes.

Liaison with other Services


To ensure effective ongoing healthcare provision for patients, the Pulmonary Rehabilitation Clinical Team may liaise with other healthcare or social care services on behalf of the patients as per their individual needs.

Equality and Diversity

Vulnerable adults and patients with learning disabilities can bring their support worker to class. A rehabilitation assistant practitioner can offer one-to-one support during the programme for progression and comprehension.

Interpreters are provided for patients whose first language is not English and should be accessed in accordance with Baywater Healthcare Interpretation policy. Interpreters are expected to stay for the educational component of the programme. The use of family and friends as interpreters is discouraged unless it is the patient's choice. If patients exercise this

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choice, it is to be documented on the clinical portal.

All literature is available in a language of patient preference, and Baywater Healthcare uses Reachdeck translation, read aloud online service on their website.

Health and Safety

All staff are trained in basic life support and first aid annually. They are responsible for ensuring they are up to date with all mandatory training requirements per Baywater Healthcare's training and Health and Safety policy. All locations have a first aid kit and defibrillator.

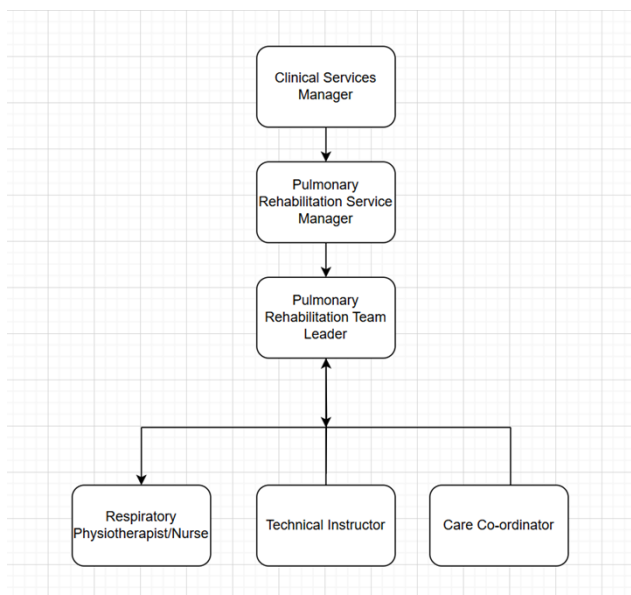
Risk assessment of the exercise location and equipment is carried out annually or sooner if the Pulmonary Rehabilitation Lead identifies the need.

Data Collection


Patient data is stored with Baywater Healthcare's secure electronic medical record system. Data from the system is shared with NRAP as part of the national audit. Patients are informed of this at the point of acceptance into the Pulmonary Rehabilitation programme, and their consent is sought. Data is not shared without patient consent. Data is also used to monitor demands of the service to ensure adequate staffing levels.

Staffing

The Pulmonary Rehabilitation service is staffed in accordance with NICE Pulmonary Rehabilitation Service guidelines, with a qualified Respiratory Nurse/Physiotherapist and Technical Instructor supporting a maximum capacity of 16 patients.




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Responsibilities


- The Clinical Services Manager is responsible for
 - Ensuring Quality and Clinical Governance within the service
 - Writing policies and procedures,
 - Overseeing clinical audits
 - Overseeing customer and stakeholder feedback to ensure continual improvement and best clinical practice within the service
 - Lead in raising the awareness among staff that working practices and systemic activities prevent or reduce the risk of harm to patients, specifically around child protection, adult protection and domestic violence issues
 - Performance Management and conduction of appraisals of the Pulmonary Rehabilitation Service Manager
- The Pulmonary Rehabilitation Service Manager is responsible for
 - Setting team objectives,
 - Ensuring policy and procedure compliance, supporting team leaders to create a motivating and supportive environment for individuals, promoting continual learning, and improving patient care.
 - Support policy development, collaborating multi-professionally to ensure service development.
 - Create a culture based on staff involvement where staff feels valued, supported, developed, and can take responsibility.
 - Analyse and support complex situations and convey them at all organisational levels and beyond
 - Performance Management and conduction of appraisal of the Pulmonary Rehabilitation Team Leader
 - Teach and assist others to develop professionally, reaching their full potential
 - Encourage professional accountability in others.
- The Pulmonary Rehabilitation Team Leader is responsible for
 - leading, organising, developing and being responsible for the rehabilitation service for patients with chronic respiratory disease
 - Overseeing team competency
 - The rehabilitation of patients with chronic lung disease
 - To lead/assist in the development of the service.
 - Participate in departmental management to facilitate an efficient and responsive service.
 - Performance Management and conducting appraisals of the Pulmonary Rehabilitation Team
 - Lead on national research and audit activities.

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- Create and maintain effective working relationships with all staff to ensure good communication links to improve patient care
- Be responsible for accurately inputting data and report output from the rehabilitation database.
- Undertake educational lectures for patients as well as to be involved with the ongoing training and development of staff in the provision of pulmonary rehabilitation.
- Respiratory Physiotherapists/Nurse are responsible for
 - Rehabilitation of patients with chronic lung disease
 - Facilitate an efficient and responsive service.
 - Participate in the supervision and training of student physiotherapists/nurses, ensuring that their needs are met and that a good rapport is maintained with the University staff.
 - To participate in audits, research activities and service developments.
 - Ensure that the pulmonary rehabilitation service is co-ordinated and organised in conjunction with other multidisciplinary team members to provide holistic care.
 - Manage own patient caseload, ensuring that full, detailed and accurate documentation and statistical data is maintained to ensure the service is monitored and evaluated.
 - Support national audit
 - To introduce, promote and develop new techniques, ideas and processes within the service area for the ongoing development of the service
 - Carry out all professional duties following the relevant code of professional conduct.
 - To be responsible for own continuing professional development and attend clinical supervision and safeguarding supervision sessions
 - Support education and exercise provision for patients accessing the service
 - Comply and be aware of all aspects of the Clinical Governance
 - Attend and complete mandatory training
- Technical Instructor responsibilities
 - Undertake specified direct and indirect care, by delivering safe and effective rehabilitation classes to individuals who have chronic respiratory disease.
 - Deliver unsupervised specified care and intervention as prescribed by an appropriate Registered Health Care Professional in accordance to Baywater Healthcare policies and procedures.
 - Assist the Registered Professional by developing care plans, assessing and documenting care, and providing verbal and written reports

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effectively and safely.

- Make observations of care supporting the patient's general health and well-being
 - Maintain effective communication with the Pulmonary Rehabilitation team regarding assigned duties, promptly escalating areas of concern.
 - Assist and support care delivery by only undertaking delegated work that is within the competence level
 - Carry out duties consistent with individual patient wishes, maintaining privacy and dignity and recognising cultural diversity and needs.
 - Contribute to the overall effectiveness of the care delivered by the Pulmonary rehabilitation team that benefits the patient experience
- Care Co-Ordinator responsibilities
 - handling calls in a polite and friendly manner
 - To book patients' first assessments
 - Conduct preassessment calls
 - To discharge patients when necessary
 - Manage caseload
 - Process referrals

Recruitment

Employees are recruited following Baywater Healthcare's safer recruitment policy, which ensures the right to work, professional registration checks, reference checks, enhanced DBS checks and interview techniques.

Induction Process

All newly appointed employees undergo a structured induction process encompassing training, coaching, and competency-based assessment. During their first month, all employees must also undergo mandatory training and an induction training checklist.

Team Meetings

Baywater Healthcare Clinical Teams attend monthly team meetings. Agendas are shared in advance, and minutes follow. All agendas and minutes are also stored in a secure, central location so that team members have visibility.


Service Management

Senior Team Leaders and Managers meet weekly to review the service's demand and capacity. Managers also meet regularly with other department managers, including finance, procurement, and respiratory services within the NHS.

Clinical Supervision

All clinical team members are required to attend both clinical supervision. Attendance ensures reflection and continual improvement within Pulmonary Rehabilitation clinical

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practice.

Continuing Professional Development (CPD)

All registered healthcare professionals within the pulmonary rehabilitation service must maintain their competence in practice, as set out by their registration bodies (HCPC, NMC). A record of individuals' current registration is kept in their personnel files. Unregistered team members undergo initial training to gain the competencies necessary to fulfil their role within the team. They are also offered opportunities to develop with a focus on knowledge management and succession planning to continually meet the needs of the service.

Appraisals

All Baywater Healthcare employees engage in Continuing Professional Development. As part of staff members' ongoing professional development, they have an annual appraisal within their department with a senior team member. They also have a six-month review. Appraisals play a critical role in identifying a member of staff's contribution to Baywater Healthcare's objectives and key results. It also provides staff with clarity about expectations and identifies learning and development needs to support the delivery of these expectations and progress towards future career plans.

Governance

Information Governance


All staff undertake mandatory Data Protection and Information Governance training and are expected to comply with Baywater Healthcare's Information Governance Policy. Baywater Healthcare uses secure NHS mail to share sensitive information related to patients' health treatment. Patient consent is sought before sharing information, including data, to NRAP National audit.

Incident Management

Baywater Healthcare reports serious incidents using the NHS LMS system, following the NHS Patient Serious Incident Response Framework. All incidents are investigated and reviewed for potential service and system improvements to prevent recurrence.

Importantly, a senior team member will perform an incident debrief with the staff members involved; this might be immediately after the incident or after a short period, depending on the seriousness of the incident and the wishes of staff involved. A debrief might typically involve a quiet discussion with those involved to discuss what happened and what action was taken. Staff are encouraged to discuss their thoughts and feelings about the incident and be supported and signposted to access any necessary help.

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Clinical Audit

Clinical audits are conducted regularly within the Pulmonary Rehabilitation Service as part of the annual audit program. The outcomes of internal audits ensure continued service development.

CQC compliance

Following CQC inspections Baywater Healthcare disseminates interim and final reports to the Pulmonary Rehabilitation team to inform them of findings. During CQC inspections.

Complaints Procedure

All front-line staff are expected to be able to deal with verbal concerns/complaints quickly. Training is available within Baywater Healthcare's learning management system to facilitate this. All complaints are handled and investigated in a structured way, following Baywater Healthcare's complaints procedure.

Learning from complaints, incident reviews and other feedback

All incidents are reported in Baywater Healthcare's Quality Management reporting system. The clinical lead for the area involved is responsible for investigating and, where appropriate, agreeing on actions with the clinical area to reduce the risk of a repeat incident. Incidents, including near misses, are on the agenda and discussed at the senior clinical team meetings to make all staff aware.

Regular feedback is sought from pulmonary rehabilitation patients in the form of a survey that includes friends and family questions.

Key performance indicators

The Pulmonary Rehabilitation Team monitors KPIs reflected in the NRAP Pulmonary Rehabilitation audit, including waiting time to enrolment, percentage uptake to enrolment, completion rates and meaningful changes in clinical outcomes.

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