



Integrating Primary and Secondary Care for Breathlessness: Development of a Holistic Multidisciplinary Team – A Pilot Project

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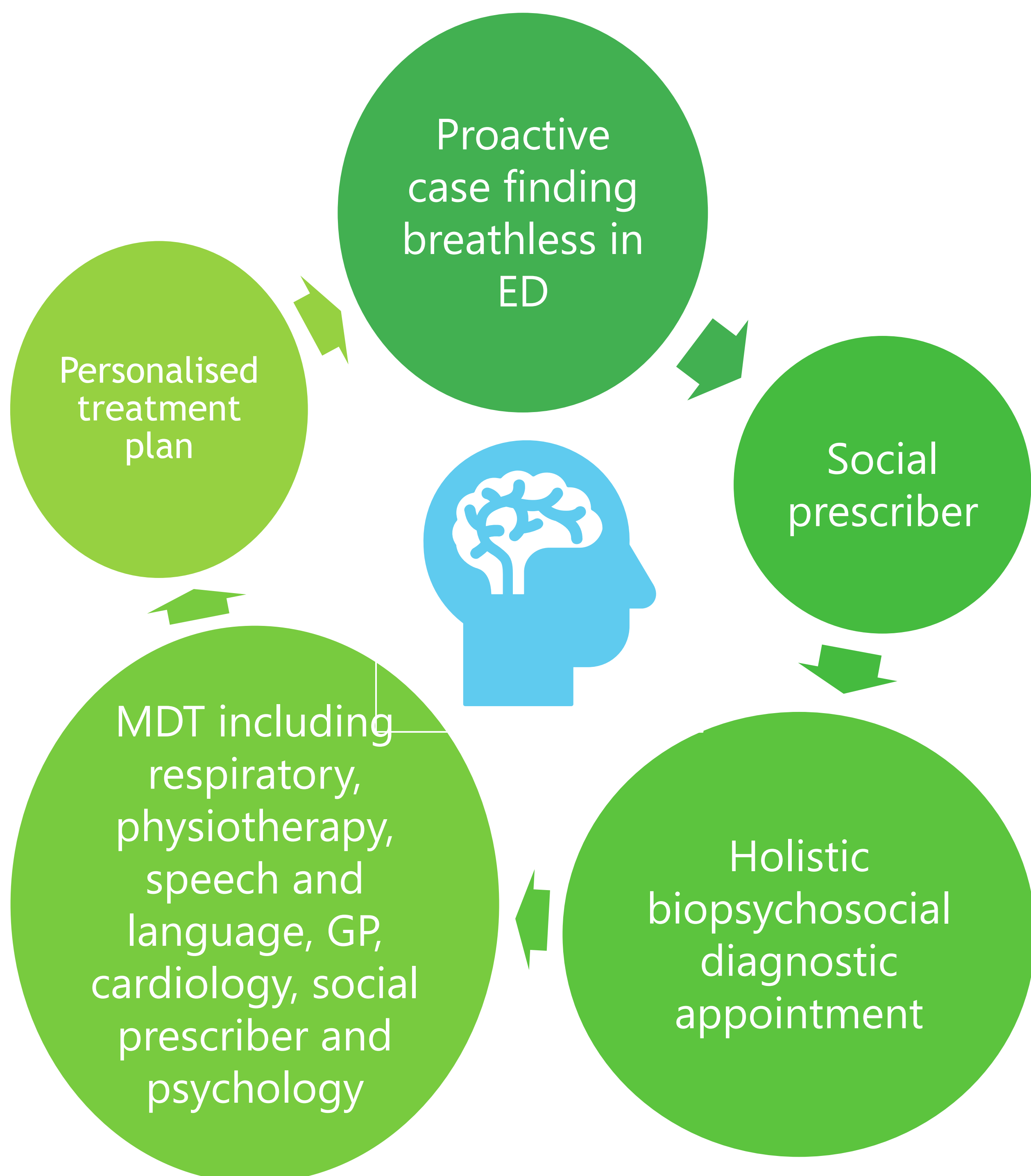
Background

- Breathlessness is a common distressing symptom.
- It's often multifactorial
- Services for breathlessness are fragmented preventing accurate diagnosis and support for patients.
- Increased numbers of health inequalities among patients with breathlessness and difficulty accessing services or understanding benefits of services.

Objective:

- Integrated primary and secondary care weekly multidisciplinary team (MDT) to establish a symptom-based Assessment of Breathing Clinic (ABC).
- Early diagnostic tests and individual care plan

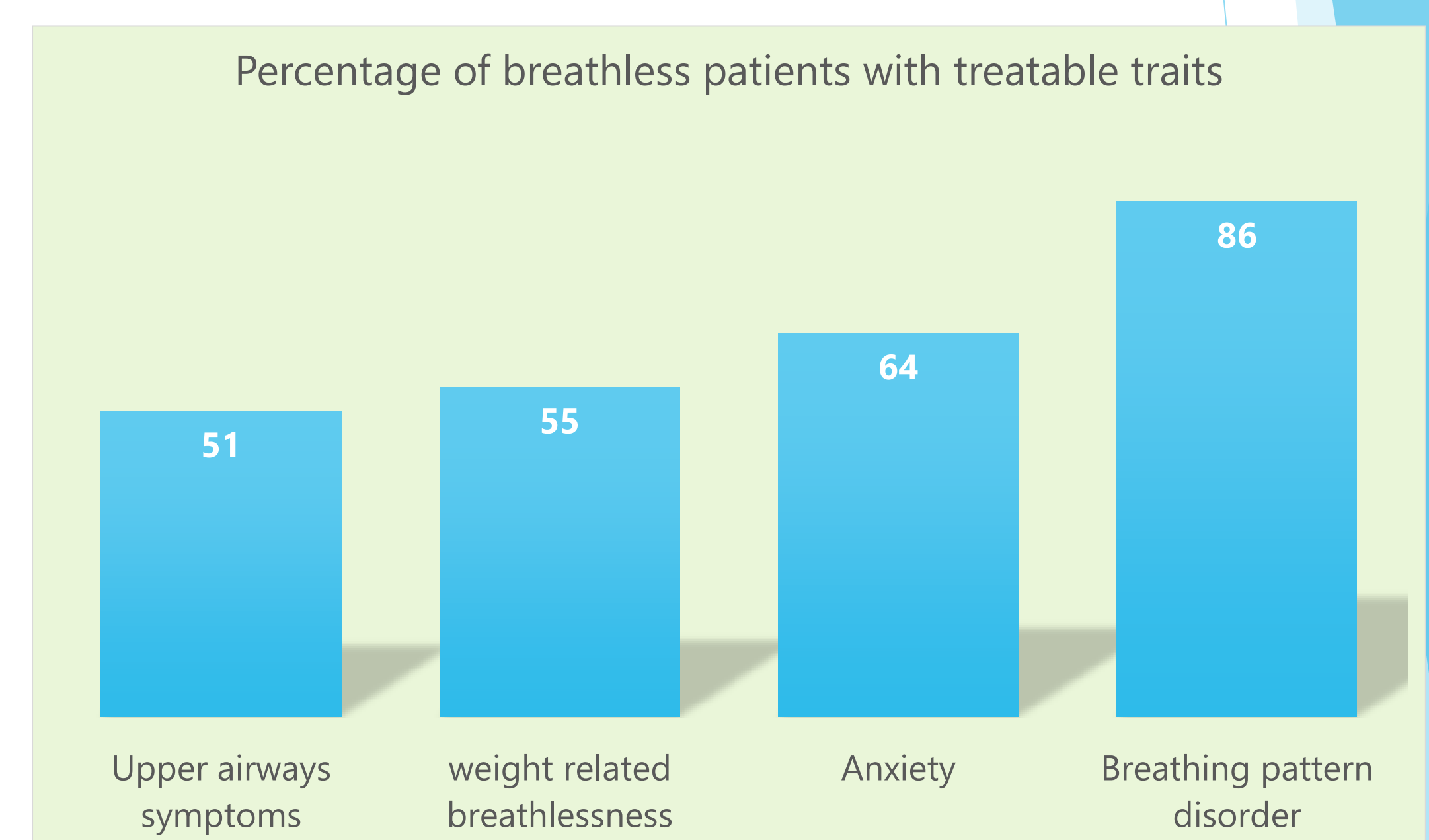
Method:



Results

- To date, 156 patients attended ABC.
- Mean age 61 years (17-92).
- 61.5% female
- 18.6 % current smokers
- Mean BMI 30.9 kg/m²
- 90% (n=141) patients had a respiratory diagnosis.
- 13% (n=20) had a cardiac cause.
- 10% (n=15) had no cardiac or respiratory cause for their symptoms

Contributory causes of breathlessness:



- 68% (n=98) patients were referred for lifestyle support. 82% (n=121) were referred to physiotherapy for breathing pattern disorder and 50% (n=71) referred to SALT for upper airway support.

Discussion

- Establishing the ABC MDT demonstrates an integrated care model is novel and feasible.
- Patients receive accurate diagnosis for multifactorial breathlessness.
- Patients can access appropriate assessment and treatment pathways across primary and secondary care to manage their breathlessness and address their treatable traits more cohesively.
- Accessibility to lessen health inequalities in patients with breathlessness



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