



## NRAP Good Practice Repository – Pulmonary Rehabilitation

Wandsworth Pulmonary Rehabilitation Service  
St George's University Hospitals NHS Foundation Trust



### KPI1:

start date for PR within 90 days of referral for patients with  
stable COPD

*Wandsworth Pulmonary Rehabilitation Service achieved:*

**97% - 2022-23 | 100% - 2023-24\***

\*% of patients submitted to the audit.

*We have been able to get patients into PR within 90 days of their referral with stable COPD.*



## Our processes to achieve good practice in KPI1:

This has been a team effort. We are a small team with no dedicated admin support.

*We have worked with our data to be smart about our bottlenecks and have been proactive in managing these.*

We actively track the following:

- number of referrals per month
- time from referral to initial assessment
- time from assessment to starting in class

This showed us that:

- referral rate was rising
- our main bottleneck was assessment capacity
- DNA for assessments was high (>30%)

Actions taken:

We use referral data to calculate the number of assessment slots required per month.

We have also focused on increased assessment capacity - this was done in two ways.

Firstly, since we did not have additional clinic room space, we created additional capacity by doing the assessment by telephone and then completing the physical part of the assessment before the first class at the location of the class.

Secondly, we put all our outcome questionnaires online and attached them to the assessment invite letter, enabling patients to complete online before the appointment. Those who cannot complete online are able to complete the questionnaires on paper and bring it with them to the assessment. This allowed our assessment slots to be reduced in length from 60 minutes to 45 minutes, thereby allowing greater assessment capacity. We have been keeping an eye on our appointment slots. For any slots that are not filled due to cancellations we contact patients on our waitlist and fill those slots.

*We keep a record of incoming referrals and the percentage that are appropriate and ensure that our appointment bookings reflect our flow of booking patients in.*



We noted that our DNA and dropout rate increased if there was a lag between assessment and attending class. Therefore, we keep an average of our UTA & DNA rates at each class, so we know our capacity. As a result, we have overbooked our class to ensure the class booking was at a minimum of 85% of class capacity. We have found that this decreased our DNA / Drop rate and patients progressed well through the class, by fostering camaraderie amongst our patients.

We reduced our number of class sessions that were booked to 12. We informed patients at assessment and again during the class to contact us if they have appointments or were unwell. They were then added on after for up to 16 sessions.

We set 'contracts' with patients at assessment so they had personalised goals, clear expectations from both the clinician and patient and signing of their goal sheet. This again increased our attendance to class. Increasing attendance ensured that patients completed their course on time, thereby releasing class capacity for new starters and decreasing the waiting time between referral and start date.

As part of working smarter, we have made online questionnaires for our patients to complete prior to attending their assessment and for when they complete their course. For those patients that are tech savvy, we have used QR codes to help completion. This has enabled our assessment clinic to run on time and increased our assessments slots. Staff have reported an improvement in their wellbeing by this introduction.

Team structure: 0.4 Band 8a, Rotational B6 and Static B3.

*We keep a monthly log of referrals and see how long it takes from referral to assessment and from assessment to class. This way we have been able to see any bottlenecks and make changes as a result.*



Example of our class capacity data.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total services	120	130	140	150	160	170	180	190	200	210	220	230
Booked capacity	100	110	120	130	140	150	160	170	180	190	200	210
% booked capacity	83%	85%	86%	87%	88%	88%	89%	90%	90%	91%	91%	91%

Example of KPI capacity tracking.

