

Referral for Community Respiratory Service

Referral Criteria

Home Oxygen Assessment

- SpO₂ < 92% at rest on room air ³
- SpO₂ < 90% on exertion ³
- Patients with severe airflow obstruction
- Medically optimized ¹
- Exacerbation free in preceding 8 weeks ²

Clinics are held at:

- Westbourne Green Health Centre, Bradford
- Long Lee Surgery, Keighley
- Shipley Health Centre, Shipley
- Canalside Health Centre, Bingley
- Hillside Bridge, Bradford

Please note patients are seen within **15 working days** in a clinic venue closest to their address.

Home visits are only available for those who meet **specific** criteria.

Special notes.

1. Optimum therapy

A patient referred to the service should be on optimum medical management prior to referral. The team can be contacted for support in ensuring optimum medical management has been reached prior to a referral.

2. Exacerbation

An exacerbation can be defined as a sustained worsening of patient's symptoms from his or her usual stable state that is beyond normal day to day variations and is acute in onset.

Symptoms can be worsening breathlessness, cough, increased sputum production and change in sputum colour. A patient must be clinically stable (free from exacerbation) at least 5 weeks before an assessment for home oxygen therapy. Any referrals where the patient has suffered an exacerbation within the previous 8 weeks will be rejected and the referrer asked to re-assess after 8 weeks. If there is difficulty in the patient remaining free from exacerbation for 8 weeks then please contact the Service for advice

3. Pulse oximetry

Pulse Oximetry should be performed on room air at rest, with oxygen being withheld for at least 30 minutes. If the patients resting pulse oximetry on room air is not below 92% then the patient does not require Long Term Oxygen Therapy. Pulse oximetry on exertion is the lowest oxygen saturation recording whilst performing an activity that makes the person short of breath. If the oxygen saturation does not drop to below 90% then the patient does not require ambulatory oxygen.

Note: Where the patient's diagnosis is unclear, they should be referred to secondary care for assessment
For any queries, please contact the service on 0800 012 1858.

**Incomplete referral forms will be returned to the referrer.
Send completed referrals, plus patient summary to: boc.clinicalservices@nhs.net**

Consent – MUST BE COMPLETED

Has your patient consented to this referral?	<input type="checkbox"/> Yes / No <input type="checkbox"/> (Referral declined if ticked)
Has your patient consented to 'SHARE' their medical records on SystmOne? (Ask at time of referral consent)	<input type="checkbox"/> Yes / No <input type="checkbox"/> (Please supply GP summary if No)

Patient Details

Name:	DOB:	NHS No:	
Address	Post code		
Tel:			
Special requirements (e.g. language, transport) Yes:	<input type="checkbox"/>	No <input type="checkbox"/>	
Does the patient require an:	Interpreter <input type="checkbox"/> (Please specify language)	Lip Speaker <input type="checkbox"/>	BSL Interpreter <input type="checkbox"/>

Pulse Oximetry on room air at rest: %	Pulse Oximetry on exertion: %
Date of last exacerbation:	
Confirmed Diagnosis: <input type="checkbox"/> Yes / No <input type="checkbox"/>	

Is the patient medically optimised?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the patient on Home Oxygen Therapy already?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the patient on Home Ventilation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Is the patient currently under the care of a hospital consultant? If yes, please give details

Diagnosis/Presenting Problem

Summary or current problems and additional comments:

Referrer Details

Practice Name:	Referrer Name:
Referrer Contact	Date of Referral:

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