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To: NHS Surrey GP's and Walk in Centre staff

Re: Initiation of nebulised therapy

Working together with Surrey respiratory care teams, NHS Surrey has recently funded and implemented a scheme to provide nebuliser machines to the following patients following formal assessment by a respiratory care team:

- COPD patients with distressing or disabling breathlessness despite maximal therapy using inhalers
- Bronchiectasis patients requiring nebulised antibiotics (based on sputum culture) / hypertonic saline
- Palliative Care/ Lung Cancer where nebulised therapy is thought to be required for more than a 2 month period (for shorter term use, patients would usually be loaned a machine by their palliative care team).

Please see the NHS Surrey Nebulised Treatment Pathway attached below.

The aim of this scheme is to support the implementation of a structured, evidence based, quality, cost effective model for the issue and community use of compressors and nebulised therapy for the relevant population within NHS Surrey.

While day-to-day practice shows that nebulisers are used more widely, in fact, there is relatively limited evidence comparing the use of home nebulisers versus other modes of drug delivery. In asthma, nebulisers are only recommended in the treatment of severe acute asthma but not for chronic asthma. There is limited evidence supporting the use of home nebulisers in COPD, cystic fibrosis and HIV/AIDS.

Nebulisers should not be seen as an easy alternative for those few patients unable to acquire and/or retain adequate inhaler technique. Nebuliser loading and operation requires manipulative and cognitive skill, and if lack of such skill is responsible for inadequate technique with inhaler devices it is likely that this may also be the case with a nebuliser.

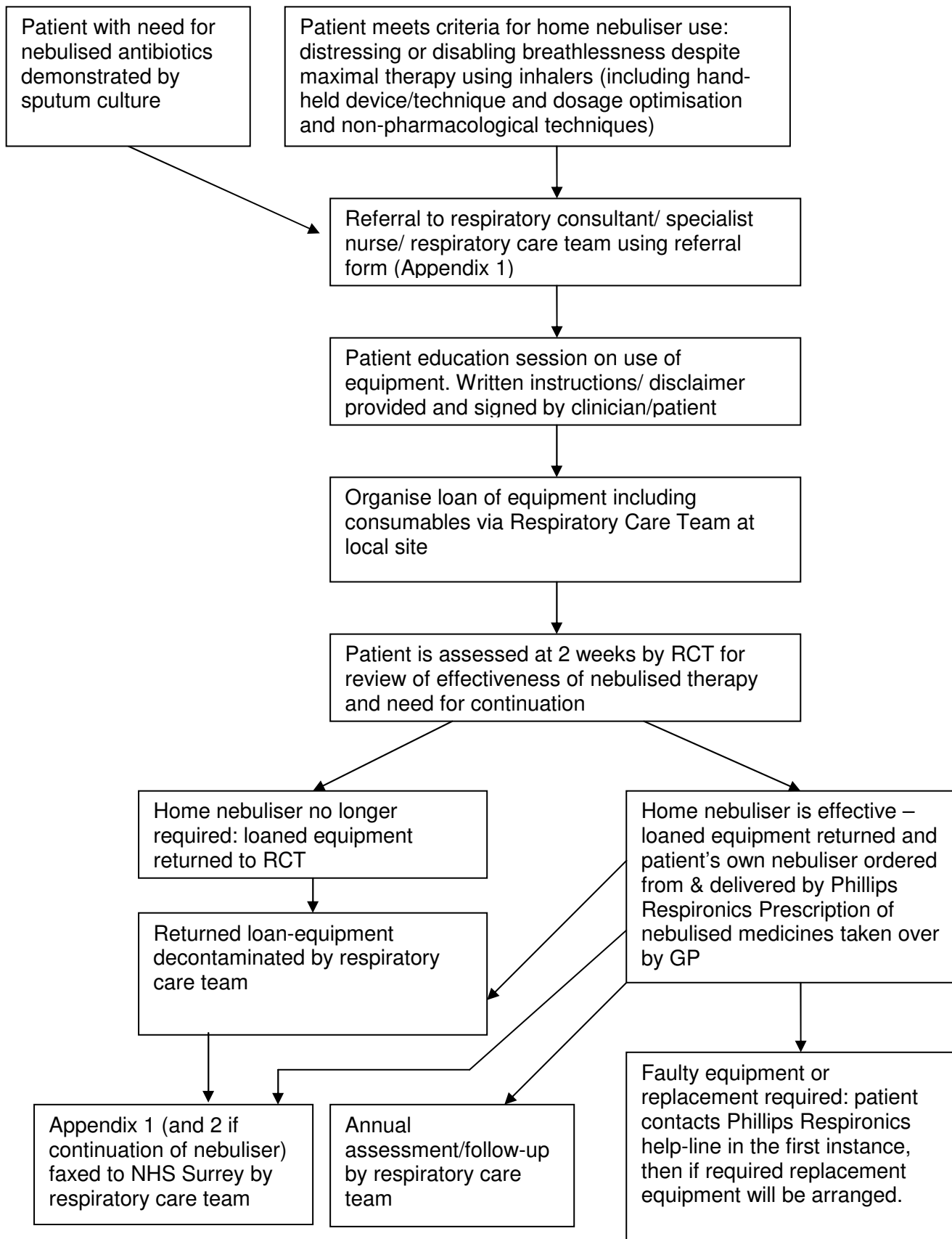
We would therefore ask you not to initiate nebulised therapy in these patient groups without first referring the patient to either a respiratory care team or a palliative care team (for lung cancer/ palliative care patients) by completing Part 1 of the referral form (Appendix 1.) attached below.

If you have any further queries, please do not hesitate to contact the team by emailing surreypct.oxygen@nhs.net

Yours sincerely

Linda Honey
Head of Pharmaceutical Commissioning, NHS Surrey

NHS Surrey Nebulised treatment pathway



***All compressors remain the property of Phillips Respironics**

Appendix 1. Standard Referral/Issue form for Home Nebulisers to used by adult respiratory patients in Surrey PCT

Part 1: To be completed by referrer (hospital clinician / GP):

Name: _____ Designation: _____

Contact Number: _____ Date of referral: _____

Patient Name:	Patient Address:
Hospital Number:	
NHS Number:	D.O.B.:

Outpatient Inpatient GP referral (Please tick)

If inpatient: Ward: _____ Hospital: _____

Ward phone number: _____

Do they meet the following criteria? (please tick)

New patient requiring nebulised therapy:	Yes	No
1. Confirmed diagnosis of severe COPD OR Bronchiectasis requiring nebulised therapy OR Palliative care / lung cancer		
2. Distressing or disabling breathlessness despite maximal therapy using inhalers (including hand-held device/technique and dosage optimisation and non-pharmacological measures such as breathlessness and anxiety management, chest clearance) OR Need for nebulised antibiotics demonstrated by sputum culture		
OR		
This is for a patient already receiving nebulised therapy who:		
1. Has a machine which is no longer functioning and cannot be repaired under the existing service agreement or has outlived its pre-determined life-span requires replacement.		
2. Has been re-assessed for continuing requirement of nebulised therapy.		
For all patients:		
3. Has a full explanation/education package been given to the patient/carer?		
4. Has the patient's/carer's ability to use the nebuliser been assessed?		

If the answer to any of these questions is no and home nebuliser therapy is considered appropriate the request must come from a **respiratory consultant** with the rationale for a home nebuliser documented below:

Once completed send referral form to the respiratory care team: Fax no of team

Form reviewed by: _____ Designation: _____

Respiratory Care Team: _____

Date and place compressor & consumables loaned if appropriate:

Part 2. Continuing on nebulised therapy after a two week trial period and requiring their own machine

Do they meet the following criteria? (please tick)

	Yes	No
1. Response to nebulised bronchodilators has been objectively assessed by the Respiratory Care Team as per Appendix 4 (for patients on nebulised bronchodilators only)		
2. Patient demonstrated beneficial response to nebulised treatment and is considered appropriate for on going treatment (for patients on all nebulised therapies)		

Assessment completed by: _____

Designation: _____

Respiratory Care Team: _____

Phone number: _____ Date of assessment: _____

I give consent for the information in Appendices 1&2 to be passed onto NHS Surrey so that funding and delivery of the compressor can be arranged.

Patient Signature: _____ **Date:** _____

Appendix 1. and Compressor issue/ consumable order form (Appendix 2) completed and faxed to
NHS Surrey: **(01372 209 361)** (please tick)