

St Gemma's Hospice



Palliative Respiratory Pathway

What is it?

The 3 phases of the Palliative Respiratory Pathway are:

Early – Patients who are palliative and have completed all available Community and Hospital Respiratory rehabilitation and there are no more opportunities for optimising respiratory function. The offer is a) Breeze Course online, b) Breeze as face-to-face 121 sessions (1-3 sessions in total) or Attendance of Outpatient groups (e.g. fitness, social interaction, and distraction).

Specialist Palliative Care – In the Community and occasionally IPU for complex symptom management control where there are multiple unresolved distressing symptoms. Community support - The vast majority of this care in the community delivered by RN, CNS and medical staff. In-patient support - would be an in-patient stay of approximately 2-week period with the aim to control symptoms. It is rare for patients to come onto the IPU for just symptom relief.

End of Life Care – In the Community giving support alongside LCH/GP's/domiciliary care, as well as Inpatient admissions for end of life.

How does it work?

The Community CNS's or RN's usually assess patients and we would then triage and assess the patient determining the best action to manage their symptoms and refer internally to any other relevant teams. If an admission is felt relevant, they would discuss with MDT and present at admissions meeting. Patients could also be presented by the Palliative team at the LTHT for admission.

What are the benefits?

This service includes a Multi-Disciplinary Team (MDT) approach, responsive service, access to medium level of psychological support (Relaxation techniques, Complementary therapy, Cognitive Behavioural Therapy (CBT), Liaison Psychiatry), prescribing where not already commenced on, for example, opioids, antidepressants and benzodiazepines.

Who is it for?

1. Over 18 years old
2. Advanced Progressive Lung Disease thought to be in the last 12 months of life.
3. Patient has completed maximum respiratory therapy/ intervention.
4. Unresolved distressing symptoms.

For In-Patient Care

5. Consideration of patient preference, particularly no longer desire to have hospital admission for active treatment.
6. That home care had been maximized prior to admission.
7. Not requiring ongoing arterial blood gas monitoring – no further changes to O2 provision would be commenced in the Hospice.

What we would not accept a referral for:

Opioids prescription, Oxygen prescription or ACP in isolation from other holistic complex symptom management needs.

Referral information

Who can make a referral?

Any healthcare professional can make a referral.

How do I refer?

SystemOne GP practices – refer on SystemOne via the short questionnaire on the EPaCCS Support tab.

EMIS GP practices - either see referral on EPaCCS or complete the referral form and e-mail to stg.community@nhs.net

LCH & LTHT professionals complete the [referral form](#) and e-mail to stg.community@nhs.net

If your referral is urgent, we would advise that you also ring the team on **0113 2185540** to ensure we can gain sufficient information to offer a timely response.

Service operating hours:

The service operates Monday to Friday 8.30am – 5.00pm

Contact details

Monday to Friday 8.30am – 5.00pm please call **0113 218 5540**.

At other times please call the Nurse in Charge on **0113 218 5511**.



Leeds Palliative
Care Network