A. Service Specifications (B1)

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>06/CEOL/0008</th>
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<tbody>
<tr>
<td>Service</td>
<td>Breathlessness Clinic</td>
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<tr>
<td>Commissioner Lead</td>
<td>Cancer and End of Life Clinical Commissioning Programme</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Chief Executive - Lewis Manning</td>
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<tr>
<td>Period</td>
<td>1st April 2013 to 31st March 2014</td>
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1. Population Needs

1.1 National/local context and evidence base

Provision of a specialist respiratory physiotherapist led outpatient clinic, helping people to get more out of their lives by relieving breathing difficulties (breathlessness).

Evidence Base

A palliative care approach for breathlessness in cancer: a clinical evaluation (Help the Hospices, 2001)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preventing people from dying prematurely</td>
<td>*</td>
</tr>
<tr>
<td>2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
<td>*</td>
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<tr>
<td>3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
<td></td>
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<tr>
<td>4</td>
<td>Ensuring people have a positive experience of care</td>
<td>*</td>
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<tr>
<td>5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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2.2 Local defined outcomes

- Increased physical ability to undertake tasks
- Increase in lung capacity
- Amount of interventions undertaken by staff that result in an avoided admission to hospital

3. Scope

3.1 Aims and objectives of service

Aims

Assist patients to be more in control of their breathing.
Objectives
To provide physiotherapy to patients suffering from breathlessness to ensure patients symptoms are controlled to a level that is acceptable to them

3.2 Service description/care pathway

Service Description
Physiotherapy service provided at Lewis Manning.

The physiotherapist led clinic, who are specialists in respiratory care, provides help and care which include:
- an assessment of patients breathing
- ways to improve patients breathlessness using breathing techniques and relaxation
- advice on coping with daily activities
- emotional support
- increasing exercise tolerance and ability

Appointments last 45 minutes to 1 hour. Ordinarily patients receive 3 appointments over 6 weeks.

Once discharged follow up appointments are available as necessary as well as telephone support and advice.

3.3 Any acceptance and exclusion criteria and thresholds

Accessibility/acceptability
Services are open to all patients who are able to travel to the hospice and are registered with Dorset Clinical Commissioning Group GPs

The day hospice provides services to patients from Bournemouth and Poole and Dorset.

Referral criteria & sources
- Patients over 18 years of age
- Patients with problems with shortness of breath associated with lung cancer and metastatic lung cancer or metastatic disease involving the chest wall, ribs, pleura and spine and for patients with non-malignant life threatening dieses such as COPD and this will be assessed on an individual basis.

Referral route
Referrals will be accepted from the following professionals:
- Specialist Palliative care nurses
- District nurse
- GP
- Consultant
- Community oncology nurse
- Site specific nurse
- Social worker

Exclusion Criteria
- Patients who are under the age of 18.
- Patients who are not at the palliative stage of their illness.
- Referrals for patients with non-malignant disease will be assessed on an individual basis.
Response time and prioritisation
- Referrals processed within 3 workings day from being received at the centre.
- Referrals for non palliative patients processed within 5 working days of the referral being received at the centre

3.5 Interdependence with other services/providers

Whole System Relationships
Work closely with community health and social care colleagues and staff from Forest Holme and the Macmillan Unit.

Interdependencies
Work as part of the whole system working closely with community health and social care colleagues and staff from Forest Holme and the Macmillan Unit.

Relevant Clinical Networks and Screening Programmes
- National Council for Palliative Care, other regional or national networks
- Dorset End of Life Care Service Delivery Group
- Dorset End of Life Care Workforce and Education Group

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)
- Quality Markers and Measures for End of Life Care (Department of Health 2009);
- NICE Improving Supportive and Palliative Care for Adults with Cancer (NICE 2004)
- NICE End of Life Care Standard for Adults QS13 (NICE 2011)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards
- Discharged when planned goals as agreed with the patient have been achieved or patient’s condition deteriorates and he/she is too ill to attend or patient dies.
- Patients are encouraged to self care with assistance provided as required. General Patient Information booklet given

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)
- Overall satisfaction with care received.
- All appropriate referrals accepted
- Accessibility criteria is inclusive

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises
The Provider's Premises are located at:
Lewis-Manning Hospice, 1 Crichel Mount Road, Lilliput, Poole, Dorset BH14 8LT

7. Individual Service User Placement