

Protocol for contacting people with Chronic Obstructive Pulmonary Disease (COPD)

Guide for healthcare assistants and other appropriately trained staff

Introduction

The following provides suggested wording to be used by healthcare assistants and other appropriately trained staff, to contact people who have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). Please note that this is a guide and can be adapted as required.

We suggest you have a telephone or video call with the aim of:

1. Offering support to people during this time.
2. Checking how confident people are in managing their condition.
3. Ensuring they know what to do if there is a problem or if their condition deteriorates.

How to use this guide:

Each question is numbered to help guide you through the content.

- Questions for you to ask are in black print.
- The wording in **red** is there to provide directions as to which questions you should ask next or as general information for you. The wording in **red** is **not** intended to be read to the patient.
- We suggest that the sections in highlighted in **blue** are prioritised if less than 20 minutes is available.
- NB: Sections of the proposed wording will need to be locally agreed and adapted e.g. how to confirm patient identity, how and where to record information provided; local arrangements as to repeat prescriptions. These sections are highlighted in **yellow**.
- This protocol contains several website links and apps that can be sent to the patient for more information and advice. Please check that the patient has access to the internet and is able to watch or read online material. If the patient is unable to access website links, please ask if they have family member or friend who can help them. Alternatively, the websites contain printable material that you can print and post to the patient.
- **Be aware of red flags (symptoms that the patient mentions that could be a cause for concern). The following red flags are repeated throughout the document as a reminder:**
 - **If the patient mentions shortness of breath – give advice from point 3d.**
 - **If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.**
 - **If there is anything you are unsure of, escalate to a nurse/pharmacist/GP**

Useful tips

Some tips to make the most out of this conversation:

- Some people may be going through a very difficult time right now due to loneliness, illness, financial difficulty or even losing a loved one. It's important that we use this opportunity to demonstrate care and empathy – putting ourselves into the shoes of others – allow these emotions to come through in your conversation through a calm, soft tone of voice and a steady pace.
- Avoid distractions during the conversation, patients will notice if you are pre-occupied.
- Listen attentively, if the patient raises a question or a concern, repeating their concern to check you understand it will reassure them that you are listening (e.g. *'so you would*

like to know if the steroid in your brown inhaler is a high dose, I will pass this onto the pharmacist for you’).

Remember you do not need to have all the answers – if the patient has a question about their condition, please write it down and pass it onto a suitable member of the team to respond (i.e. a doctor, nurse, pharmacist or physicians’ assistant).

Practise!

We suggest you practise the wording given below with a colleague before you contact your first patient. UCLPartners will also provide virtual training on delivering these protocols and there will be an opportunity to practise the following during these sessions.

Suggested wording:

Section 1: Beginning the conversation

1a. Hello, my name is I’m [first name] and I am calling from the [_____] practice.

1b. Can I confirm I am speaking to [insert patient’s name]?

1c. You should have received a letter or a text message, advising that I would be contacting you about your asthma. Did you receive this message from us?

(If patient says no, please ask ‘are you happy to carry on talking today, the call should take approximately 20 minutes?)

- Yes – Great, thank you. *Continue to question 1d.*
- No – when would be a better time to call you? *(Note down date/time on the patients record and set a reminder to call this patient back.)*

1d. Could you confirm your date of birth or address for me please?

(If talking to a member of the family, you will need to ask for consent from the patient to do so: are you happy for me to talk to your [insert who?])

1e. I am a healthcare assistant/ [insert role] which means I support [Dr or nurse name if possible] to care for patients.

I am here to talk to you about your COPD and listen to any concerns you have. If you have any medication questions then I will make sure a doctor, nurse or pharmacist will contact you to discuss them further.

1f. If at any point I am talking too fast or you would like me to repeat anything, please let me know.

1g. We are keen to ensure your COPD remains stable & you feel supported with what to do if your COPD becomes worse.

1h. The aim of today's call is primarily to discuss your COPD and how to manage it. I will also confirm with you that you have enough medication. The information that I am going to give to you today has been provided by your doctor.

It would also be good to talk about how you are managing to keep healthy in terms of your diet, exercise and smoking. Is that ok?

- If the patient says yes – continue onto 1i
- If the patient says no (i.e. they do not want to talk about lifestyle) - Ok, no problem, we will just concentrate on your COPD during this call.

1i. I have some specific questions to ask you about your COPD but please do ask me any questions or raise any concerns you may have during our conversation.

Red flags

- If the patient mentions shortness of breath – give advice from point 3d.
- If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.
- If there is anything you are unsure of, escalate to a nurse/pharmacist/GP

Section 2: COPD Action Plan

2a. COPD is a condition that affects the lungs. Do you know *how* the lungs are affected in someone who has COPD? (Give the patient a moment to answer)

- Yes - (check understanding then go to 2b)
- No – COPD stands for Chronic Obstructive Pulmonary Disease which means that it is a long-term condition that affects the airways and the lung tissue. COPD causes the airways within the lungs to narrow due to a build-up of mucus and damage to the lung tissue. This makes it harder to move air in and out as you breath.

2b. Do you have an COPD action plan? It provides information on how to manage your COPD.

- Yes (go to section 3)

- No/unsure
 - Caller to check – Is there an action plan on the system?
 - Yes - Would you like a copy sent to you? (If yes, please document e-mail address/ confirm home address then go to section 3)
 - No - I will send you a link to the Primary Care Respiratory Society website for a COPD action plan that you can use as general advice. This can be completed with your healthcare professional at your next visit. Go to section 3

Red flags

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Section 3: What to do if you COPD gets worse

3a. Do you know the signs and symptoms as to when your COPD is getting worse or flaring up? [Give the patient a moment to answer and list the symptoms they are aware of; for any that they do not list, please add from the list in 3c]

3b. A flare-up – sometimes called an acute exacerbation – is when your COPD symptoms become particularly severe.

3c. Signs of a flare-up include:

- your breathlessness gets worse and this goes on for some time without getting better
- you cough more
- you produce more sputum
- there's a change in the colour and consistency of your sputum

3d. If your breathlessness gets worse:

- use your reliever (blue) inhaler. There's a useful video that can help you check that you are getting the most benefit from your inhaler and spacer device. You can find this video on the Asthma UK website (<https://www.asthma.org.uk/advice/inhaler-videos/>)
- Check your COPD action plan to find out what other actions you should take in case of a flare-up.

If your symptoms pass and don't develop into a flare-up, remember to tell your health care professional about your experience

3e. If you have been advised to self-isolate, because you or someone you live with has symptoms of coronavirus, use the 111 online coronavirus service if:

- You feel you can't cope with your symptoms at home or
- Your conditions get worse.

3f. Call 999 if you're struggling to breathe or have sudden shortness of breath and:

- Your chest feels tight or heavy
- You have a pain that spreads to your arms, back, neck and jaw
- You feel or are being sick

You need to be seen urgently.

Red flags

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- If the patient has chest pain/can't breathe despite using their blue inhaler – discuss with a GP urgently or ask patient to call 999 if they feel this is warranted.
- If there is anything you are unsure of, escalate to a nurse/pharmacist/GP

Section 4: Medication

4a. Do you currently have enough medication to last 7 or more days?

If they say yes – That's great, please request further supplies 7-10 days before you run out of medication. You can request repeat prescriptions by **(please mention options that apply to your practice which might include):**

- The NHS app
- Your nominated pharmacy
- Contact us directly at **[insert name of GP practice]**

If they say no, please note this down. Please say: I will request a prescription from your GP.

If they are unsure - Could you please double-check while I wait on the phone?

Section 5. Living with COPD

5a. How confident do you feel about managing your COPD on a day to day basis?

Knowing all you can about your condition, your symptoms, your medications and how to cope with flare-ups will make your day-to-day life easier.

5b. The British Lung Foundation has some great information that clearly explain:

- What COPD is
- How it is diagnosed
- How it is best treated
- How to manage a flare-up

5c. The NHS website also has some useful information on considerations for people living with COPD, for example advice on regular exercise and maintaining a healthy weight (<https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/living-with/>)

I can send you these links after our call today.

Section 6: Smoking Status

6a. Do you smoke?

- Yes - Can I ask how many cigarettes you smoke on average per day? **[Document this number on the patients' record].**

What do you know about the impact of smoking on your health? **[Give the patient a moment to response].**

Smoking increases the risk of COPD progression. Stopping smoking will protect your heart and lungs from deterioration and is one of the best things you'll ever do for your health. You can get started with free expert support, stop smoking aids, tools and practical tips from the 'One You' website (<https://www.nhs.uk/oneyou/for-your-body/quit-smoking/>). It also contains a free downloadable app to support you. I'll send you the link to this.

- No – **go to section 7**

If the patient agreed to discuss lifestyle – continue.

If the patient did not agree to discuss lifestyle go to section 10.

Section 7: Health and Well-being

7a. How is your general wellbeing at this time e.g. diet, exercise, alcohol consumption?

7b. Which of the following, if any, do you feel may be the biggest challenge(s) for you right now?

1. Keeping active (see section 8)
2. Maintaining a healthy diet (see section 9)
3. Keeping alcohol intake within the advised guidelines (see section 9)
4. Stopping/reducing smoking (if relevant) (see smoking cessation advice)
5. Maintaining good mental health (see resources list)

Once the patient has responded to the above question, ask:

7c. Would you like to discuss this/these further now?

- Yes – go to corresponding section (see above)
- No – would you like me to provide you with some resources to review later instead?
 - Yes - (see section 11: Resources).
 - No – go to section 10: Ending conversation

Section 8: Exercise

8a. Are you managing to stay active?

8b. It can be challenging to keep active and difficult to know what activities to do, however there are several helpful resources and tips that you can do at home or at your local park.

8c. Do something active every day, something is better than nothing. Even 10 minutes is a good start. Aim for 150 minutes per week in chunks of 10 minutes or more (for example 30 minutes a day, 5 days a week). For more information and tips on exercise see <https://www.nhs.uk/oneyou/for-your-body/move-more/>

8d. The *Stay active, stay well* exercise videos on the British Lung Foundation website give you everything you need to start exercising. They include step-by-step aerobic and strength exercises as well as how to warm up before you start and cool down and stretch at the end.

8e. Regular exercise can help to strengthen your muscles, benefits your heart and blood pressure too. It makes you less likely to develop conditions such as diabetes and

osteoporosis. Further information on exercising is available on the British Lung Foundation website: <https://www.blf.org.uk/exercise-video>

Section 9: Diet

- 9a. Are you managing to eat regularly and include fruit and vegetables in your diet?
- 9b. We understand that obtaining all the usual fruits/vegetables and other groceries may be difficult now but try to maintain a balanced diet as much as possible during this time as it will help your overall well-being. The 'One You' website have some great information on eating healthy and cooking tips. <https://www.nhs.uk/oneyou/for-your-body/eat-better/>
- 9c. Eating healthily and keeping track of your calorie intake can be tricky sometimes.
- 9d. If we consume more calories than we burn off, our bodies store any extra as fat. Over time this could mean we put on weight. The calorie content can usually be found on the nutrition label under energy.
- 9e. Healthier snacks include fresh fruit, unsalted nuts or seeds, plain rice cakes and low-fat yogurt.
- 9f. Drink plenty of fluids (i.e. water, non-caffeinated and non-alcoholic drinks) a day or enough to ensure you are passing urine every couple of hours.

Alcohol

1. Do you drink alcohol?
- Yes – We understand that being at home for longer means that some people might drink more alcohol than usual. Just remember, both men and women are advised not to regularly drink more than 14 units a week.
 - A small 125ml glass of wine, for example is 1.6 units and there are around 10 units in the average bottle of wine.
 - An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.
 - A single gin and tonic is approximately 1 unit.
 - You can access more information about this on the 'One You' website: [\(https://www.nhs.uk/oneyou/for-your-body/drink-less/\)](https://www.nhs.uk/oneyou/for-your-body/drink-less/)
 - No – Move onto next point

Section 10: Ending Conversation

- 10a. Thank you for your time today. I hope this has been helpful.
- 10b. Do you have any questions or concerns about anything we talked about? (If yes, please note down and pass onto GP/experienced PA/nurse/pharmacist to respond).
- 10c. During our discussion I mentioned some websites and apps that you may want to have a look at. They have a lot of useful information. I will send these over (depending on whether phone or video session this could be by text message/ email/ via the post).
- 10d. Also, if you are feeling particularly anxious about the current situation, I would recommend having a look at the NHS Mental Well-being website (see below).

Section 11: Resources (to be locally agreed)

Inhaler technique

- Videos showing how to get the best out of your inhalers and spacer devices - <https://www.asthma.org.uk/advice/inhaler-videos/>
- Information on using your inhalers: www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers

COPD - The British Lung Foundation has some great information that clearly explain:

- What COPD is (www.blf.org.uk/support-for-you/copd/what-is-copd)
- How it is diagnosed (www.blf.org.uk/support-for-you/copd/diagnosis)
- How it is best treated (www.blf.org.uk/support-for-you/copd/treatment)
- How to manage a flare-up (www.blf.org.uk/support-for-you/copd/flare-ups)
- Living with COPD: (www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/living-with/)

Diet:

- One You website www.nhs.uk/oneyou/for-your-body/eat-better/

Exercise:

- One You website www.nhs.uk/oneyou/for-your-body/move-more/
- Asthma UK website www.asthma.org.uk/advice/triggers/exercise/
- Tailored exercise plan www.nhs.uk/apps-library/iprescribe-exercise/ (free to download). The iPrescribe Exercise app creates a 12-week exercise plan based on health information entered by the user. It then sets the duration and intensity of the exercise based on this information.
- Getting active around the home: Tips, advice and guidance on how to keep or get active in and around the home from Sport England: <https://weareundefeatable.co.uk/> (free to access)

Mental health and well-being www.nhs.uk/oneyou/every-mind-matters/

Version Tracker				
Version	Edition	Changes Made	Date amended	Review due
2	2.0	<ul style="list-style-type: none"> • 'Low risk COPD' removed throughout protocol • Section 2 on COVID removed and subsequent section numbers amended 	May 2021	November 2021