

26 June 2025

Respiratory Plan

1. Is there a dedicated respiratory plan for your Trust?	No
2. Does the Trust have an adult clinical respiratory lead?	Yes
3. Is the role of 'adult clinical respiratory lead' a paid position?	Yes
4. Does the Trust have a clinical respiratory lead for children and young people?	Yes
5. Is the role of 'clinical respiratory lead for children and young people' a paid position?	No
6. Does your Trust have a respiratory group?	No
7. Is spirometry for adults commissioned in primary care across the Trust?	No
8. Where can (adult) patients receive a spirometry test in primary care?	Some GP practices
a) At their GP surgery?	Some GP practices
b) At another GP surgery	Not known by trust
c) In a community pharmacy?	Not known by trust
d) In a Community Diagnostic Centre?	We have a diagnostic clinic that runs every Tuesday afternoon but has limited capacity and can only take 4 patients/clinic. Patient referred by their GP.
9. Are there any other locations in primary care that spirometry tests are performed in your Trust?	No
10. How many adult spirometry referral requests were received in the last financial year?	8414
11. How many adult spirometry tests were performed in the last financial year?	7603

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12. Do you think the volume of spirometry currently available is: (select one)	Enough to meet the demand of new referrals and to address any backlog
13. Are you able to send adult patients for spirometry in a secondary care setting?	Yes
14. What is the current waiting list? (in weeks)	36 days
15. Is spirometry for children available in primary care?	Some GP practices
16. Where can (child) patients receive a spirometry test in primary care?	Some GP practices
a) At their GP surgery?	Some GP practices
b) At another GP surgery	Not known by Trust
c) In a community pharmacy?	Not known by Trust
d) In a Community Diagnostic Centre?	Not known by Trust
17. Are there any other locations in primary care that spirometry tests are performed in your board/trust?	Not known by Trust
18. How many child spirometry referral requests were received in the last financial year?	Numbers are within secondary care in Belfast Trust. Physiology = 1185 Nursing = new nurse led referral approx. 141 patients (>5 years) Cons Community Clinic = 30 New referrals
19. How many child spirometry tests were performed in the last financial year?	Numbers are within secondary care in Belfast Trust. Physiology = 1,175 Nursing = approx. 425 Cons community review clinic = approx. 620 patients per year
20. Do you think the volume of spirometry currently available for children is:	Not enough to meet the demand of new referrals
21. Are you able to send child patients for spirometry in a secondary care setting?	Referral as per hospital policy

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22. Does the Trust have any strategies in place for improving referral, attendance and completion of pulmonary rehabilitation (PR)?	We have a priority for first admission to hospital with an exacerbation of COPD in line with the bundle to try and prioritise class attendance if they consent they are a priority to start / attend assessment clinic. We are the only Trust still offering a virtual pulmonary rehab class alongside community face to face classes, this was in response to COVID when we couldn't see patient face to face and has continued.
23. How long is the waiting list for PR in your Trust? (in weeks)	It can be 4 months however patient are triaged and offered earlier appointments if clinically indicated.
24. Please give details about strategies your board/trust has in place for improving PR referral, attendance and completion.	Hoping to recruit another respiratory physiotherapist to tackle to waiting time.
25. Does your Trust provide a specialist service for people living with interstitial lung disease or are they referred to another Trust? If no, which Trust?	Yes
26. Which roles do you currently have in your ILD team? (select all that apply)	Respiratory Consultant Rheumatology Consultant Respiratory SpR or clinical fellow Specialist respiratory nurse Pharmacist Physiotherapist ILD co-ordinator
27. Can your ILD patients access pulmonary rehabilitation?	Yes
28. Can all your ILD patients access home oxygen?	Yes
29. Who provides oxygen care to your ILD patients?	The community respiratory team in collaboration with BOC Medical Gases who supply gas, equipment and accessories.
30. Can all your ILD patients access palliative care?	Yes

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31. Who prescribes and monitors antifibrotics? Do they have dedicated time for this?	ILD service. Yes.
32. Does your Trust have dedicated ILD Clinics?	Yes
33. What do you think are the biggest barriers for improving respiratory outcomes in the Trust? (select all that apply)	Funding Interface between primary and secondary care Lack of prioritisation for respiratory conditions within the board/trust Whole system working/ local relationships Workforce All of the above
34. In your view, which programme of work has had the most significant positive impact on respiratory care or outcomes in your board/trust over the last year? Please provide evidence of impact, if possible. If you have any materials that explain your programme please send to northernireland@asthmaandlung.org.uk . These will be for A+LUK internal use only.	Not known
35. Are you aware of the Northern Ireland Assembly All Party Group on Lung Health? If you would like to add yourself or colleagues to the distribution list for this virtual group, please email northernireland@asthmaandlung.org.uk	Yes
36. Are there any topics you would like Asthma + Lung UK Northern Ireland to lobby on or champion at a national level which would help your work?	Lobbying for Diagnostic Hubs across NI