

Reference: FOI.ICB-2526/273

Subject: Commissioning and Provision of Pulmonary Rehabilitation Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Please provide responses to the following for the most recent full financial year (April 2024 – March 2025).	
1. Who is the person responsible for commissioning pulmonary rehabilitation services within your organisation? Please include their name, job title, and contact email if available.	<p>Pulmonary Rehabilitation services are run by both the Sirona Community Respiratory Specialist Team and the North Bristol NHS Trust (NBT) Respiratory Specialist Team.</p> <p>Commissioning/Contracting contact details:</p> <p>Adult Community Contract (Sirona) – Children’s & Community Contract Team: bnssg.communitycontracts@nhs.net</p> <p>NBT – Acute Contracts Team: bnssg.acutecontracting@nhs.net</p>
2. Which provider organisations are currently delivering pulmonary rehabilitation services under contract with your organisation?	<p>Pulmonary Rehabilitation services are run by both the Sirona Community Respiratory Specialist Team and the NBT Respiratory Specialist Team.</p> <p>Please see information available on Remedy: Pulmonary Rehabilitation (Remedy BNSSG ICB)</p>

<p>3. How many people were referred to pulmonary rehabilitation during the most recent full financial year?</p>	<p>BNSSG ICB does not hold information at the level requested as waiting list and referrals data held by the ICB is not disaggregated to pulmonary rehab specifically. The requester can review the available data via the following public sources:</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/</p> <p>https://digital.nhs.uk/dashboards/ers-open-data</p>
<p>4. Of those referred, how many completed a full pulmonary rehabilitation programme during the same period?</p>	<p>BNSSG ICB does not hold information at the level requested as waiting list and referrals data held by the ICB is not disaggregated to pulmonary rehab specifically. The requester can review the available data via the following public sources:</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/</p> <p>https://digital.nhs.uk/dashboards/ers-open-data</p>
<p>5. For which primary conditions or diagnoses do you refer patients to pulmonary rehabilitation?</p>	<p>Please see information available on Remedy: Pulmonary Rehabilitation (Remedy BNSSG ICB)</p>
<p>6. How many individuals are currently on a waiting list for pulmonary rehabilitation, and what is the average waiting time if available?</p>	<p>BNSSG ICB does not hold information at the level requested as waiting list and referrals data held by the ICB is not disaggregated to pulmonary rehab specifically. The requester can review the available data via the following public sources:</p>

	<p>https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/</p> <p>https://digital.nhs.uk/dashboards/ers-open-data</p> <p>Waiting times for the Sirona provided service is available here: https://sirona-cic.org.uk/home/waiting-times/</p>
7. What types or formats of pulmonary rehabilitation are currently offered (for example, face-to-face, home-based, or digital such as MyCOPD)?	<p>Please see information available on Remedy: Pulmonary Rehabilitation (Remedy BNSSG ICB)</p>
8. What outcome measures are used to evaluate pulmonary rehabilitation services (e.g. CAT score, six-minute walk test)?	<p>The following measures are described in the Adult Community Contract. The provider is Sirona care & health. The provider may collect additional evaluation measures, but this information is not held by the ICB.</p> <p>Adult Community Contract: <i>Stage 4 – final assessment and discharge</i></p> <p>Final assessment is important to establish effectiveness of the programme in achieving individual goals, physical performance, self-confidence and disease impact on quality of life. Intervention outcomes in the short term should include:</p> <ul style="list-style-type: none"> • Improvements in walking distance • Improvements in health related quality of life as reflected in the validated QoL questionnaire • Improvement in functional status using validated measure

	<ul style="list-style-type: none"> • Reduction in anxiety and depression using (a) validated measure(s); • Improvement in knowledge and understanding of condition using a validated • Improvement in motivation as measured by the Patient Activation Measurement tool (PAM). measure / questionnaire. <p>3.3.2.1.2.4.5.1 In order to demonstrate the overall quality assurance and effectiveness of the pulmonary rehabilitation programme the Provider is required to demonstrate improvement on an aggregate basis to the short term intervention outcomes as set out above (using validated measures or questionnaires in each case), in at least 65% of patients who complete the programme.</p> <p>3.3.2.1.2.4.5.2 Expected long-term outcomes include:</p> <ul style="list-style-type: none"> • Reductions in A&E attendance and hospitalisations for chronic respiratory conditions including COPD exacerbations over 12 months • Improved exercise capacity although the effects of pulmonary rehabilitation diminish after a year; • Improvement in patients' knowledge and awareness of their condition and their ability to self-manage. <p>3.3.2.1.2.4.5.3 The Provider shall re-assess the patient by repeating an individual comprehensive assessment at the end of the programme, reviewing the patient's attendance and completion of</p>
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the programme and recording all goals attained. The Provider shall ensure that the same tools for assessment are used throughout the programme and appropriate assessment measures should be used to record final outcomes. Specific Quality of Life and other Questionnaires and exercise capacity tests should be used to benchmark the patient's progress. The Provider shall record the patient's achievement against the baseline assessment and patient set goals, and against the pulmonary rehabilitation programme goals.

3.3.2.1.2.4.5.4 The Provider shall ensure that an exit plan clearly outlining the maintenance options is agreed with the patient before he/she leaves the pulmonary rehabilitation programme, including the use of the myCOPD application. The Provider shall promote the importance of continuing exercise to the patient (e.g. walking in the park, joining a leisure centre or other independent exercise).

3.3.2.1.2.4.5.5 The Provider shall ensure that as part of the maintenance programme there is ongoing access to education and shall refer all patients to long-term management Providers, patient groups and support networks, shall identify Third sector and commercial lifestyle and exercise opportunities, and shall encourage the patient to take up such opportunities.

3.3.2.1.2.4.5.6 Completion of pulmonary rehabilitation, the attainment of goals and details of the agreed exit plan shall be

	<p>documented and communicated as part of the patient's overall care plan, accessible to the GP and the relevant Integrated Network Team.</p> <p>3.3.2.1.2.4.5.7 The Provider shall send each patient an appropriate objective feedback survey that will request feedback about the patient's experience of the service. The Provider shall collate and analyse the results of the survey and produce a report as part of the wider annual evaluation of outcomes for the community respiratory service</p>
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The information provided in this response is accurate as of 25 November 2025 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.