BTS Quality Standards for Home Oxygen

Public consultation comment form

Please use this form to record any comments you may have on the BTS QS for Home Oxygen. The development group is co-chaired by Professor Tom Wilkinson and Dr Jay Suntharalingam. The standards are based on the BTS Home Oxygen Guideline and some of the original guideline group helped with the drafting of this QS document.

Name: Ben Chiu

Organisation: British Lung Foundation

Please indicate if you are responding as an individual or on behalf of the organisation noted above:

Individual response: ☐

Organisation response: ■

Please add comments to the following table noting the section number and page number to which your comment refers.

Note 'general' in the section column if your comments relate to the whole document.

Section: Line number/Quality standard number	Page #	Comment
General		The British Lung Foundation welcomes this consultation on the BTS's draft quality standards for home oxygen use in adults. The appropriate and safe provision of oxygen is vital in helping to improve outcomes for people with a respiratory condition. We are keen to ensure that this quality standard is more inclusive of the needs of patients, as this will positively impact on patient experience and improve outcomes. In particular, we recommend: • Medical devices used in oxygen provision are best suited to their individual needs • Risk assessments take place in the patient's place of residence and involves two-way dialogue on their lifestyle, • Provision retains and enhances their mobility – both indoors and outdoors. • Written information and education sessions are tailored to individual needs and involve setting learning goals We are also keen to ensure that patient and public safety is better ensured through more strongly encouraging people to attend smoking cessation services before oxygen is prescribed.

QS1 239-240, 270-271, 286-287	7-8	QS1's draft quality measure should be updated to require evidence showing that medical devices used for assessments – particularly oxygen delivery devices – are tailored to the patient's individual needs. Descriptions of the quality statement for each audience should be updated to specify that: • Service providers should ensure that a wide range of assessment equipment is available to cater for individual needs • Healthcare professionals should ensure that they are able to identify equipment suitable for patients • People who require home oxygen should be offered a service staff by trained healthcare professionals using quality control checked equipment ***that are suitable for their individual needs*** We believe this change should be made as each patient has individual needs and preferences – some devices which are suitable for some may not be suitable for others, particularly those with additional mobility or dexterity issues. Providing the most appropriate outcomes can improve outcomes, provide a better sense of autonomy and independence, and ultimately improve quality of life.
QS2 299-300	9	The key message of QS2 should be amended to explicitly state that all patients being assessed for home oxygen should undergo a risk assessment ***in their own place of residence.*** We believe that this change should be made as healthcare professionals carrying out the risk assessment are better placed to identify a risk within a residence if they can see it in person. This means that they are not reliant on information from the patient, who are not trained to identify risks and may miss obvious markers. This will provide healthcare professionals with a chance to observe the day-to-day living patterns of the patient and plan appropriately.
QS2 312-13	9	Quality measures should be introduced to ensure that, where risk assessments identify trip and fall safety risks, ***restrictions are not imposed that will limit a patient's mobility in their home***, and that ***where restrictions are made, advice and support is provided to mitigate these***. This will involve requiring evidence to be collected showing that this has been undertaken, along with accompanying processes looking at the proportion of patients the updated quality measure applies to. It will also involve adding the appropriate numerators and denominators. Descriptions of the quality statement for each audience should be updated to specify that: • Commissioners and providers should ensure that systems are in place to ensure that mobility can be maximised. • Healthcare professionals must be able to ensure that advice and support on maximising mobility can be provided.

		• People who require oxygen at home should be satisfied that the advice and support that they receive on maximising mobility while minimising risk is deliverable. We believe that these changes should be made as the outcome of risk assessments sometimes lead to oxygen delivery pipe lengths being limited to reduce the risk, which can in turn limit patient mobility around their residence. This has a negative impact on their independence and quality of life.
QS2 319-320 371	9	It should be explicitly stated in 319-20 (under draft quality measures) that patients being assessed for home oxygen who smoke ***must be referred*** to a smoking cessation service ***as a priority for treatment, before oxygen is prescribed.*** This means that the description of what the quality statement means for each audience should be amended to specify that: • Healthcare professionals must ensure that patients who smoke are referred to smoking cessation services before oxygen is prescribed. • People who require home oxygen who smoke should only be provided with home oxygen once they have received treatment from a smoking cessation service. This also means that numerator number three should be amended to record the number of people assessed as requiring home oxygen who currently smoke who are ***receiving treatment*** from a smoking cessation service. We believe that this change should be made due to the significant risk of fire and personal injury while smoking or using oxygen near a naked flame, as outlined in 304-305 and 306-308. This also puts others beyond those living at the property at risk as well. We do not believe that signing a consent form is adequate given the risk of damage and/or death for people other than the patient, especially accidents may affect people beyond the property.
QS2 361	10	The section should be updated to provide clarification on whether the service provider or the healthcare professional team has ownership of the risk assessment process. This is not currently clear.
QS3 405-412	11	The rationale for Q3 should be updated to outline that all written information and educational sessions on oxygen provision ***should be individualised to both the patient and carer*** (where appropriate), **including a discussion of learning goals and objectives**. This will support their understanding and responsibility of safe oxygen usage. This also means updating the draft quality measure to reflect this change (lines 415-419), as well as the numerator (line 424). The description of what the quality statement means for each audience should also be updated to reflect this change.

		We believe that this change should be made to better support the individual's understanding of how to their oxygen safely and responsibly. This is because patients generally have different needs and different levels of understanding, which means that some advice and education sessions may work for some but not for others. Tailored interventions with learning goals and objectives will also provide patients and their carers with better ownership of their care, and a clearer sense of where they need to improve and how.
QS6c 676-677	18-19	The key message of QS6c should be updated to outline that all people who are identified as no longer requiring any form of home oxygen should have this withdrawn, ***with an explanation as to why***. This means updating the draft quality measure to reflect this change (lines 697-698) to request evidence that information has been provided. It also means updating numerator three (line 716-717), and amending the description of what the quality statement means for each audience. We believe that this change should be made to make patients aware of why their oxygen is being withdrawn. This could help address some of the concern, worry and anxiety that some patients face in this situation.
QS9b 942-943	24	The key message of QS9b should be amended to ensure that AOT should not just be offered to improve outdoors mobility, but also improve and ***maintain*** people's capacity to undertake outdoors ***activities***. This means updating the key message of QS9b (line 942-93) to reflect this. We believe that this change should be made to help ensure that people using LTOT are better enabled to function as they normally would outside, beyond basic mobility. This could have positive implications on quality of life.

Please add rows to this table as required.

Please return the completed form to:

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Deadline: **5pm Monday 13th February**