UNIVERSITY OF CAMBRIDGE

Cambridge University Hospitals NHS
NHS Foundation Trust

Developing a remote primary care intervention for chronic breathlessness

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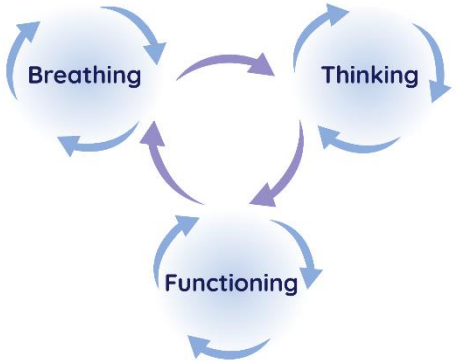
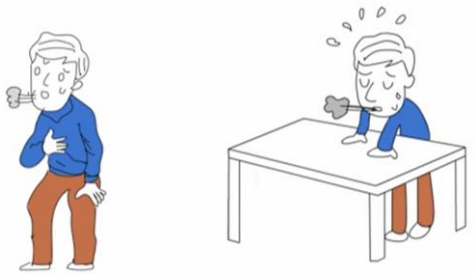
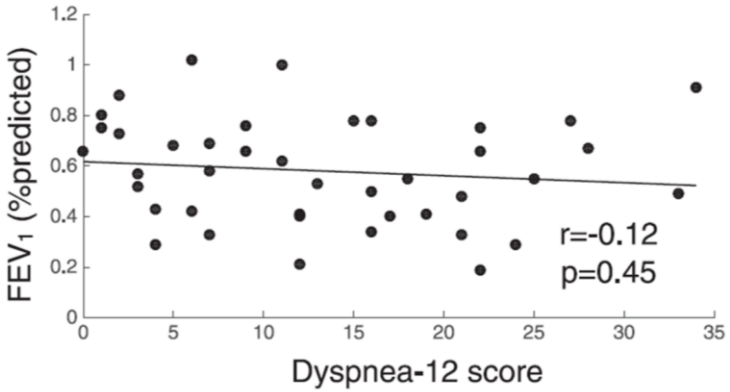


Challenges

Chronic breathlessness in people with long-term conditions is common, debilitating and distressing





Little relationship to disease severity and often persists despite optimal disease management

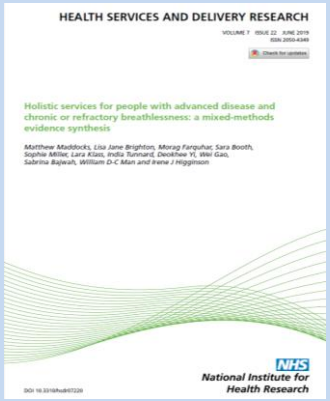
Drug treatments for breathlessness tend to have little benefit and can be unsafe

Solutions

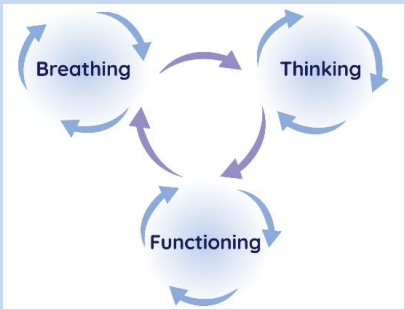
Non-pharmacological approaches can be effective BUT

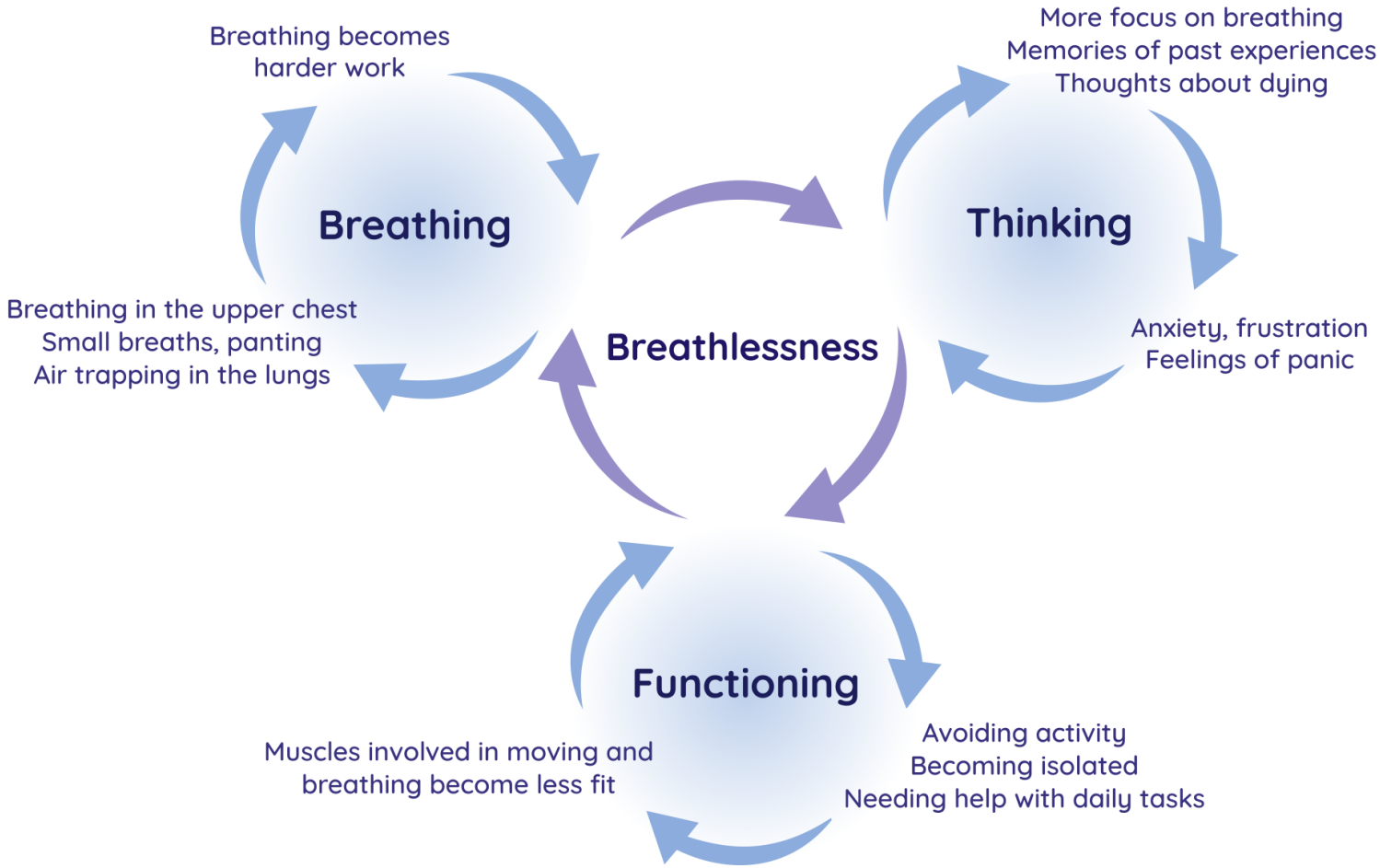
1. People do not understand value and so do not engage
2. Many approaches and hard to choose the best one(s)
3. Health professionals are often not suitably trained

Specialist breathlessness services, mostly in palliative care



Development of a generalist educational tool and App





Breathing, Thinking, Functioning clinical model

1. **Makes sense**
   - ❖ Why breathlessness and disease severity are not closely related
   - ❖ Why breathlessness can continue when the trigger has settled

2. **Motivates people**
   - ❖ There is something that can still be done to improve breathing
   - ❖ Small changes to thinking/behaviours can make a big difference

3. **Management focus**
   - ❖ Start with breaking the main vicious cycle for an individual

PrimaryBreathe programme aims

1. To co-design an intervention that translates specialist breathlessness management into an acceptable form for primary care

2. To undertake a pragmatic cluster randomised controlled trial to determine intervention clinical and cost effectiveness

3. To develop an implementation strategy to facilitate roll-out across UK primary care using existing primary care resources

Expanding the reach of specialist breathlessness services:

- any disease
- earlier in trajectory
- closer to home

We would value your views…

1. A few previous high quality palliative care interventions have foundered when made generalist. How can we avoid this?

2. Some PrimaryBreathe patients will need referral for specialist breathlessness management. Who would best provide this?

3. This programme has been designed during a pandemic. How virtual should PrimaryBreathe be?

Thank you for your help!