

Respiratory Referral Criteria

All referrals to contain

- Reason for referral
- Clinical question being asked
- Smoking history

Secondary Care Respiratory Referrals for Consultant Opinion

COPD

- Respiratory history
- MRC breathlessness score
- Exacerbation history (last 12 months) plus admission history
- Up to date medication list
- Most recent spirometry

Asthma

- Respiratory/ allergy history
- Exacerbation history (last 12 months) plus admissions history
- RCP 3 questions
- Occupational history
- Up to date medication review
- Number of courses of steroids / antibiotics prescribed in the last 12 months
- Number and name of inhalers prescribed in the last 12 months
- Optimised on medication as per GMMMG guidance
- Recent PEFr and spirometry
- FBC (historical test is sufficient)

Chronic Cough (defined by cough lasting > 8 weeks)

- Recent CXR
- Respiratory/ atopic history
- Stop ACE-I and review after 3 months
- List of medication trials and duration:
 - Suspected post-nasal drip or allergic rhinitis: trial of steroid-nasal spray +/- antihistamine (6 weeks)
 - Suspected reflux related cough- BD PPI plus ranitidine 300mg at night for 8 weeks
 - Suspected asthma – confirm diagnosis. 30mg Prednisolone for 10 days and an 8 week trial of inhaled steroid 200mcg bd (BDP equivalent), assess response
- Recent PEFr and spirometry
- FBC
- NorthWest Cough Network pathway embedded here:



Breathlessness

- History- including full cardiac history
- Bloods including FBC (consider BNP if available)
- Recent CXR (within 1 month of referral date)
- Recent spirometry
- FBC, U&E, TFTs

Sleep clinic

- Epworth Score (clear reason for referral if Epworth score is <11)
- Recent BMI and collar size (within the last 1 month)
- Driving (licences held)
- Occupation
- FBC/TFT

Manchester Integrated Lung Service (MILS)

All MILS Referrals

If NEW to the MILS service require the most recent spirometry as confirmation of COPD diagnosis

MILS - Pulmonary Rehabilitation

- Disease - COPD, ILD, Bronchiectasis
- MRC score
- Recent spirometry
- Patient has consented to exercise
- No unstable cardiovascular disease
- Medical history

MILS - Chronic support

- Recent spirometry
- Medication list

MILS – Oxygen

- Disease
- Pulse oximetry at rest and on exercise
- Referral for LTOT or AMB

MILS – Urgent Referrals

Patients with an exacerbation of COPD who require MILS support to prevent hospital admissions - Please note that this is for patients requiring to be seen on the day. Please do NOT process via The Care Gateway but contact the services directly.

Urgent referrals to the Manchester Integrated Lung Service

Locality	Contact telephone number	Contact email	Hours of operation
Manchester Foundation Trust – South	0161 998 7070 Request to speak to a member of the Manchester Integrated Lung Service.* Switchboard will contact the service. *The service was previously known as CRT.	Smu-tr.communityrespiratoryteam@nhs.net	8.00 am – 6.00 pm 7 days per week
Manchester Foundation Trust – Central	0161 276 6035	centralmanc.copdteam@nhs.net	8.30 am – 4.30 pm 7 days per week
Pennine	0161 720 4709	Pah-tr.aras.team@nhs.net	9.00am – 5pm 7 days per week