Respiratory Medicine

Dr Matthew Burton, Clinical Lead – Respiratory Medicine Ipswich Hospital

Presentation to Trust Board 5th November 2026

What I hope to cover?

- Broad overview of what respiratory medicine does:
  - Inpatients
  - Outpatients
- Seasonal variation
  - How it impacts respiratory medicine?
- Admission Avoidance and Early Discharge

- Caveat: Mostly this talk covers Ipswich & East Suffolk; but similar issues and services will exist in North East Essex

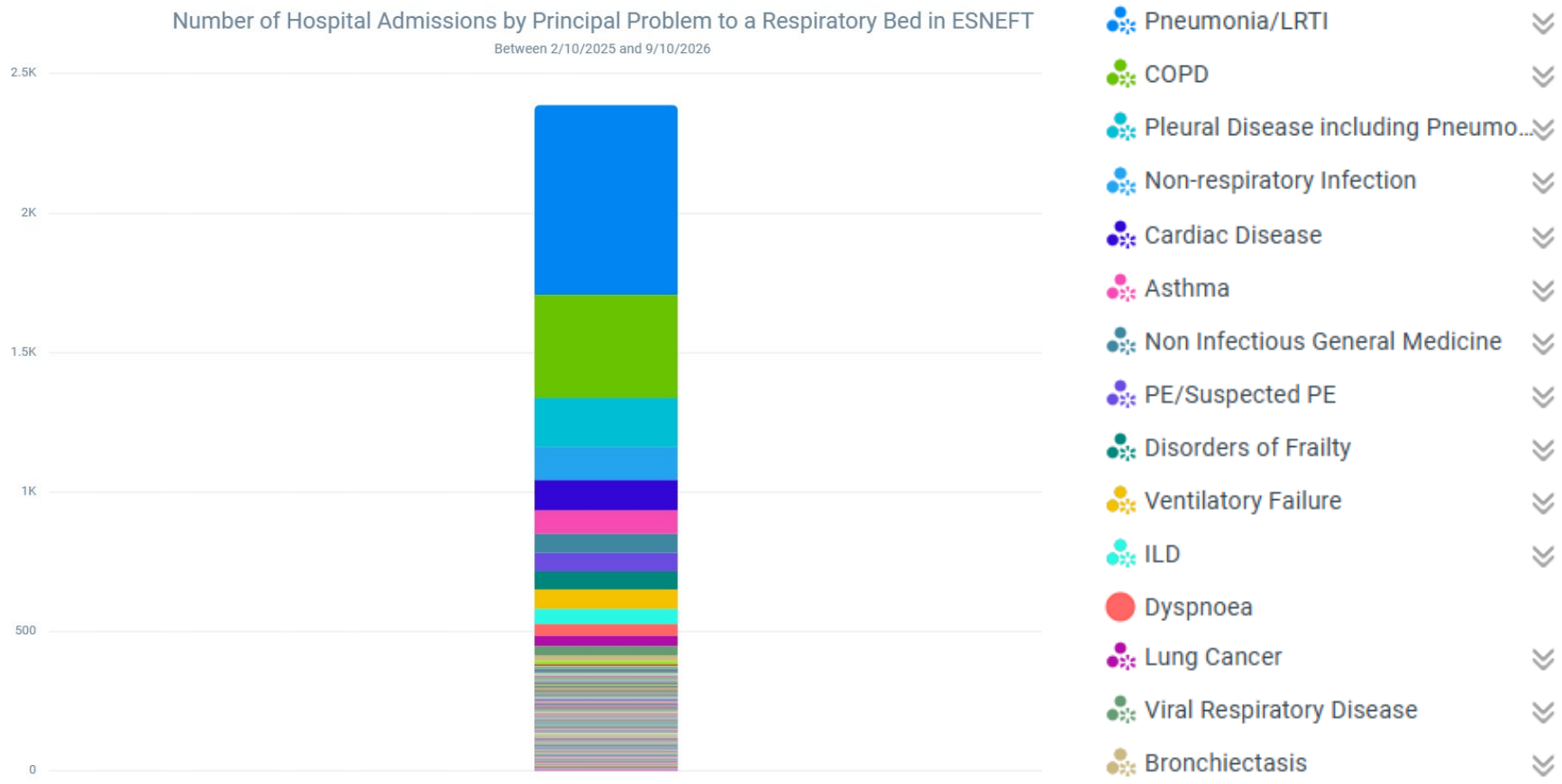
What we do? Inpatients

Medical Staff

- Respiratory and General Medicine Patients on Respiratory Wards
- Provide level 2 respiratory support + 24/7 telephone support for level 2 patients
- Pleural procedures on patients throughout the hospital
- Advice and support on patients with respiratory problems in other areas

Nursing/AHP Staff

- COPD in reach – seeing all COPD admissions (6 day/week service)
- Asthma in reach –seeing Asthma admissions
- Supporting patients on, or starting on, longterm NIV
- Starting/adjusting longterm Oxygen


Number of Hospital Admissions by Principal Problem to a Respiratory Bed in ESNEFT
Between 2/10/2025 and 9/10/2026
2.5K
2K
1.5K
1K
500
0
Pneumonia/LRTI
COPD
Pleural Disease including Pneumo...
Non-respiratory Infection
Cardiac Disease
Asthma
Non Infectious General Medicine
PE/Suspected PE
Disorders of Frailty
Ventilatory Failure
ILD
Dyspnoea
Lung Cancer
Viral Respiratory Disease
Bronchiectasis

What we do? Outpatients

Medical Staff

- Running a mixture of clinics
  - General
  - Specialist (ILD, Long term ventilation, Severe Asthma, Sleep)
  - Day case Pleural
- Advice to GPs
- Diagnostic Bronchoscopy/EBUS
- Looking after patients with suspected Lung Cancer

Nursing/AHP Staff

- Supporting patients with ILD*
- Supporting patients with suspected lung cancer*
- Supporting patients through lung cancer screening.
- Supporting patients at home on NIV
- Clinics for latent TB, contact tracing and new entrant screening

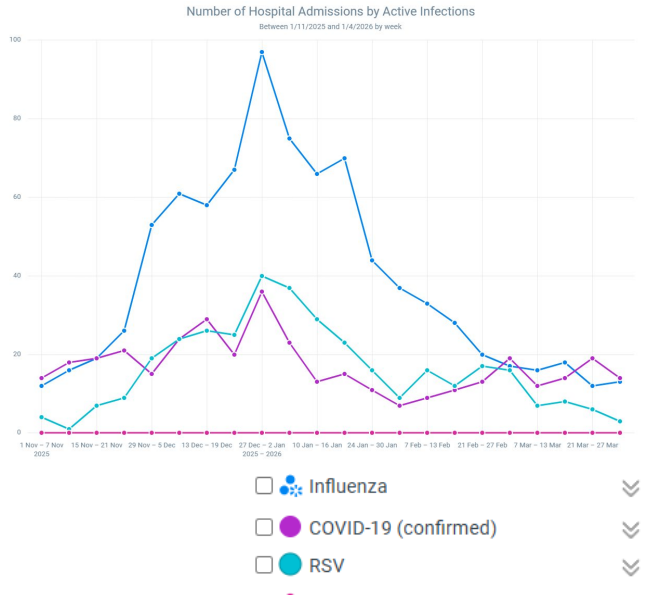
*also support inpatients but low numbers

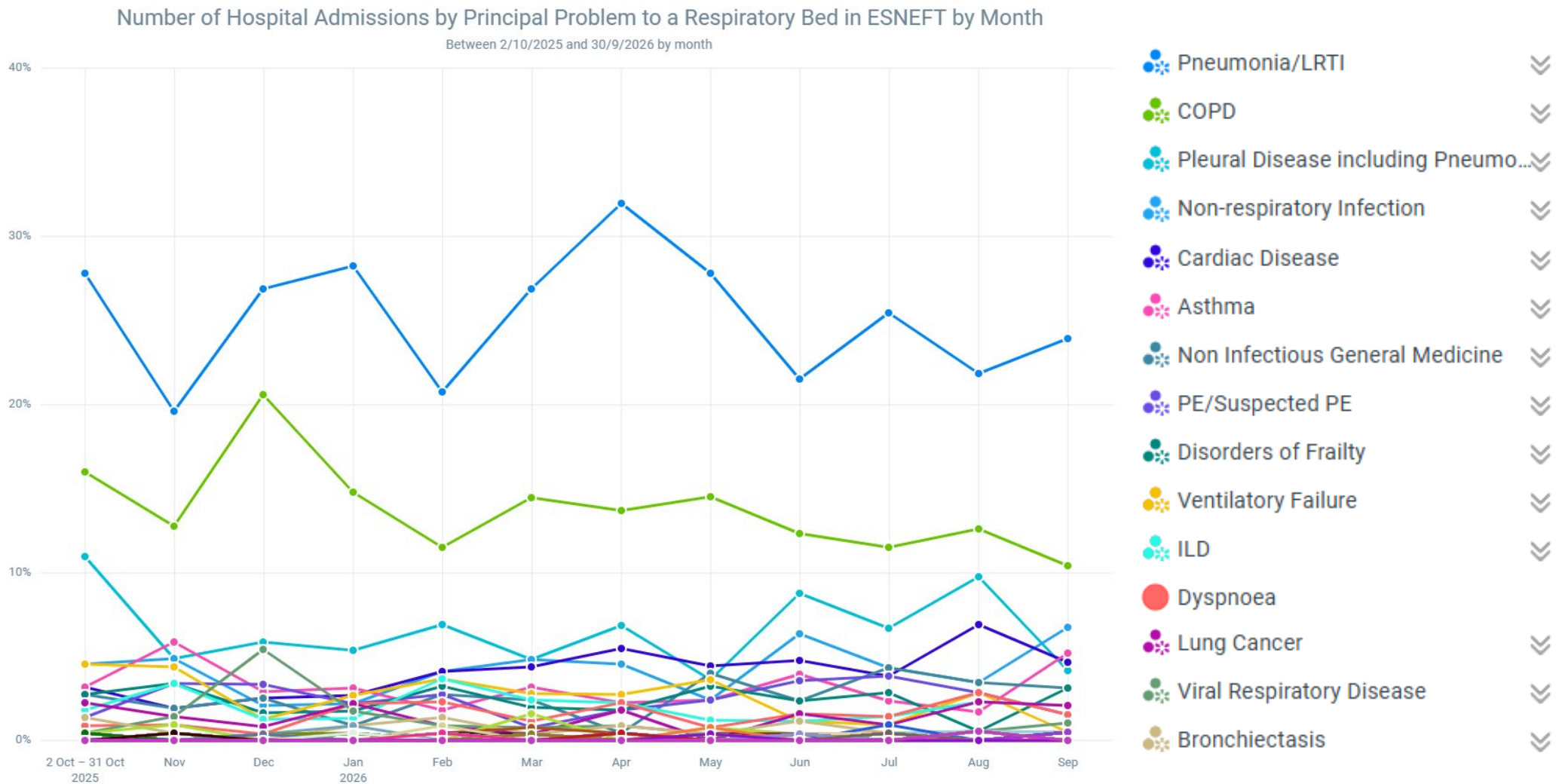
Conditions often seen in Outpatients

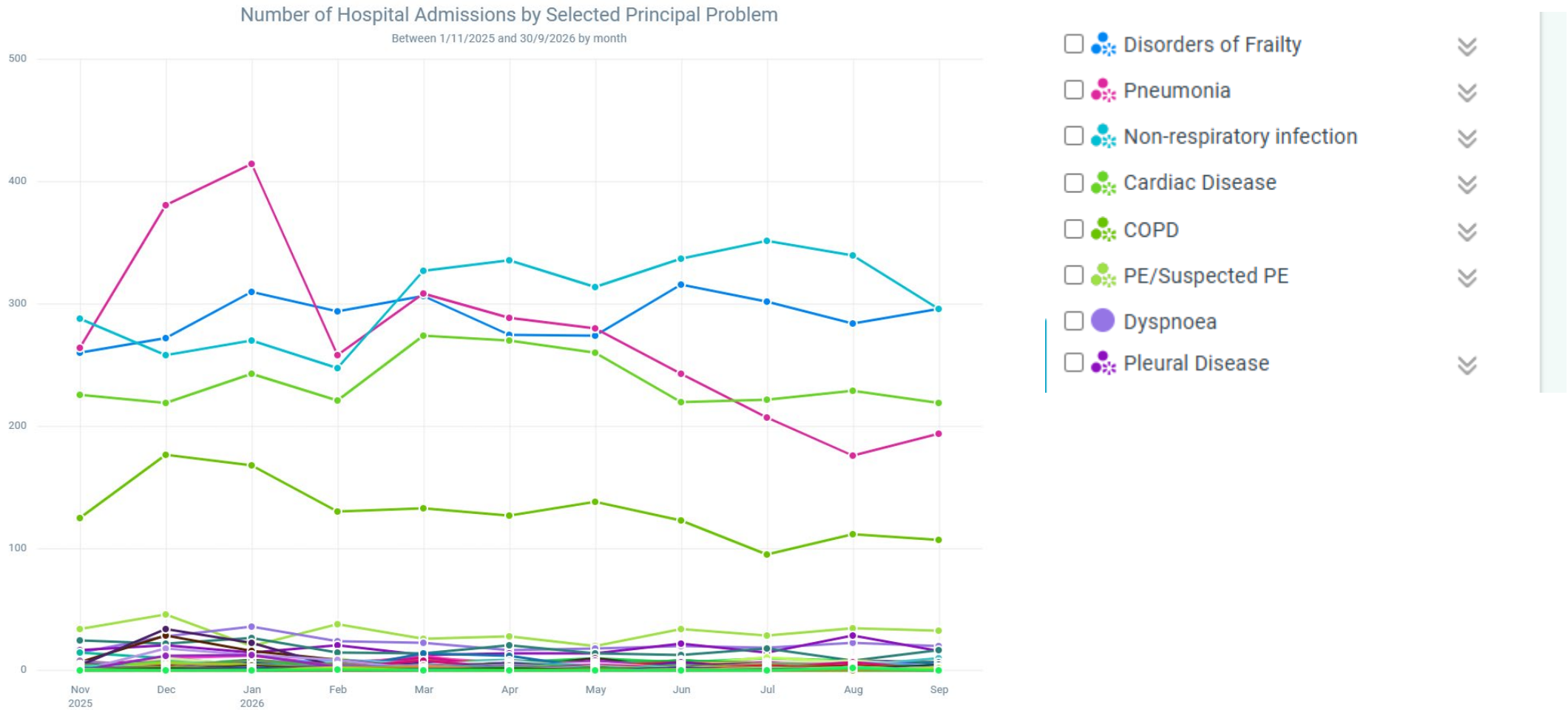
- Airways Disease
  - COPD
  - Asthma
- Bronchiectasis
- Interstitial Lung Disease
- Lung Cancer
- Sleep Apnoea
- Patients requiring long term NIV
- Tuberculosis
- Chronic Cough
- Pleural Effusions
- Unexplained Breathlessness

Seasonal Variation and Respiratory Medicine

- Driven by variations in circulating viruses
  - Role of “weather” per se – is controversial
- High numbers of viruses increase:
  - Secondary bacterial infection
  - Exacerbations of existing lung disease
- High numbers also increase:
  - Admissions relating to Frailty
  - Admissions relating to acute and chronic cardiac disease
- Increased viruses lead to increased Chest x-rays:
  - More Lung Cancer and Pleural Effusions identified




Number of Hospital Admissions by Principal Problem to a Respiratory Bed in ESNEFT by Month
Between 2/10/2025 and 30/9/2026 by month
40%
30%
20%
10%
0%
2 Oct – 31 Oct 2025
Nov
Dec
Jan 2026
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Pneumonia/LRTI
COPD
Pleural Disease including Pneumo...
Non-respiratory Infection
Cardiac Disease
Asthma
Non Infectious General Medicine
PE/Suspected PE
Disorders of Frailty
Ventilatory Failure
ILD
Dyspnoea
Lung Cancer
Viral Respiratory Disease
Bronchiectasis


Number of Hospital Admissions by Selected Principal Problem
Between 1/11/2025 and 30/9/2026 by month
500
400
300
200
100
0
Nov 2025
Dec
Jan 2026
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Disorders of Frailty
Pneumonia
Non-respiratory infection
Cardiac Disease
COPD
PE/Suspected PE
Dyspnoea
Pleural Disease

Admission Avoidance and Early Discharge

- Pleural Clinic
- Virtual Ward
- Urgent Appointments for:
  - Cancer
  - TB
  - New ILD
  - Severe Asthma
- Nurse support



Challenges

- Older and Frailer Population
  - Rare to have a single problem
- Have the “easiest” admission avoidance schemes already been identified?
- Healthcare staff aren’t immune to viruses either

Areas for the future

- Early Supported Discharge focussing more on Pneumonia
- Hot Clinics to provide more admission avoidance
- More collaborative working with our colleagues in Frailty Services
- Potential impact of more wide RSV vaccine roll out.

Questions?