



# COPD: offered pulmonary rehabilitation

NICE indicator

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[www.nice.org.uk/indicators/ind101](https://www.nice.org.uk/indicators/ind101)

## Indicator

The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale of 3 or more at any time in the preceding 15 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme.

## Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

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## Rationale

Pulmonary rehabilitation is designed to optimise each patient's physical and social performance and independence. This indicator aims to reduce disability and improve quality of life for patients who consider themselves to be functionally disabled by their COPD by ensuring they are offered a referral to a pulmonary rehabilitation programme.

## Source guidance

Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE guideline NG115 (2018, updated 2019), recommendation 1.2.82

## Specification

**Numerator:** The number of patients in the denominator with a subsequent record of an offer of referral to a pulmonary rehabilitation programme.

**Denominator:** The number of patients on the COPD register with a Medical Research Council (MRC) Dyspnoea Scale 3 or more at any time in the preceding 15 months.

**Calculation:** Numerator divided by the denominator, multiplied by 100.

**Exclusions:**

- Patients on the COPD register who attended pulmonary rehabilitation at any point between date of diagnosis and prior to a MRC breathlessness scale score of more than 3.
- Patients for whom pulmonary rehabilitation is unsuitable including those who are unable to walk, who have unstable angina or who have had a recent myocardial infarction.
- Patients who have not responded to at least two COPD care review invitations, made at least 7 days apart.

**Minimum population:** The indicator would be appropriate to assess performance at individual general practice level.

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