

COPD Post exacerbation care

Sheffield Foundry Primary Care Network

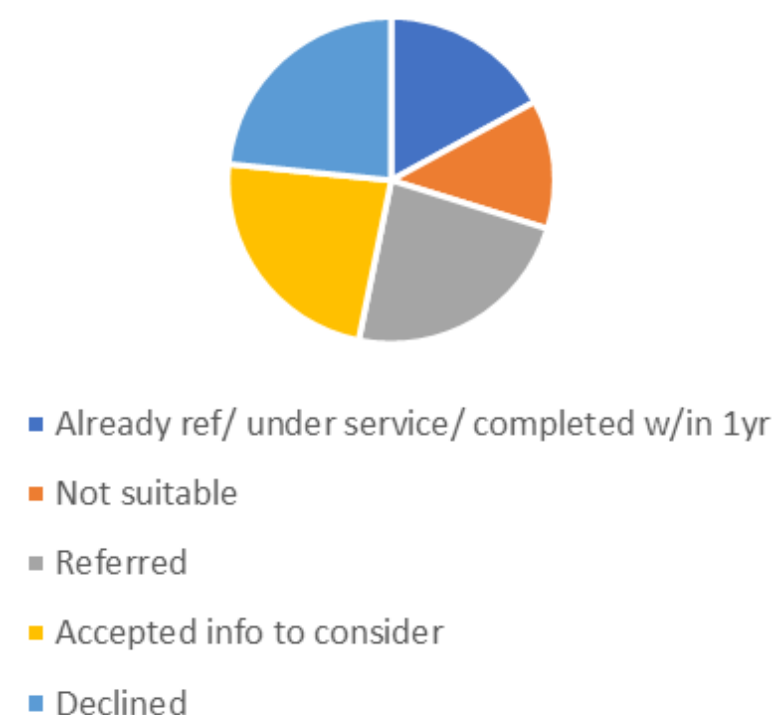
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We are one of 15 Primary Care Networks in Sheffield, Foundry PCN. Our Network is made up of 8 Practices, serving 58100 people[1]. Our areas have high levels of deprivation and an industrial heritage. There is a high prevalence of Respiratory disease.

COPD exacerbations are common and increase the risk of further exacerbations[2], with associated morbidity and mortality. There is evidence that structured follow up after COPD exacerbation can improve outcomes, including reducing hospital admissions[3]. We designed a pilot study to provide this, with a view to ongoing service development.

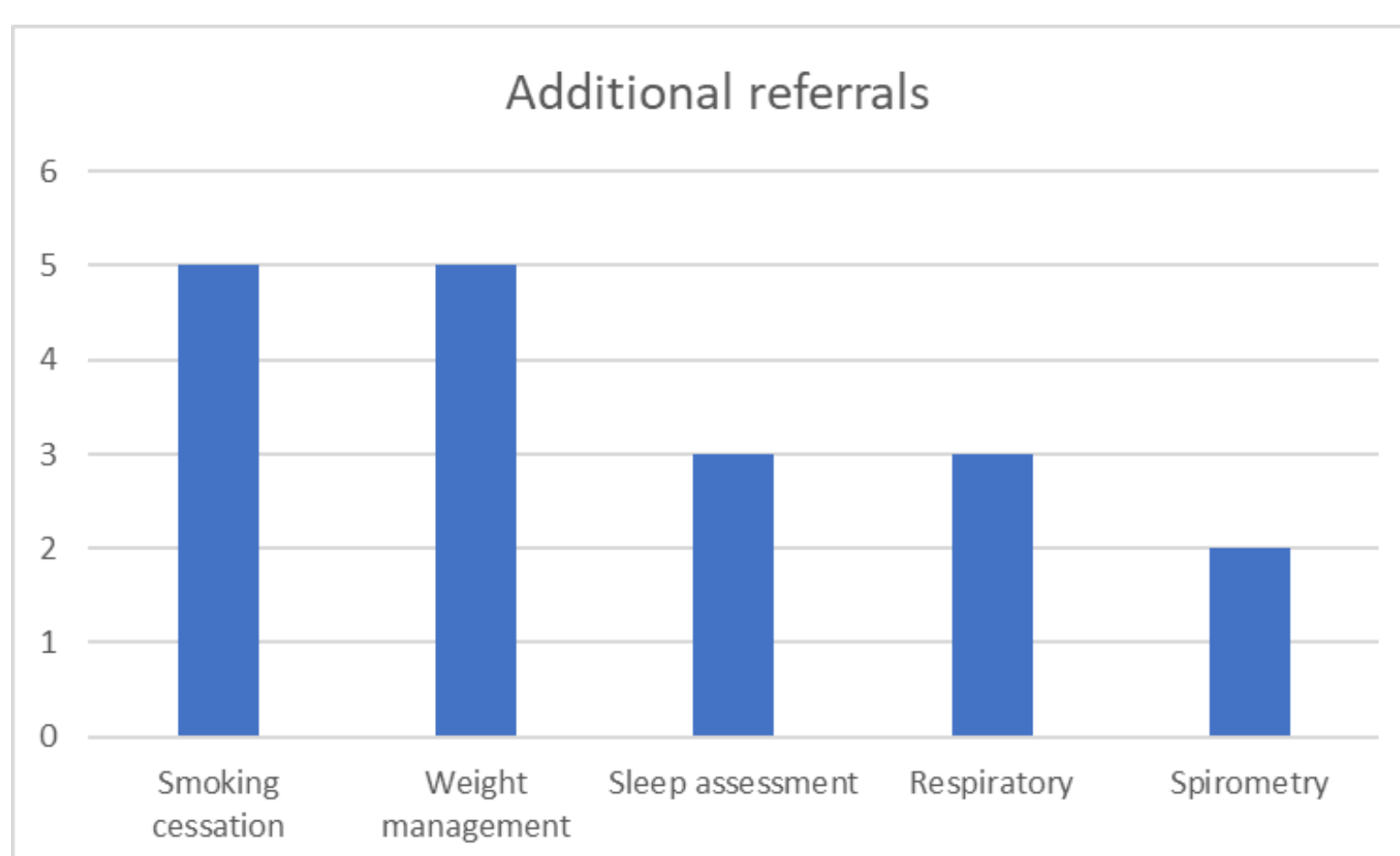
We created additional clinics for review with an extended role General Practitioner. Patients' clinical records were reviewed, followed by a consultation. COPD management was reviewed, their symptoms and the impact of these. Lifestyle was discussed, including weight management and smoking cessation. Referrals to Pulmonary rehabilitation(PR) were encouraged. Other social prescribing interventions were made as suitable. Where indicated changes in management were made and communicated to practice staff. Advice about ongoing management was discussed with patients and documented.

Pulmonary rehabilitation referrals



53 patients had their notes reviewed and 47 had a telephone review. Patient and staff feedback was positive. Additional referrals and changes to management were made or suggested in 72%. 17% were already under PR, had been referred or had completed it within the preceding 1 year. 13% were not suitable for PR, due to being out of area, MRC 2 or not able to take part. Of the others 30% were referred and of those who declined 30% accepted further information to consider. 11% were referred to smoking cessation and 11% to weight management services. 6% were referred for sleep assessment and 6% were referred to Respiratory for further assessment. 4% were referred for spirometry.

Additional referrals



We feel that this was effective in improved patient care. It is reasonable to infer that optimising care may reduce further exacerbations and hospital admissions.

References

- [1. Foundry PCN Sheffield](#)
- [2. Temporal clustering of exacerbations in chronic obstructive pulmonary disease - PubMed](#)
- [3. Management of chronic obstructive pulmonary disease: A review focusing on exacerbations - PMC](#)