



Neighbourhood Care in Action: Improving Outcomes for Housebound COPD Patients

Clare Guyon, Dr. Kirk Moore, Laura Harding, Jessie Walker, Sadie Lilley

North West Leicestershire GP Federation

Background	Neighbourhood Health	Method
COPD Numbers - Growing number of housebound patients with COPD - Multiple high areas of deprivation Admissions - Increase of hospital admissions of 50 patients p.a in NWL - High unplanned hospital attendance Average 2.5 per person per year Medication - On average 11 repeat medications per person 1/3 received medication review in last year 1/3 had COPD review in last year	"Care closer to home, reducing pressure on hospitals and tackling inequality" The NHS 10 Year Health Plan includes the Neighbourhood Healthcare Programme	Screening housebound patients Risk stratification tool utilised Fortnightly MDT Meetings Shared discussions about patients Shared Decision Making Agreed priorities and actions Home Visits and Assessments Proactive, personalised and holistic Personalised Interventions Health, social care and wellbeing support Ongoing Follow-up Review, adapt and prevent crisis

Outcomes		
7 Structured medication reviews 4 Care packages increased	15 Inhaler optimisation support 2 Safeguarding referrals	3 Pulmonary Rehab referrals 2 Referral to hospital teams
121 Patients Reviewed		
30 care coordinator referrals 15 Social Prescribing referrals	16 Community respiratory team referrals 15 COPD reviews	15 Diagnostic updates 16 Complex care plan reviews

What Worked	Challenges
- Integrated MDT between health and Social Care - Proactive identification of needs - Tailored interventions - Improved communication - Empowerment of patients and their loved ones	- Lack of dedicated funding for neighbourhood projects - Patient Engagement - Digital access for home visit models - Workforce capacity

What is next?			
Expand service provision - Include non-housebound patients identified at higher risk - Working with pharma partnership to identify patients on MIT to SIT to improve compliance / cost	Biologic Management - Working with secondary care and pharma partnerships to identify patients who need biologics - Set up further service provision in community	Support deprived communities Developing relationships with MDT members focusing on the CORE20Plus5 community	