

Neighbourhood Health model for COPD

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Population health management

Proactive case finding

Risk stratification

Tier 3: Complex Full MDT
Tier 2: Targeted Neighbourhood offer
Tier 1: Universal Primary care-led

Data-driven cohort identification

Self-management
Education



Digital care
Apps, data and monitoring
(ensuring non-digital support is available where necessary)



Diet/nutrition



Lifestyle considerations
Movement and exercise



Able to refer to pulmonary rehabilitation and O2 services

Able to refer to smoking cessation services

Primary point of contact for anything relating to the person's COPD

Medicines review

Able to directly refer to an MDT of healthcare professionals

Community wellness and diagnostic hub

Community Diagnostic Centres
FeNO (only if indicated)
Spirometry
Early and accurate diagnosis
Disease prevention
Screening
Delivering care in the community
Smoking cessation
Education



Person with COPD

Carer

Multi-disciplinary team (MDT)
(Primarily for Tier 2 and Tier 3 patients)

Admin
Rehabilitation (PT, OT, SALT, OH)
Secondary / specialist care / biologics
Dietitian / Nutritionist
Pharmacy / community pharmacy
Palliative and end of life care
Social care
Voluntary, community and social enterprise organisations
Primary care
Mental health professionals
Home-based clinical assessment and support
Community care

Public health
Vaccination
Smoking cessation



Local Authority
Housing and transport



Employers
Workplace screening

Social prescribing

Providing care across the life-course

Pulmonary rehabilitation

Management of co-morbidities



Social prescribing
(access to green spaces)

Mental health
Psychological support

