## Liverpool Heart and Chest Hospital NHS NHS Foundation Trust



# **Supporting people better in their own communities**

From 1st August, we will be providing a community Chronic Obstructive Pulmonary Disease Service in partnership with NHS Knowsley. This builds on the success of the Cardiovascular Disease service which we have been running in Knowsley since April 2010.



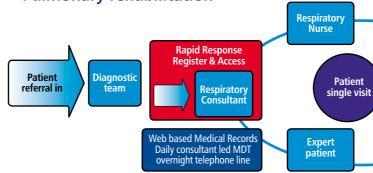
In partnership with





The key features of the service model below are:

- Oxygen clinics
- Rapid response
- Overnight advice line
- Early supported discharge
- Pulmonary rehabilitation



By running the consultant clinic alongside the diagnostic, respiratory nurse, physiotherapist and counselling services, every COPD patient will have access to investigations (spirometry, blood gas analysis) and a treatment plan on the same day. Each patient will be able to access the whole or any individual component of the service.

We involved patients during the tender process and in the design of the service to make sure we are meeting patinets' needs.

#### Services at a glance

We believe that through innovation, we will improve the services provided to Knowsley patients, thereby improving their quality of life.

#### Diagnostic team

Patients will first see this team. Five diagnostic clinics will be held alongside consultant led clinics and the time from the patient referral to diagnostics will be 15 days.

Primary care will be encouraged (via education and advertisement) to refer patients for spirometry to help identify undiagnosed COPD in the community

Respiratory Physiotherapist

#### **Pulmonary rehabilitation**

Pulmonary rehabilitation will be made available to all appropriate patients with COPD.

Referral for pulmonary rehabilitation will be received from consultants, respiratory nurses, GPs, community matrons, district nurses and patients can self refer themselves.

A respiratory physiotherapist in the clinic will ensure that patients understand the benefits and have immediate access to pulmonary rehabilitation. They will explain the individualised programme that patients will be able to begin with times, locations and lifestyle programmes.

#### Rapid response team (RRT)

All patients who are diagnosed with COPD can access this service through a hotline telephone number. In addition to self referral, referrals will be accepted from hospitals, GPs, community matrons, and other health and social care staff concerned with the patient. The service will have two components - home visits and telephone help.

### Improved management of existing COPD patients

One of the key benefits of the service is that we have over 5,000 clinic appointments throughout Knowsley. A consultant will be present at the clinic 52 weeks a year. Our aim will be not only to identify undiagnosed COPD patients in the community but continue to manage the existing patients. They will be actively identified and invited to attend the consultant led clinic. A management plan will be produced in exactly the same way as for the new patients and this will be sent back to the GP within 48 hours.

#### **Reducing emergency admissions**

Targeting high risk patients or those that we feel are at the greatest risk of admitting as an emergency to secondary care will be a key priority for the service.

## **Key benefits to Knowsley patients**

- Building on what was previously available
- Greater number of consultant clinics
- Multi disciplinary care approach
- Care all in one place
- Rapid response team now contains physiotherapist
- •24 hour overnight helpline

