Healthwatch Essex

COMMUNITY 360 Together We Thrive

CVST
BRINGING UNITY TO OUR COMMUNITY

North East Essex Community Asset Mapping

Chronic Obstructive Pulmonary Disease

Executive Summary

North East Essex Health & Wellbeing Alliance

November 2024

This executive summary accompanies the full **North East Essex Community Asset Mapping - Chronic Obstructive Pulmonary Disease** report.

It serves to provide an overview of the approach and recommendations identified through engagement with communities in North East Essex.

The full report offers readers an opportunity to explore the evidence gathered in greater detail, including case studies, testimonials and feedback from professionals and patients. Please do visit this document for a comprehensive review.

Contributors

Community360 is a registered charity and company limited by guarantee. Originally formed in 1968, the charity is an established anchor organisation working to achieve positive outcomes for local people across Essex, but with important bases in Colchester and Braintree. The charity's purpose is "Through partnership working we will foster resilient, thriving, and inclusive environments so everyone can live their best lives." Our activities and the effects of what we do are diverse. We endeavour to provide voluntary organisations with passionate, intelligent leadership, investing in bringing people together to co-develop and deliver impactful programmes of work that address local priorities.

Community Voluntary Services Tendring (CVST) is the local infrastructure organisation for Tendring. A registered local charity run by local people for local people we support local communities by empowering individuals and groups.
CVST provides a range of services including volunteer recruitment, training, assistance with project development, funding advice, and organisational guidance and support for local charities and community groups.
We work to promote community wellbeing, social inclusion, and collaboration among local residents. By fostering volunteer-ism and enhancing community connections, CVST plays a crucial role in strengthening the social fabric and improving the quality of life in Tendring.

Healthwatch Essex are an independent voice for the people of Essex, helping to shape and improve health and social care services in the county.
We believe that people's views and lived experience of health and care matter, so we're here to make sure your voice is heard and responded to.
Healthwatch Essex collects data and lived experience from the public of Essex relating to health and social care services, and uses that information to inform the way services are designed and delivered. It is important to us that the work that we do creates meaningful change.

Executive Summary

Compartmentalisation of Practical and Clinical Services

Previously, within Colchester, the Breathe Easy and St Helena Breathlessness Group acted as important assets where people suffering with COPD could access information around accessing practical support. Given the fact that practical support assets, such as housing services, employment support or befriending services (to name a few), stand outside the clinical pathway, the dissolution of these groups means there is now a compartmentalisation of practical and clinical services with no centralised place where patients can go to get this information – leading to worse health outcomes.

Digital Exclusion

A lack of digital skills presents itself as a problem within people who suffer from COPD. If someone with COPD does not have the capacity to use digital technologies, then they will not be able to access the same support online as someone who does not, meaning their care experience is not the same as they cannot access the same online resources. Likewise, people with COPD may also struggle to use access services over the phone, as holding the phone to their ear or talking for long periods of time may exacerbate their breathlessness. As a result, these two issues have consequences for two important services in particular:

- Psychological Wellbeing: With the loss of the peer-to-peer support from the Breathe Easy Group and the St Helena Breathlessness program, respiratory nurses reported having to refer patients on to Therapy4You for psychological wellbeing support, which are online or over the phone only. Research shows that anxiety and depression impacts negatively upon someone's respiratory symptoms, making wheezing and coughing worse, as well as reducing blood oxygen levels (Leander et al,2014), leading to worse health outcomes for COPD patients if they cannot access these services due to their breathlessness.

- Smoking Cessation: EWS Smoking Cessation programs offer 8 weeks of online or telephone-based support to encourage people to change their behaviours and stop smoking. People with COPD benefit greatly from stopping smoking, with it being one of the main treatments (NHS, Last Accessed September 2024),but suffers with COPD may experience the same problem as accessing Therapy4Youservices: if they cannot use the telephone for extended periods of time, then they will not be able to access the 1:1 support services, therefore giving them a worse chance of stopping smoking and potentially having worse health outcomes.

Home Oxygen Assessments

Any patient who is prescribed Oxygen are entitled to a Home Oxygen Check, carried out by the Essex Fire and Rescue Service, to ensure their home is safe to avoid any fires breaking out. However, they note that uptake is not very good due to the fact that it is an opt-in service, rather than an opt-out service. As a result of this, it then means that some patients may be at risk of fires in their homes if they are prescribed oxygen and do not have a Home Oxygen Check.

Community Transport Provision

People within St Anne's and St John's wards may struggle to get to assets within Colchester, as some journeys require extended periods of walking, which is difficult for people with COPD due to breathlessness. Given the fact that people with COPD may not drive or be able to take taxis due to working, this presents an issue in them taking charge of their own health. While Community Transport is available in Colchester, the provision cannot currently fit the demand.

Community Transport which is depended on in both Tendring and Colchester to connect the most disadvantaged people living in our communities with health assets is funded on an annual, non recurrent basis which makes is increasingly difficult to scale delivery against demand.

Lived Experience Findings

- The recurring theme from these interviews was "some days are better than others". COPD can lead to unpredictable fluctuations in patients' daily capabilities. Routine tasks, like cleaning or dressing, become insurmountable on those bad days.

- Long-term smoking is the leading cause of COPD among participants.

- Additional occupational exposure to harmful substances, such as dust and fumes, has also significantly contributed to the severity of symptoms for some.

- Increasing numbers of younger patients are being diagnosed with COPD due to smoking drugs, e.g. crack cocaine and cannabis, which can cause severe lung damage due to burning at higher temperatures than cigarettes.

- Several participants delayed seeking medical care for early COPD symptoms, often attributing them to aging or lifestyle choices. This resulted in a diagnosis at a more advanced stage of the disease.

- Many participants faced difficulties securing GP appointments, which discouraged them from pursuing further medical care.

- Those in Greenstead and St. Anne's & St. John's generally reported positive healthcare experiences, while the majority of participants from Jaywick & West Clacton reported negative experiences, in particular highlighting conflict with some of their GP surgery reception staff.

- Refugees and asylum seekers face significant challenges accessing healthcare, particularly due to language barriers and difficulties registering with GP surgeries.

- Respiratory nurses were highly valued by participants for their support and care, with in-person consultations seen as critical for managing COPD effectively.

- Following the COVID-19 pandemic, it was reported that annual reviews in Jaywick & West Clacton have remained as phone consultations, which participants found inadequate for monitoring the condition.

- Participants expressed frustration over the reduced availability of rescue packs.

- Limited access to GP appointments and home visits led participants to rely more on emergency services for support. COPD diagnoses are being made in hospital emergency departments due to patients' difficulties in accessing primary care.

- Many participants supported the development of COPD information packs, similar to those provided for diabetic patients, to help inform and manage their condition.

- Pulmonary rehabilitation was praised by healthcare workers for helping patients manage symptoms, but eligibility restrictions based on MRC breathlessness scores limited access for some who could benefit from early intervention.

- Many participants experienced a deep loss of physical capabilities and personal identity due to COPD, often leading to depression and anxiety.

- The reduction in social engagement for some resulted in significant loneliness, with participants expressing feelings of isolation and hopelessness.

- Professionals reported that some patients struggled to differentiate between acute anxiety and symptom exacerbation, relying on emergency services for reassurance and resulting in frequent, unnecessary readmissions into hospital.

- Although quitting smoking is crucial for slowing COPD progression, many participants found it difficult due to long-term addiction, emotional distress, and the belief that quitting would not improve their condition.

- Both patients and healthcare professionals highlighted the significant benefits of peer-led support groups in managing the physical and mental health challenges around COPD, and expressed a keen desire to see more set up locally.

- Poor housing in areas like Jaywick, where homes can suffer from damp, mould and drafts, exacerbate chronic respiratory conditions such as COPD.

- Tenants in privately rented accommodation fear eviction and are often hesitant to report poor housing conditions. In contrast, those living in social housing have better access to repairs and support from housing authorities.

- Rising electricity and gas prices force individuals to choose between heating their homes and managing energy bills, particularly impacting those with COPD who are susceptible to chest infections in cold, damp conditions.

- Accessible transportation is vital for COPD patients, as many cannot walk long distances or rely on public transport. Public transport in areas like Jaywick & West Clacton is inconsistent, with frequent bus cancellations, making it challenging for patients to attend scheduled medical appointments.

- Several participants struggled to access benefits and services, due to their move online, relying on charities to assist with applications and other digital processes.

Recommendations

Primary Care

1. **Prioritise In-Person Annual COPD Reviews**
   Challenge:
   Although phone consultations offer convenience for routine check-ins, in-person annual assessments by respiratory nurses remain essential for effective COPD management. Key aspects like lung health, oxygen levels and inhaler technique cannot be adequately assessed over the phone. While most GP surgeries in Colchester seem to have resumed in-person reviews, the majority of consultations with the respiratory nurse in Jaywick & West Clacton are reportedly still being conducted by phone.

   "It's supposed to be an annual check-up with the Asthma Nurse, but I don't see her anymore. Just by phone. Everybody says that, don't they? She phones me up and asks me how I am doing, am I taking my medicine, do I remember how to use the inhaler etc."
   - Tendring Participant

   Opportunity:
   GP surgeries must prioritise reinstating in-person annual reviews as the standard for COPD patients, enabling more accurate assessments and preventing lapses in inhaler technique. If phone consultations are being used to manage higher patient volumes, additional respiratory staff may be necessary to ensure that quality face-to-face care is not compromised in the pursuit of efficiency.

2. **Improve GP Appointment Availability**
   Challenge:
   Participants frequently faced difficulties booking GP appointments. The unpredictable nature of their symptoms makes it difficult for those living with COPD to join the morning queue for same-day appointments, leaving them at a significant disadvantage in the current 'first come, first served' booking system. In some cases, patients were instead directed to emergency departments at their local hospital, which are already under strain due to increasing patient numbers, resulting in longer wait times and delays in care. With few alternatives, many are forced to seek emergency care when their symptoms escalate. Frontline hospital staff noted a rise in COPD diagnoses during hospital admissions.

   "They are also the cohort that can't get a GP appointment for love nor money because they have to be on the phone at eight o'clock. COPD patients don't do eight o'clock in the morning. Some of them are very breathless at that time. They're still coughing up lots of phlegm. They are nebulising. They can't be waiting on the phone or down in a queue at the surgery."
   - Community Respiratory Nurse

Opportunity:
Consider implementing a priority or next day booking system for patients with debilitating chronic conditions like COPD. Improve GP appointment systems by enhancing telephone triaging, offering additional online booking options or increasing appointment availability to accommodate patients who cannot access services in the early mornings. Introduce dedicated early intervention respiratory clinics locally where patients experiencing early signs of COPD exacerbation can be seen and diagnosed quickly, reducing the demand on GP surgeries and emergency departments.

3. **Increase Early Diagnosis Efforts**

Challenge:
Many participants delayed seeking treatment for symptoms of COPD such as breathlessness and persistent coughs, attributing these to aging, lifestyle choices, or minor respiratory issues. This often led to advanced-stage diagnosis.

"I've coughed for years, and I used to get out of breath, but I thought 'old and smoking, puffing and panting'. But I woke up one morning and I couldn't breathe. My daughter-in-law took me to the doctors, and he sent me to the hospital for a chest X-ray and that's where they found it. I don't know how long I'd had COPD, but that didn't feel like it got worse gradually. That hit me straight away."
- *Colchester Participant*

Opportunity:
Raise awareness of COPD through education and awareness campaigns targeting at-risk populations, particularly older adults and smokers, to recognise the early signs of COPD and the importance of seeking timely medical attention. Partnering with local assets, community groups and pharmacies can help with spreading the message.

4. **Reassess Home Visit Policies for Vulnerable Patients**

Challenge:
Due to the unpredictable and debilitating nature of moderate to severe COPD symptoms, several participants reported being unable to visit their GP surgery, yet struggled to arrange home visits as they were not classified as housebound. This results in an unnecessary workload increase for emergency services and hospital staff who are then picking up responsibility of care for these patients.

"There's only certain criteria that meet the requirement for doctors to do a home visit. My nan is 84 years old with a collapsed vertebrae and six fractures in her spine, and she still has to go up to see her doctors. She's shouldn't have to struggle all the way to Clacton when she's not feeling right. If you've ever had flu or a bad chest infection, then you know just how hard it is to walk anywhere."
- *Tendring Participant*

Opportunity:
GP Practices should reassess and potentially broaden their criteria for determining when a home visit is appropriate. This could involve a more compassionate approach to assessing housebound status, considering the day-to-day variability of chronic conditions like COPD. Implementing flexible home visit policies for older, vulnerable or more severe COPD patients would reduce their reliance on emergency services.

Rather than waiting for patients to request home visits, GP practices could adopt a proactive approach by identifying high-risk patients based on age, severity, frequent hospital admissions and co-morbidities that are flagged for regular check-ins.

5. **Enhance Reception Staff Training**
   Challenge:
   Participants in Jaywick & West Clacton frequently reported poor interactions with GP reception staff, leading to feelings of disrespect, frustration and discouragement from seeking further care. Some turn to instead local pharmacies, 111 services and Clacton Urgent Care Centre for medical support.

   "It all depends who's behind that armoured plate of glass. Some of them have been OK, some of them just rile you up straight away. I'm sick and frightened, you're supposed to be helpful and pleasant to people."
   - Tendring Participant

   Opportunity:
   Implement customer service training for reception staff, encouraging empathy and understanding, improving community trust and patient engagement.

6. **Introduce Tailored Rescue Pack Distribution**
   Challenge:
   Participants voiced frustration over the difficulties in obtaining standby rescue packs, which has resulted in more emergency call outs and hospital admissions due to unpredictability of chest infections and limited GP access outside of working hours.

   "The last time I went to see the COPD nurse I asked about one for the winter, and she said, 'Oh, they've stopped doing it now.'"
   - Colchester Participant

   Opportunity:
   Reinstate rescue packs for COPD patients with a standardised distribution policy across all GP practices, along with clear guidelines for both prescribers and patients to ensure appropriate use and prevent over-reliance. As a safeguard, GPs should assess prescription history and the frequency of infections when determining eligibility. By tailoring distribution and educating frequent users on the risks of overusing rescue packs, we can reduce patient frustration, minimize unnecessary emergency call-outs, and help combat antibiotic resistance.

7. **Create Additional Resources for Recently Diagnosed Patients**
   Challenge:
   Some participants reported receiving little advice or guidance on their condition after initial diagnosis, while some healthcare professionals highlighted the challenge of providing sufficient information and answering questions within the limited consultation time allotted. As a result of the compartmentalisation of practical support, it becomes difficult for patients to know what they can access, with patient knowledge varying. Online resources also often do not contain localised knowledge, with most being national resources.

"It's a struggle sometimes knowing what is out there in the community, I couldn't tell you. I'm sure there are loads of different groups that could help, but I don't know how to access that information."
- Acute Respiratory Nurse.

Opportunity:
Create a comprehensive information pack for patients newly diagnosed with COPD. The pack should provide practical tips for managing symptoms, suggest lifestyle changes, mindfulness techniques, and what to expect regarding breathlessness and its impact on mental well-being. Ensure the materials are accessible, written in simple, easy-to-understand language, and using illustrations and diagrams. Customise the pack with details of local support services and resources available in the NEE area. Regularly update the content to reflect changes in treatment guidelines or best practices. Collaborate with patients, healthcare providers, and organisations like Asthma & Lung UK to ensure its relevance and effectiveness. Provide the pack to patients at diagnosis, and schedule a follow-up session with the respiratory nurse by default a week later to address any questions and reinforce key information.

8. **Address Language Barriers Faced by Refugees and Asylum Seekers**
Challenge:
Refugees and asylum seekers with COPD face difficulties registering at GP surgeries and accessing healthcare due to language barriers and lack of recognised ID.

Opportunity:
Work in partnership with organisations like RAMA to ensure GP practices understand the rights of refugees and asylum seekers to healthcare, regardless of ID. Providing training to GP receptionists and staff on handling patients with language barriers, alongside the availability of interpreter services, would help make healthcare more accessible to these vulnerable groups.

Secondary Care

9. **Expand Access to Pulmonary Rehab**
Challenge:
Long waiting lists and strict eligibility criteria (e.g. MRC breathlessness score) limit access to pulmonary rehabilitation for COPD patients who might have otherwise benefited from attendance at an earlier stage.

"To refer a patient, they have to meet a MRC score of 3, but it might be a bit too late for some because they're already at that 'I can't do it, so I won't do it' stage."
- Acute Respiratory Nurse

Opportunity:
Revise the MRC breathlessness score requirement to allow patients with less severe symptoms to benefit from early intervention. Address the lengthy waiting lists for pulmonary rehab by increasing capacity or offering additional sessions where possible, ensuring more patients can access the service sooner.

10. Invest in Additional Mental Health Support Around COPD

Challenge:

Many participants expressed feeling disconnected from their former selves due to a loss of independence, mobility, and identity, which contributed to mental health challenges such as depression and anxiety. Patients reported that societal judgment and stigma—especially the assumption that COPD is self-inflicted through smoking—intensified feelings of shame and led them to withdraw from social interactions. This isolation further exacerbated mental health issues. For some, the unpredictability of COPD symptoms, particularly severe breathlessness, triggered anxiety and panic attacks, resulting in unnecessary hospitalisations and the use of healthcare resources.

"I get anxiety sometimes and it's crippling. This fear suddenly comes across me. It feels like you are suffocating. I just thought it was the end of the world."
- Colchester Participant

Opportunity:

It is clear that mental health support should be considered an integral part of COPD care. Educate patients and caregivers on distinguishing between COPD exacerbations and anxiety-related breathlessness, while providing breathing exercises, mindfulness techniques, and panic attack management to help patients regain control over their symptoms [See Recommendation 7]. Reduce waiting times and increase access to mental health services tailored for COPD patients, making interventions faster and reducing emergency call outs and hospital admissions. Many patients struggle with long conversations over the phone, offering more face-to-face counselling would address their needs better. Ensure healthcare professionals are trained to handle the emotional and psychological needs of COPD patients, addressing stigma, reinforcing positive self-image and encouraging the attendance of social groups where patients can meet and share experiences, helping to reduce isolation and provide mutual emotional support [See Recommendation 14].

11. Modify Home Oxygen Assessments

Challenge:

Patients prescribed oxygen are entitled to a Home Safety Check. However, because it is an opt-in service, many checks are not completed, leaving the ECFRS unaware of the safety conditions in these homes, which can pose potential fire risks. At present, these checks are not mandatory.

Opportunities:

Make the Home Safety Check an opt-out service to increase participation. Enhance training for healthcare staff within referral agencies to ensure the ECFRS Safe and Well Team is fully integrated into the referral process.

12. Access to In-Person Smoking Cessation Support

Challenge:

Smoking cessation was difficult goal for many participants, even after receiving a COPD diagnosis, with some feeling that the damage was already done or that quitting wouldn't improve their condition. Emotional dependence on smoking was a coping mechanism for stress, anxiety, and depression which makes quitting even harder. Smoking cessation services are mostly limited to phone consultations in North East Essex, which may not be as effective for many patients.

"At every point it's always encouraged, but the general vibe is that they've tried, it hasn't worked, and they don't want to do it again. When it comes to an outside agency, let's say we refer a patient to Provide, it's then adding another step and another daunting process to their journey. That's why it's really good if you have in-house smoking cessation advisors in the surgery because you've got that rapport already established."

- Respiratory Nurse (Tendring)

Opportunities:

While there isn't a simple solution, offering in-person smoking cessation services, such as support groups or one-on-one consultations in GP surgeries, community centres or patients' homes, could improve engagement and success rates. Since some patients find phone-based services challenging, face-to-face options may foster a more personal and supportive connection. In addition to traditional smoking cessation methods, interventions should address the emotional and psychological factors behind smoking. For instance, patients who smoke to cope with anxiety or depression may benefit from mental health counselling or stress management techniques alongside nicotine withdrawal support. Smoking cessation could also be integrated into local peer-led community groups [See Recommendation 14].

Community Health

13. Raise Awareness of the Respiratory Risks from Recurrent Drug Use

Challenge:

An increasing number of younger people are developing COPD as a result of repeated drug use, particularly from smoking cannabis and crack cocaine. These substances burn at significantly higher temperatures than cigarettes, causing greater damage to the lungs.

"There's a lot of marijuana use around here. Maybe a bit more education about the problems of smoking drugs would help. All the risk warnings about smoking are around cigarettes and tobacco."

- Pharmacist (Tendring)

Opportunity:

Implement targeted harm-reduction initiatives aimed at raising awareness of the respiratory effects of smoking drugs. Partner with drug recovery services like Open Road to educate individuals on the dangers drug smoking poses to lung health and incorporate respiratory support into their programs.

14. Introduce Local Peer Led Support Groups

Challenge:

The dissolution of the Asthma & Lung Breathe Easy group and the St. Helena Breathlessness group means that there is no accessible peer-to-peer support group that acts as an easily accessible space where people with COPD can access different kinds of practical support. While there is a clear clinical pathway for medical support, there is a clear compartmentalisation of practical support which means that patients are often not aware of what support they can access. Support is often accessed through ad hoc referrals from clinicians or nurses.

Opportunities:

Create integrated working spaces in St. Anne's & St. Johns that can be accessed easily with all information. Doing so will centralise all forms of practical support in one place. It will also help overcome the digital challenges of online psychological support by re-establishing community-based peer-support. There are significant challenges to overcome in terms of participation, funding, and facilitation. Healthcare professionals, local authorities, and community organisations must work together to provide the infrastructure and resources needed to encourage and sustain these local groups. One key obstacle to establishing more support groups is the lack of facilitators and long-term resources to maintain the groups. Training volunteers to facilitate sessions could ease the burden on respiratory nurses and professionals. As such, we need to collaborate with local healthcare providers and community centres to set up regular peer-led support groups in areas like Colchester and Clacton. Consider involving former patients who have successfully managed their condition as facilitators. COPD patients who are housebound or isolated due to mental health struggles are often the ones who could benefit the most from these support groups but are currently under-represented. Work with community teams to identify and directly reach out to these individuals, offering home-based visits, phone calls, or even smaller support networks more suitable to their needs. Highlight success stories and demonstrate the tangible benefits of joining, like improved mental health and practical advice-sharing to encourage more people to join.

15. Address Increase in Digital Exclusion

Challenge:

People who are older or from less economically advantaged backgrounds often lack digital skills. As a result, this means that a lot of patients with COPD experience health inequalities in the form of digital exclusionary barriers to accessing the wealth of online information support that may be available to help them manage their condition - leading to worse health outcomes. In some cases, patients may also experience challenges accessing some phone-based assets, such as Therapy For You or EWS Smoking Cessation, as their condition means that they struggle to talk on or hold a phone for prolonged periods of time. If they cannot access these assets, then it leads to worse health outcomes, as patients may continue smoking - thereby worsening their condition - or experience mental health conditions as a result of their condition, such as anxiety or depression, which has been documented to negatively affect respiratory conditions.

"There is the MyCOPD app but there are people that wouldn't know what to do with a computer, don't have a smartphone and can't use apps."

- *Community Respiratory Nurse*

Opportunities:
Data Literacy Training: Local authorities, healthcare providers, and community organisations should collaborate to provide targeted digital literacy training tailored specifically for the elderly with chronic health conditions. Programs could focus on basic skills like booking GP appointments, applying for benefits, or accessing healthcare services online.

Offline Support: Ensure that essential services like healthcare appointments, Blue Badge applications, and benefit claims remain accessible through non-digital channels, such as phone or in-person services. Frontline staff at GP surgeries and local council offices should be trained to support those unable to use digital platforms. Work closely with third-sector organisations like Age Well East and Citizens Advice to provide structured digital support services. These organisations could be given additional funding to handle the increased demand for assistance with online services.

Develop a physical COPD Information pack for newly diagnosed patients, which can include contact information for local support services. [See Recommendation 10]

16. **Community Transport Provisions**

Challenge:
Participants highlighted the importance of reliable transportation for maintaining independence and accessing care, especially in underserved areas. Without access to a car, patients living with COPD in St. Anne's & St. John's or Jaywick & West Clacton may struggle to reach local assets, as most of these journeys would require extended periods of walking. In Jaywick & West Clacton, buses are often reported as unreliable and subject to cancellations, while taxis remain a costly alternative.

"It would be a different story if we didn't have the car. I can get to it, sit down and go out. If I had to go use the public transport, I'd be stuck. The bus stop is just up the road there, but I wouldn't be able to get to it. I couldn't do it. I'd be housebound all the time and it would drive me potty."
- *Tendring Participant*

Opportunities:
Local authorities must work with transport operators to improve reliability and frequency of bus services, particularly in rural areas like Jaywick & West Clacton.
Install digital signage at key bus stops to provide real-time bus information.
Offer free digital training sessions and resources to help older and digitally illiterate residents use transport apps, ensuring they can access accurate bus information.
Expand Community Transport provision in Colchester and Jaywick to ensure that people with COPD can travel to appointments and assets significantly easier.
Increase awareness of existing local Community Transport and Dial-A-Ride services through COPD information packs and online resources [See Recommendation 10].
Additionally create a local and easily accessible space which integrates work across allied health professions to eliminate the need for transport to health assets all together [See Recommendation 14].