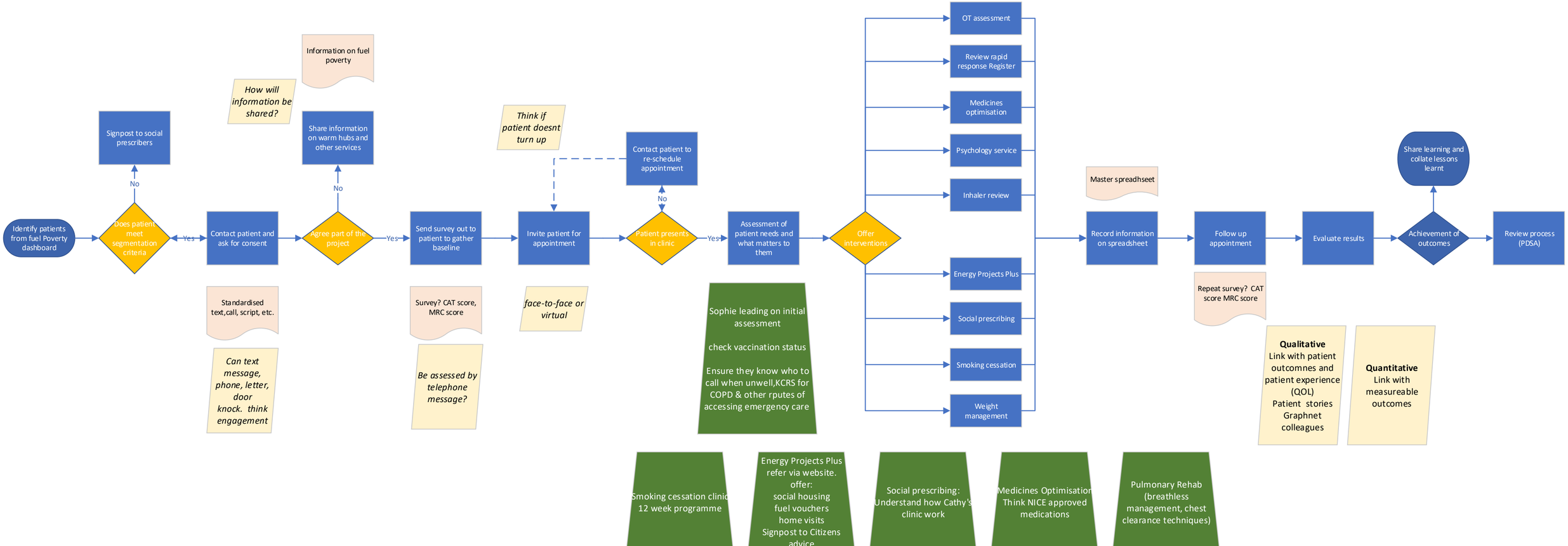
Identify patients from fuel Poverty dashboard
Does patient meet segmentation criteria
No
Signpost to social prescribers
Yes
Contact patient and ask for consent
Standardised text,call, script, etc.
Can text message, phone, letter, door knock. think engagement
Agree part of the project
No
How will information be shared?
Information on fuel poverty
Share information on warm hubs and other services
Yes
Send survey out to patient to gather baseline
Survey? CAT score, MRC score
Be assessed by telephone message?
Invite patient for appointment
Think if patient doesnt turn up
face-to-face or virtual
Patient presents in clinic
No
Contact patient to re-schedule appointment
Yes
Assessment of patient needs and what matters to them
Sophie leading on initial assessment
check vaccination status
Ensure they know who to call when unwell,KCRS for COPD & other rputes of accessing emergency care
Offer interventions
OT assessment
Review rapid response Register
Medicines optimisation
Psychology service
Inhaler review
Energy Projects Plus
Social prescribing
Smoking cessation
Weight management
Smoking cessation clinic 12 week programme
Energy Projects Plus refer via website. offer: social housing fuel vouchers home visits Signpost to Citizens advice
Social prescribing: Understand how Cathy's clinic work
Medicines Optimisation Think NICE approved medications
Pulmonary Rehab (breathless management, chest clearance techniques)
Record information on spreadsheet
Master spreadhseet
Follow up appointment
Repeat survey? CAT score MRC score
Evaluate results
Qualitative
Link with patient outcomnes and patient experience (QOL)
Patient stories
Graphnet colleagues
Quantitative
Link with measureable outcomes
Achievement of outcomes
Share learning and collate lessons learnt
Review process (PDSA)