NEIGHBOURHOOD HEALTH INITIATIVE — SUPPORTING THE INT AGENDA

MDI Optimisation Service Pilot:

Removing the "Adherence Blind Spot" through GP-Pharmacy Cooperation

3.5:1
CASHABLE ROI (VERY POORLY CONTROLLED)

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THE CLINICAL CHALLENGE

Adherence Blind Spot

Reviews rely on self-reporting, which masks **SABA over-reliance**. 9% of patients were found using empty ICS inhalers without realising it.

Treatment Drift

Lack of objective data leads to unnecessary escalation to high-cost biologics when the underlying issue is behavioural.

INTEGRATED NEIGHBOURHOOD PATHWAY

1. **GP REFERRAL**
   GPs refer high-risk patients (ACT < 25) to Community Pharmacy.
2. **BLENDED REVIEW**
   Pharmacist conducts review + Smart Inhaler Assistant onboarding.
3. **DIGITAL MONITORING**
   4–8 weeks of objective tracking via Smart Respiratory Hub.
4. **QOF OUTCOME**
   Pharmacist reports back to GP via GP Connect for QOF targets.

ACCESSIBILITY & SAFETY

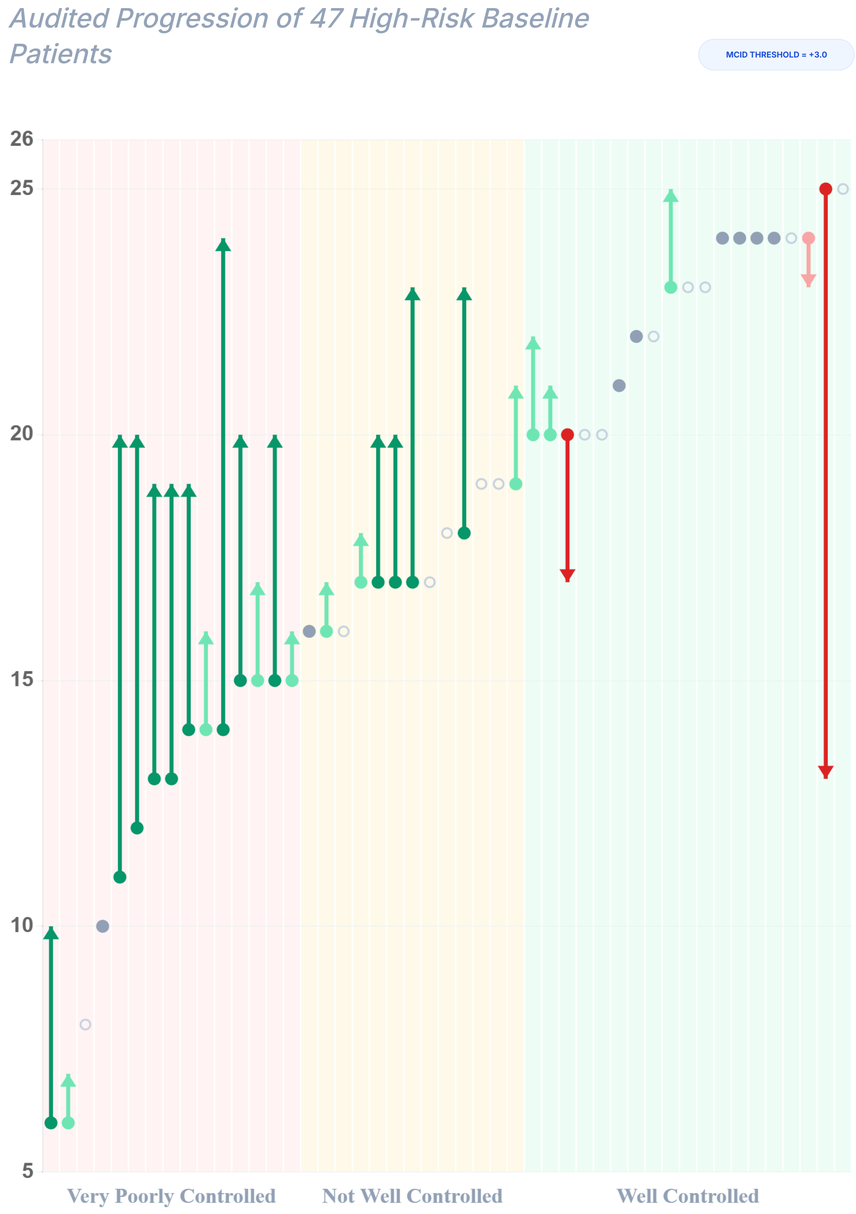
9% EMPTY ICS

8% EMPTY SABA

Inhalers weighed in practice; patients were inhaling propellant only, unaware they were unprotected.

ACT Symptomatic Outcomes

Audited Progression of 47 High-Risk Baseline Patients



+5.3
MEAN VERY POORLY CONTROLLED IMPROVEMENT
Significantly exceeds clinical relevance

+3.3
MEAN NOT WELL CONTROLLED IMPROVEMENT
Consistent gain across cohort

REFRACTORY PHENOTYPE IDENTIFICATION

11% of patients remained poorly controlled despite verified high adherence (>90%). These patients were fast-tracked for specialist referral, assuming misdiagnosis or steroid-resistance, likely representing the largest long-term cost beneficiaries.

CASHABLE ECONOMICS

Service Fee (2 Reviews)	**£35.00**
Digital Infrastructure	**£28.00**
Hospital Saving (Very Poorly Controlled)	**£960.00**

NET CASHABLE SAVING (ITT BASIS)
124.40

Calculated using direct cost avoidance of ED visits and emergency admissions (ITT Basis).

CLINICIAN UTILITY

8.5 / 10 PROFESSIONAL SCORE

> *"The platform data provided entirely new insights into adherence patterns... making my consultations with patients more targeted and effective."*

79% of Patients
Detected early sign of building exacerbation via trigger tracking.

FINAL LEARNING

By removing the adherence blind spot, integrated Neighbourhood Health teams deliver high clinical gains and a 3.5:1 return on investment.