



**Leicester, Leicestershire  
and Rutland**  
Integrated Care Board

APPENDIX

# Our respiratory story

## Part 1

**Nov 2025**

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A proud partner in the:



**Leicester, Leicestershire  
and Rutland**  
Health and Wellbeing Partnership

# Why respiratory illness is important.....

To the NHS.....

- The leading cause of emergency admissions in England
  - 1 in 8 emergency admissions
  - High readmission rate
- 50-60% spike in winter
- 2.0% of West Leicestershire have COPD (2,030 people) and 13.7% have asthma (56,442 people)
- COPD prevalence is 1.6 times higher in the most deprived than in the least deprived areas of West Leicestershire
- Nearly ½ of West Leicestershire patients with COPD are in PNGs 9-11
- Patients with COPD have other life limiting conditions
- 69% of patients have 5 or more chronic conditions
- 54% have hypertension, 25% have renal failure, 23% have diabetes
- As mobility declines, falls risk increases.
- Proactively addressing health inequity will reduce NHS costs



Breathlessness means...

- I can't climb stairs to my bedroom; I sleep in my living room.
- Cooking is hard work I rely on microwaved processed foods.
- I am too scared to leave home; in case I get wheezy and cannot get home
- I can't manage my own shopping anymore
- I don't walk much now
- I stay at home and don't go out

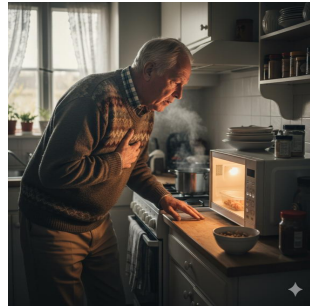
# The impact of respiratory illness

## On the hospital



950 emergency COPD hospital admissions from West Leicestershire in 2023/24  
[Readmission rate within 30days data being produced]

## On the person



Contributes to falls, frailty osteoporosis and depression. At least 800 people in West Leicestershire with COPD do not have a care plan.

## On society



7,325 patients with COPD (QOF Register in West Leicestershire), using national prevalence there are 3,760 people with potential for COPD not on GP registers

## Financial



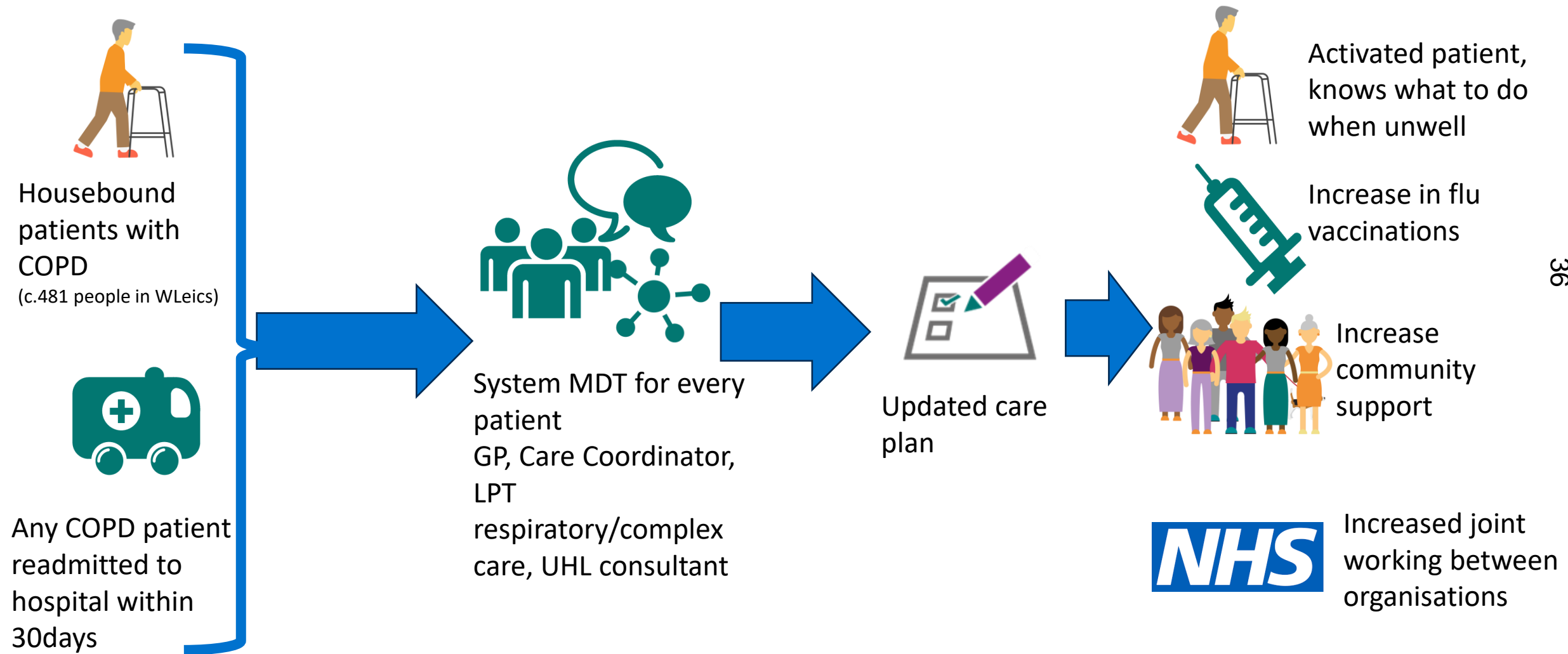
Each hospital admission costs £1,900-2500 v community treatment £200-300. Vaccination prevents 30-40% of exacerbations

## Measurable



Measurable returns can be seen in 12-24 months

# The actions we are taking and the difference it will make





## Our call to action

- Primary care, UHL, LPT & the county council will create a shared MDT
- They will explore DHU's involvement in this process.
- The VCSE, local authority and the ICB will work together to improve flu vaccination uptake this winter
- Community partners, mental health services, primary care, local authorities will work together to promote and connect the physical health solutions to tackling breathlessness
- We all need to access and use the shared care plan and ensure we implement the areas we are responsible for.
- We all need to work together to identify people with COPD and implement early prevention support
- The ICB data team are working with us partners to measure our actions and outcomes
- Making a difference, needs everyone to make a change from what we are doing now.

# Who (in West Leicestershire).....



Hinckley & Bosworth  
Borough Council

