Chronic Obstructive Pulmonary Disease (COPD) describes a group of conditions which include emphysema and chronic bronchitis. 100,000 people in Yorkshire and the Humber, or 1.9% of the population, are diagnosed with COPD. However, there are an estimated 177,000 people with COPD, suggesting that 43% of people with the disease are not currently diagnosed.

COPD is the fifth largest killer disease in England. In Yorkshire and the Humber more people die from COPD (31.1 per 100,000) than from colorectal cancer (17.4 per 100,000) or chronic liver disease (10.4 per 100,000).

A progressive illness, COPD is disabling and the number of people dying as a result of COPD increases with age. The direct cost of COPD to the health system in Yorkshire and the Humber is £77m: or an average of £5m a year for every PCT. The broader economic cost of COPD has been put at £3.8 billion for lost productivity in the UK economy as a whole. 25% of people with COPD are prevented from working due to the disease with at least 20 million lost working days a year among men and 3.5 million lost days among women every year.

A recent national audit showed that readmission rates in Yorkshire were 32% and that the average length of stay a day longer than the national average (Yorkshire 6 days, England 5 days).

The information below summarises key indicators relating to the prevalence, care and outcomes for people with Chronic Obstructive Pulmonary Disease (COPD) within NHS Doncaster PCT. Each section of the report is designed to broadly follow a COPD clinical pathway.

This information is designed to allow the identification of differences in service provision and the potentially related variation seen at primary care/provider trust level in outcomes and service usage for those with COPD. It is hoped that this information will generate discussion as to the drivers of any variation reported and encourage identification and adoption of best practice. Many indicators provide links to more detailed sources of information which the user can follow in order to investigate both local and national comparisons.

A summary of key indicators across the Yorkshire and Humber region is available to accompany the profiles available for each Primary Care Trust.

### Identification & Finding the Missing Millions

#### Chart 1: Prevalence of COPD, all ages, 2009-10

![Chart 1: Prevalence of COPD, all ages, 2009-10](http://www.erpho.org.uk/qof)

The recorded prevalence of COPD as a proportion of the total population in NHS Doncaster on the QOF register is 2.5% (7,570 people). This is higher than the regional average of 1.9%. The 7,570 people is equivalent to 3.2% of the population who are aged 16+. It is estimated that there are an additional 0.4% (892 people) aged over 16 who are undiagnosed with COPD.

The predicted prevalence of COPD (both diagnosed and undiagnosed) in those aged over 16 in NHS Doncaster is modelled to rise to 3.9% by 2020, an increase of 1,099 cases.

#### Chart 2: Prevalence of COPD in those aged 16+ and the estimated additional undiagnosed prevalence, 2009-10

![Chart 2: Prevalence of COPD in those aged 16+ and the estimated additional undiagnosed prevalence, 2009-10](http://www.erpho.org.uk/qof)

The predicted prevalence of COPD (both diagnosed and undiagnosed) in those aged over 16 in NHS Doncaster is modelled to rise to 3.9% by 2020, an increase of 1,099 cases.
Smoking prevalence as reported in the Integrated Household Survey for NHS Doncaster is 26.0%, which is higher than the regional average. The number of people within NHS Doncaster who set a quit date with NHS Stop Smoking Services during 2009-10 was 4,818.

Chart 3: Prevalence of smoking as reported in the Integrated Household Survey, this information is sourced from a Yorkshire and Humber Public Health Observatory report and based on Office of National Statistics surveys.

Table 1: Responses from the Yorkshire and the Humber SHA COPD Resources Questionnaire

Table 1: Is a summary of responses from the recently undertaken Yorkshire and Humber SHA COPD Resource Questionnaire and highlights responses to questions about the provision of services (see Table 2 for information on the utilisation of these service)
In 2009-10 there were 840 admissions for COPD in NHS Doncaster (111 admissions per 1,000 people with COPD). The total admissions equate to a PbR tariff of £2.0 million for 2009-10 (or £259,126 per 1,000 people with COPD).

Chart 5: Total admissions in 2009-10 per 1,000 people on the QOF COPD patient register, taken from NHS Comparators, for admissions which are for ICD-10 codes between J40-J44, which are ordinary admissions or day cases.

Chart 5a: Total admissions in 2009-10 per 1,000 population, 2005-06 to 2009-10

Chart 6: Standardised average length of stay for patients admitted with COPD, 2006-07 to 2009-10

Chart 7: The sum of PbR tariffs which are for ordinary or day case admissions under programme budgeting category 11A, COPD, per 1,000 people on the QOF COPD patient register, taken from NHS Comparators for 2009-10.
Chart 8: Emergency readmission rates for those with COPD within 30 days of a previous admission

Chart 9: Emergency readmission rates for those with COPD within 72 hours of a previous admission

Chart 10: Admissions for COPD by hospital provider trust, Q3 2008/09 to Q2 2010/11

Chart 11: Standardised average length of stay for patients admitted with COPD by hospital provider trust, Q3 2008/09 to Q2 2010/11

July 2011

https://www.nhscomparators.nhs.uk/NHSComparators/Login.aspx

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The information presented in Chart 12 has been derived from Yorkshire Ambulance Service data and shows the number of callouts for 'breathing difficulties' by the location of the callout (not necessarily the location of residence). These breathing difficulties may be due to a much wider range of conditions that just COPD but present a useful geographical guide to the pressures on ambulance services.

No attempt to standardise the results by the size of the ward have been undertaken as the callouts do not relate to any resident population of the ward.

Wards with under 50 callouts in the period have been omitted for data security.

Table 2: Responses from the Yorkshire and the Humber SHA COPD Resources Questionnaire: Local Provision and Usage of Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Service in Place?</th>
<th>Number of Places Available</th>
<th>Referrals Made During 2009-10</th>
<th>Completed Patients During 2009-10</th>
<th>Follow-up Courses Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pulmonary Rehabilitation:</td>
<td>In Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Discharge Schemes:</td>
<td>In Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admission Avoidance Schemes:</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Is a summary of responses from the recently undertaken Yorkshire and Humber SHA COPD resource questionnaire and highlights responses to questions about the provision and utilisation of services.
Charts 13 & 14: These show the proportion of those on the 2009-10 COPD QOF register who meet the criteria for the four COPD outcome measures detailed below:

COPD 8: The percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March.

COPD 10: The percentage of patients with COPD with a record of FeV1 in the previous 15 months.

COPD 12: The percentage of all patients with COPD diagnosed after 1st April 2008 in whom the diagnosis has been confirmed by post bronchodilator spirometry.

COPD 13: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 15 months.

Further information for the percentage of patients who have an FeV1 reading in the last 15 months presented by practices within NHS Doncaster can be found on the final sheet of this Document. This information is again drawn the the QOF data published by the NHS Information Centre for Health and Social Care, 2009-10.
Chart 16: COPD mortality rates per 100,000 population, 2002 - 2009

Source: National Centre for Health Outcomes Development, the NHS Information Centre for Health and Social Care
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Chart 17: Directly age standardised years of life lost due to mortality from bronchitis, emphysema and other COPD (ICD10 J40-J44) for those aged less than 75 years, directly standardised rate per 100,000 population, 2007-09 with 95% confidence limits

Source: National Centre for Health Outcomes Development, the NHS Information Centre for Health and Social Care
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Chart 18: Programme budgeting spend on COPD per 100,000, 2009-10

Source: Department of Health

Chart 19: Primary care prescribing spend on antimuscarinic bronchodilators (including combinations), July-Sept 2010

Source: NHS Prescription Services, NHS Business Services Authority. © NHS Business Services Authority 2011

Chart 20: Average primary care prescribing net ingredient cost per item prescribed

Source: NHS Prescription Services, NHS Business Services Authority. © NHS Business Services Authority 2011

Expenditure on those with COPD

Programme budgeting data is collected by the Department of Health and includes the majority of spend outside of primary care, grouped by condition. The Department produces a range of tools to allow more detailed analysis of expenditure and its comparisons to outcomes levels, the main tool are listed below:

Programme Budgeting Toolkit:
PCT Spend and Outcomes Tool (SPOT):
Programme Budgeting Atlas:
NHS Comparators:

Charts 19 & 20: These are based on data available from NHS Prescription Services and cover primary care prescriptions for July to September 2010. In Chart 19 the use of the STAR PU population allows a meaningful comparison between spend in regions with different demographics.

http://www.nhsbsa.nhs.uk/PrescriptionServices/2588.aspx
### Table 3: 2009-10 Quality and Outcomes Framework percentage of COPD patients with an FEV1 reading in the last 15 months for all practices within NHS Doncaster.

<table>
<thead>
<tr>
<th>Name of Practice</th>
<th>Percentage of Practice Registered Patients who are on the COPD Register (% COPD Prevalence)</th>
<th>Percentage of COPD Register with an FEV1 Reading</th>
<th>Percentage of COPD Register Including Exceptions with an FEV1 Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRESSE &amp; PARTNERS</td>
<td>1.3%</td>
<td>97.9%</td>
<td>97.5%</td>
</tr>
<tr>
<td>DURR &amp; PARTNERS</td>
<td>2.4%</td>
<td>97.6%</td>
<td>97.0%</td>
</tr>
<tr>
<td>ENRIO &amp; PARTNERS</td>
<td>2.4%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>HARRIS &amp; PARTNERS</td>
<td>1.5%</td>
<td>97.3%</td>
<td>96.7%</td>
</tr>
<tr>
<td>JONES &amp; PARTNERS</td>
<td>2.5%</td>
<td>98.2%</td>
<td>97.6%</td>
</tr>
<tr>
<td>KIRK &amp; PARTNERS</td>
<td>3.6%</td>
<td>90.8%</td>
<td>90.3%</td>
</tr>
<tr>
<td>KRESS &amp; PARTNERS</td>
<td>2.4%</td>
<td>90.8%</td>
<td>90.3%</td>
</tr>
<tr>
<td>LEWIS &amp; PARTNERS</td>
<td>2.1%</td>
<td>96.3%</td>
<td>95.7%</td>
</tr>
<tr>
<td>ORRIDGE &amp; PARTNERS</td>
<td>2.1%</td>
<td>96.2%</td>
<td>95.6%</td>
</tr>
<tr>
<td>PHILLIPS &amp; KHAN</td>
<td>2.6%</td>
<td>97.6%</td>
<td>97.0%</td>
</tr>
<tr>
<td>PRAMANIK &amp; PARTNER</td>
<td>1.5%</td>
<td>94.6%</td>
<td>94.0%</td>
</tr>
<tr>
<td>SASTRY &amp; PARTNERS</td>
<td>2.2%</td>
<td>94.6%</td>
<td>94.0%</td>
</tr>
<tr>
<td>SHEIKH &amp; PARTNERS</td>
<td>2.4%</td>
<td>94.2%</td>
<td>93.6%</td>
</tr>
<tr>
<td>SIMMONITE &amp; PARTNERS</td>
<td>2.9%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>SHEIKH ME</td>
<td>2.4%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>SIMMONITE &amp; PARTNERS</td>
<td>2.9%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>VIJAYKUMAR AS ZAIDI &amp; PARTNERS</td>
<td>2.6%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>VIJAYKUMAR AS ZAIDI &amp; PTNRS</td>
<td>2.6%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
<tr>
<td>ZAIDI &amp; PTNRS</td>
<td>2.6%</td>
<td>97.4%</td>
<td>96.8%</td>
</tr>
</tbody>
</table>

Source: Quality and Outcomes Framework, The Information Centre for Health and Social Care  
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