

Chronic Obstructive Pulmonary Disease

Primary Care Trust Summary: NHS Rotherham

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).

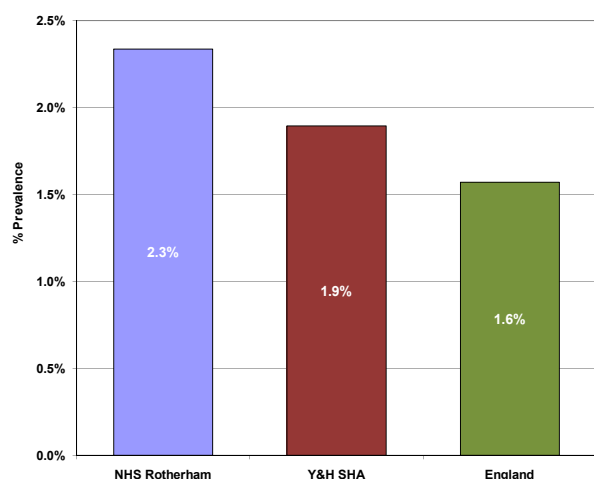
The information below summarises key indicators relating to the prevalence, care and outcomes for people with Chronic Obstructive Pulmonary Disease (COPD) within NHS Rotherham PCT. Each section of the report is designed to broadly follow a COPD clinical pathway.

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.

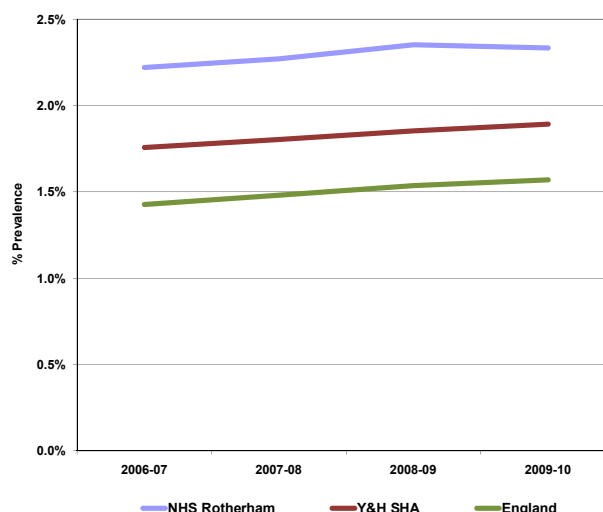
Identification & Finding the Missing Millions

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



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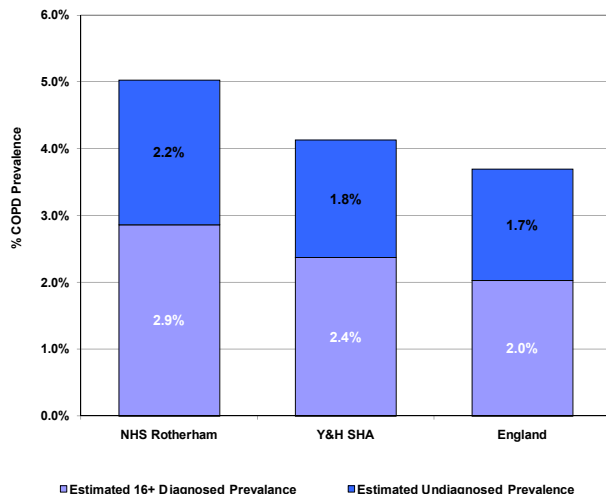
Chart 1a: Prevalence of COPD, all ages, 2006-07 to 2009-10



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Charts 1 & 1a: Quality and Outcomes Framework (QOF) data records the number of patients known to primary care services with COPD. This data has been obtained from The Information Centre for Health and Social Care from the link below
<http://www.ic.nhs.uk/qof>

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



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Estimated Undiagnosed Prevalence: Eastern Region Public Health Observatory

The recorded prevalence of COPD as a proportion of the total population in NHS Rotherham on the QOF register is 2.3% (5,974 people). This is higher than the regional average of 1.9%. The 5,974 people is equivalent to 2.9% of the population who are aged 16+. It is estimated that there are an additional 2.2% (4,522 people) aged over 16 who are undiagnosed with COPD.

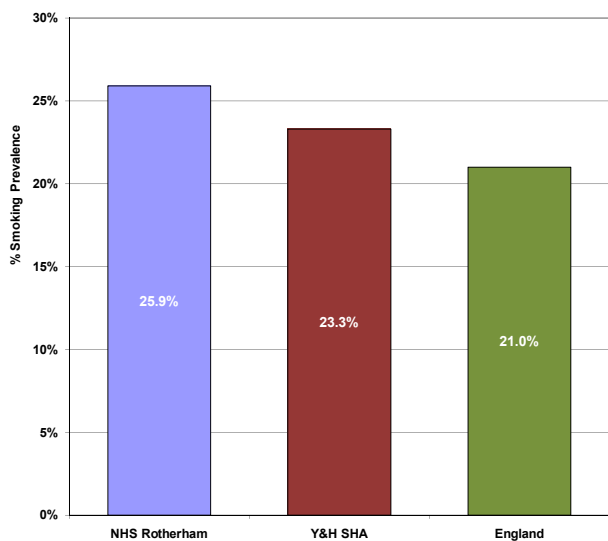
The predicted prevalence of COPD (both diagnosed and undiagnosed) in those aged over 16 in NHS Rotherham is modelled to rise to 5.4% by 2020, an increase of 1,526 cases.

Chart 2: QOF prevalence estimated as a percentage of 16+ population with future projections of the prevalence of COPD including undiagnosed cases for those aged 16+, produced by Eastern Region Public Health Observatory. This work is based on 2005 ONS populations and Health survey for England smoking prevalence rates for 2003-05. For a fuller methodology see

<http://www.erpho.org.uk/viewResource.aspx?id=18025>

Prevention

Chart 3: Smoking prevalence, 2009-10



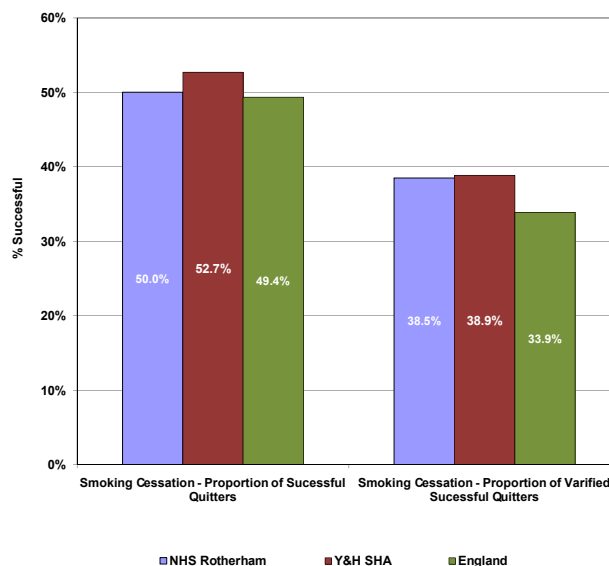
Source: Yorkshire & Humber Public Health Observatory

Smoking prevalence as reported in the Integrated Household Survey for NHS Rotherham is 25.9%, which is higher than the regional average. The number of people within NHS Rotherham who set a quit date with NHS Stop Smoking Services during 2009-10 was 5,521.

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

<http://www.yhpho.org.uk/resource/item.aspx?RID=92561>

Chart 4: Proportion of those setting a quit date, who are successful and who are verified as successful, 2009-10



Source: Lifestyle Statistics; The NHS Information Centre for Health and Social Care Copyright © 2010. The Health and Social Care Information Centre, Lifestyles Statistics. All rights reserved.

Chart 4: From NHS Stop Smoking Service, the proportion of those who set a quite date during 2009-10 who are recorded as quitting successfully and the proportion who are verified as quitting by CO₂ validation. The statistics are available from the Information Centre for Health and Social Care on the link below:

<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/nhs-stop-smoking-services/statistics-on-nhs-stop-smoking-services-england-april-2009--march-2010>

Provision of High Quality Care and Support

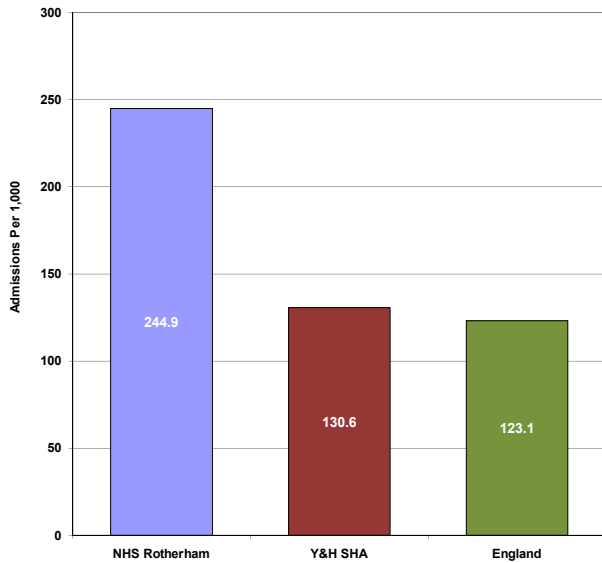
Table 1: Responses from the Yorkshire and the Humber SHA COPD Resources Questionnaire

| | |
|---|----------------|
| Is there an agreed care pathway for managing across your Primary Care Organisation (PCO)? | In Development |
| Is a community pulmonary rehabilitation programme currently provided within your PCO? | Yes |
| Do COPD patients within your PCO currently have access to an early discharge scheme? | No |
| Do COPD patients within your PCO currently have access to an admissions avoidance scheme? | Yes |
| Do you have access to an oxygen assessment service for Long Term Assessment Oxygen Therapy (LTOT)? | Yes |
| Do you have access to an oxygen assessment service for ambulatory oxygen? | Yes |
| Do you have access to an oxygen assessment service for short burst oxygen therapy/intermittent oxygen therapy?? | Yes |
| Are there formal arrangements for patients with COPD to receive palliative care in your area? | No |

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)

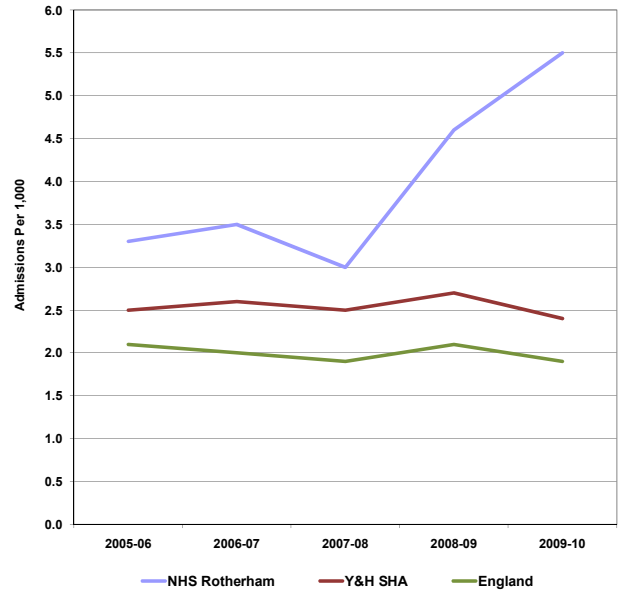
Use of High Quality Care and Support Services

Chart 5: Admissions for COPD per 1,000 people on the COPD QOF register, 2009-10



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Chart 5a: Admissions for COPD per 1,000 population, 2005-06 to 2009-10



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In 2009-10 there were 1,463 admissions for COPD in NHS Rotherham (244.9 admissions per 1,000 people with COPD). The total admissions equate to a PbR tariff of £3.1 million for 2009-10 (or £526,621 per 1,000 people with COPD).

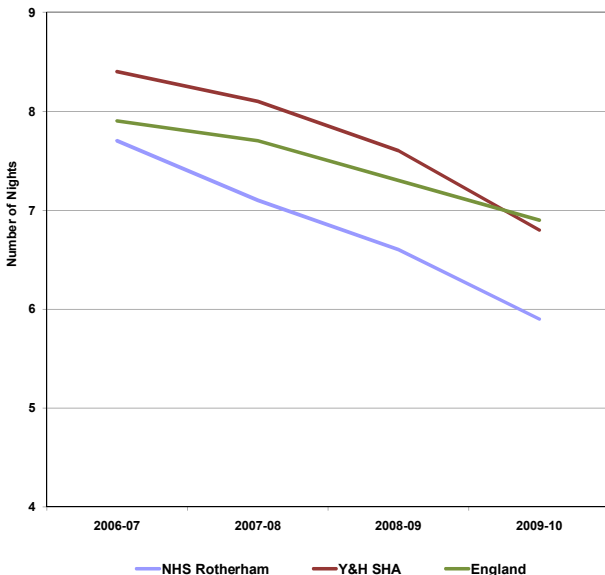
Chart 5: Total admissions in 2009-10 per 1,000 people on the QOF COPD patient register, taken from NHS Comparators, for admissions which are for ICD-10 codes between J40-J44, which are ordinary admissions or day cases.

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

Chart 5a: Total admissions in 2005-06 to 2009-10 per 1,000 population, taken from NHS Comparators, for admissions which are for spells in hospital under the programme budgeting category for COPD. These include all ordinary admissions and day cases. The denominator here varies from that used in chart 5, in order to negate the effect of a changing COPD QOF register over time.

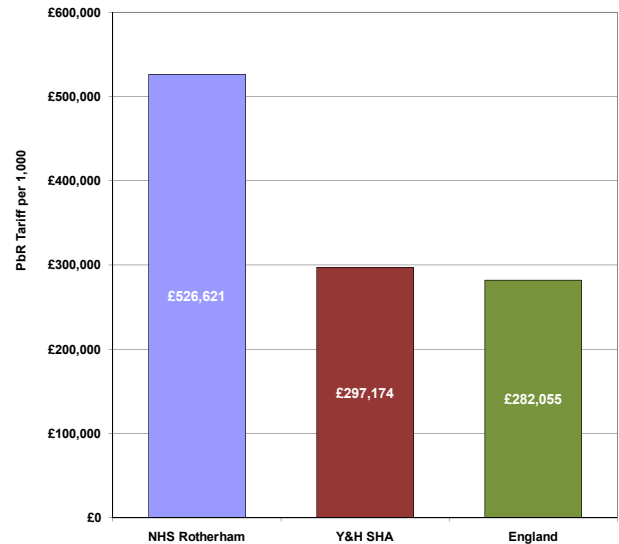
<https://www.nhscomparators.nhs.uk/NHSComparators/Login.aspx>

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



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Chart 7: Sum of PbR tariffs for admissions for COPD per 1,000 people on the COPD QOF register, 2009-10



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Chart 6: The average length of inpatient stay for spells in hospital where the programme budgeting category of the spell was that of COPD (group 11A). Day cases are not included.

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

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.

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

Chart 8: Emergency readmission rates for those with COPD within 30 days of a previous admission

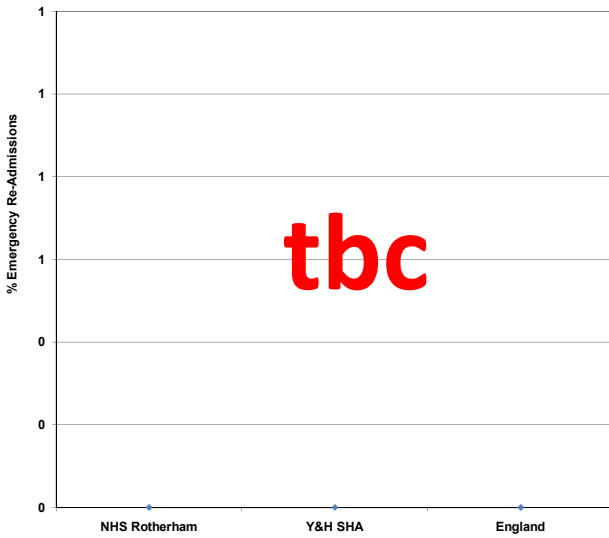


Chart 9: Emergency readmission rates for those with COPD within 72 hours of a previous admission

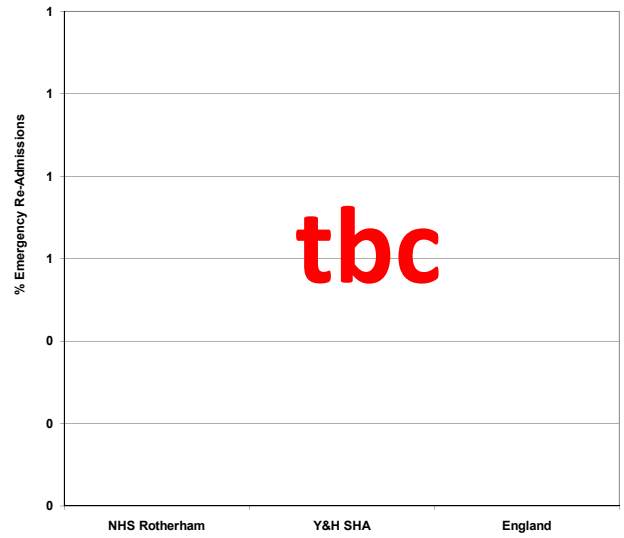


Chart 8:

Chart 9:

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

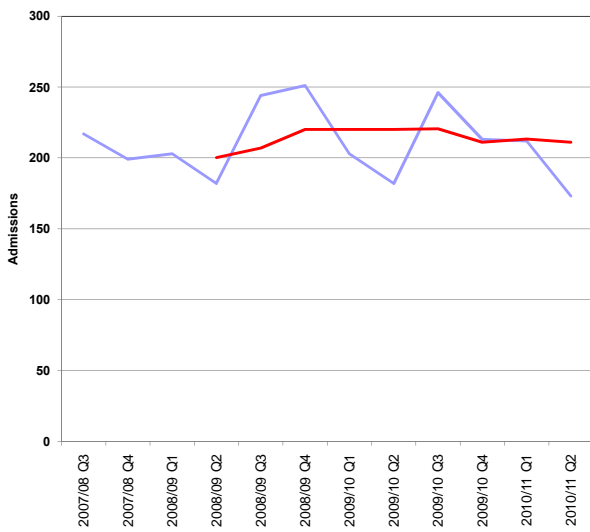
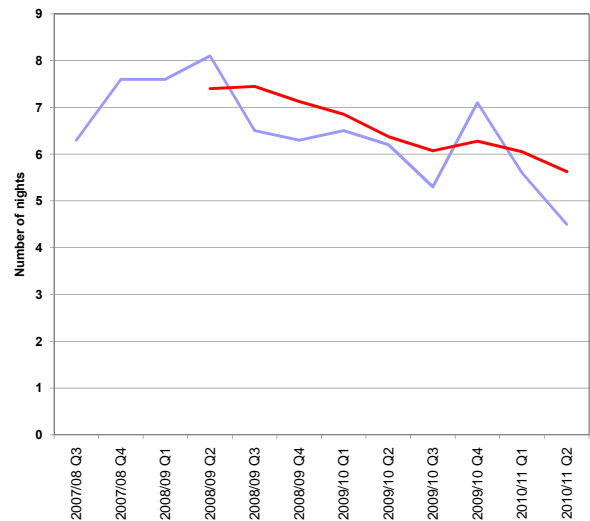


Chart 11: Standardised average length of stay for patients admitted with COPD by hospital provider trust, Q3 2008/09 to Q2 2010/11



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— 4 per. Mov. Avg. (The Rotherham FT)

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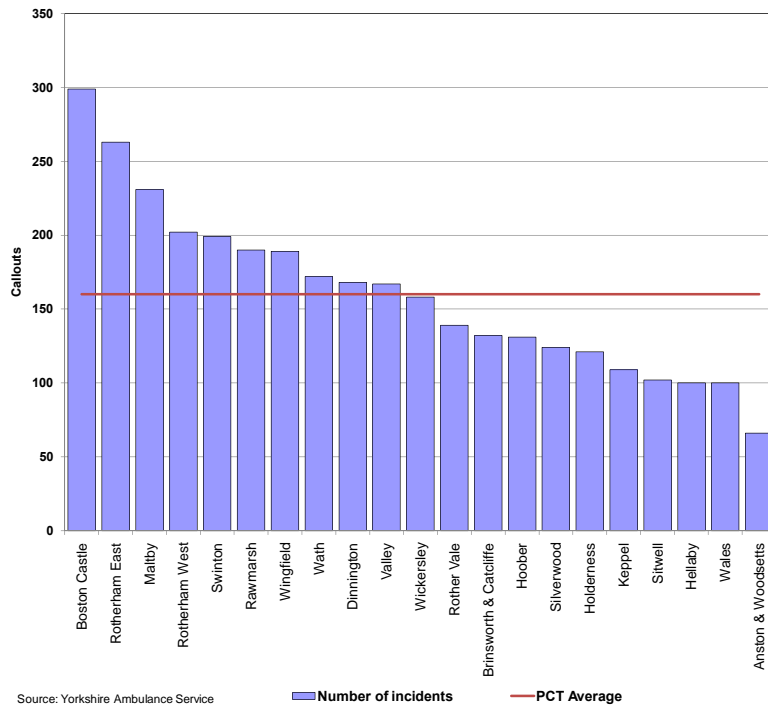
Chart 10: The number of admissions for COPD during 2009-10 for the main hospital provider trusts in the PCT region. Taken from NHS Comparators, provided by the NHS Information Centre for Health and Social Care.

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

Chart 11: The standardised average number of nights spent in hospital per COPD admissions during 2009-10 for the main hospital provider trusts in the PCT region. Taken from NHS Comparators, provided by the NHS Information Centre for Health and Social Care.

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

Chart 10: Incidence of ambulance callouts for breathing difficulties by ward of address attended, July 2008 - June 2009



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.

Chart 12: The incidence of ambulance callouts for 'breathing difficulties' by ward of address of callout location, July 2008 to June 2009. Data supplied by Yorkshire Ambulance Service.

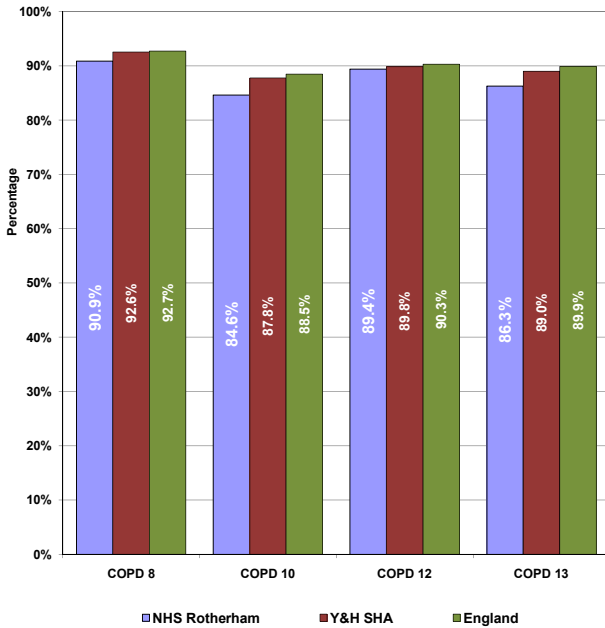
Table 2: Responses from the Yorkshire and the Humber SHA COPD Resources Questionnaire: Local Provision and Usage of Services:

| | Service in Place? | Number of Places Available | Referrals Made During 2009-10 | Completed Patients During 2009-10 | Follow-up Courses Available |
|-------------------------------------|---|--|--|--|--|
| Community Pulmonary Rehabilitation: | Yes | 400 | 1368 | 300 | Yes |
| Early Discharge Schemes: | No | | | | |
| Admission Avoidance Schemes: | Yes | 7 | 552 | 676 | |
| Oxygen Services: | Long Term Assessment Oxygen Therapy Service in Place? Yes | Ambulatory Oxygen Assessment Service in Place? Yes | Short Burst Oxygen Therapy/ Intermittent Oxygen Therapy Assessment Service in Place? Yes | Number of Patients on Oxygen Register Not stated | Number of Patients on Oxygen Register as a Proportion of the COPD QOF Register N/A |

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.

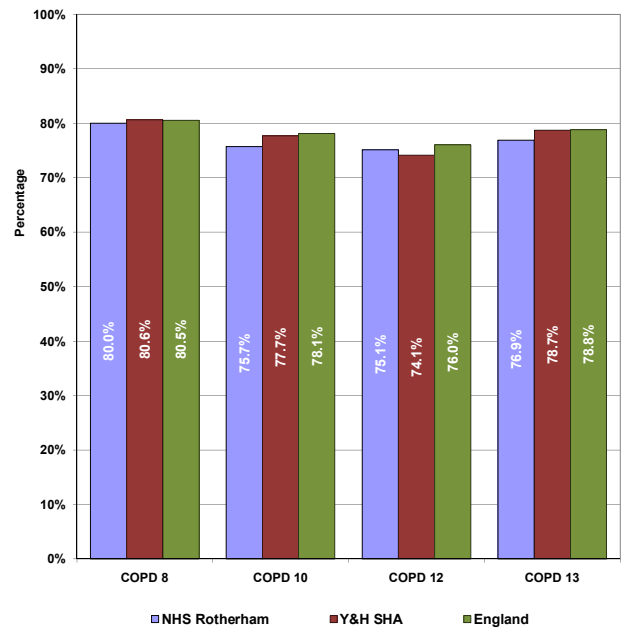
Outcomes for those with COPD

Chart 13: Proportion of those on the QOF register who fulfil outcome measures 2009-10



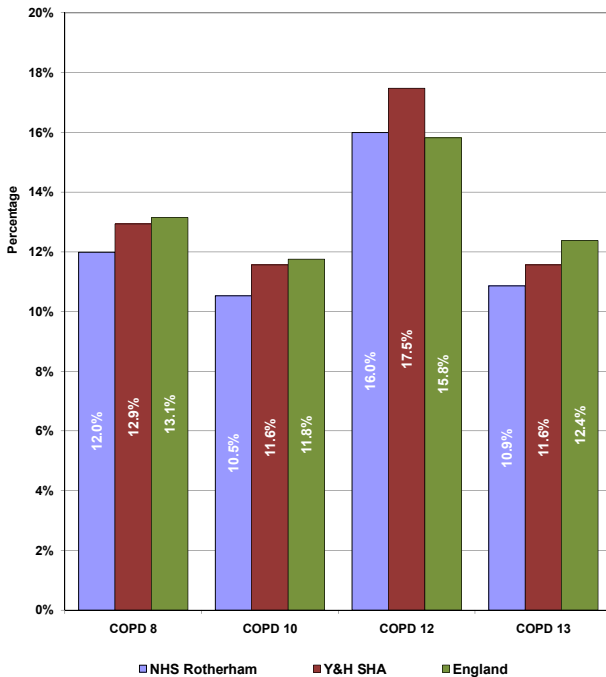
Source: Quality and Outcomes Framework, The Information Centre for Health and Social Care
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Chart 14: Proportion of those on the QOF register who fulfil outcome measures 2009-10, including exceptions



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Chart 15: Exception rates for COPD QOF indicators, 2009-10



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Chart 15: The percentage of people with COPD who are potentially eligible for inclusion in each of the QOF indicators who have been registered as being 'exceptions', 2009-10.

<http://www.ic.nhs.uk/qof>

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.

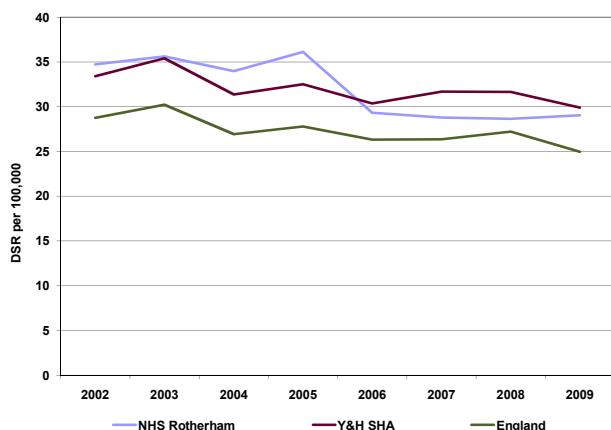
COPD 13: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 15 months.

<http://www.ic.nhs.uk/qof>

Further information for the percentage of patients who have an FeV1 reading in the last 15 months presented by practices within NHS Rotherham can be found on the final sheet of this Document. This information is again drawn from the QOF data published by the NHS Information Centre for Health and Social Care, 2009-10.

<http://www.ic.nhs.uk/qof>

Chart 16: COPD mortality rates per 100,000 population, 2002 - 2009

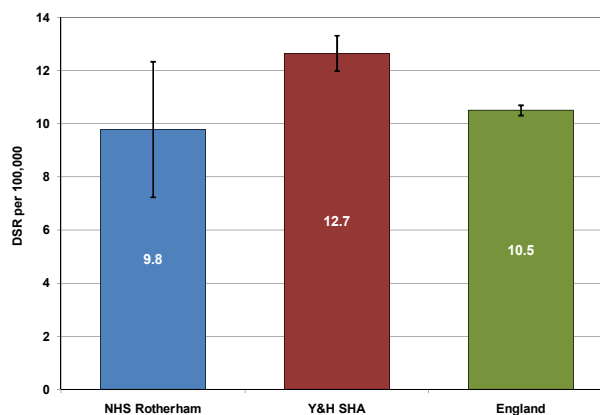


Source: National Centre for Health Outcomes Development, the NHS Information Centre for Health and Social Care Copyright © 2011, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

Chart 16: This indicator is the directly standardised COPD mortality rate per 100,000 of the population. The standardisation allows a meaningful comparisons between regions with differing age profiles. This information is reproduced from information in the National Clinical and Health Outcomes Knowledge Base maintained by the NHS Information Centre for Health and Social Care:

<http://www.nchod.nhs.uk/>

Chart 17: Years of life lost due to COPD in those aged under 75, directly standardised rate per 100,000 population, 2007-09 with 95% confidence limits



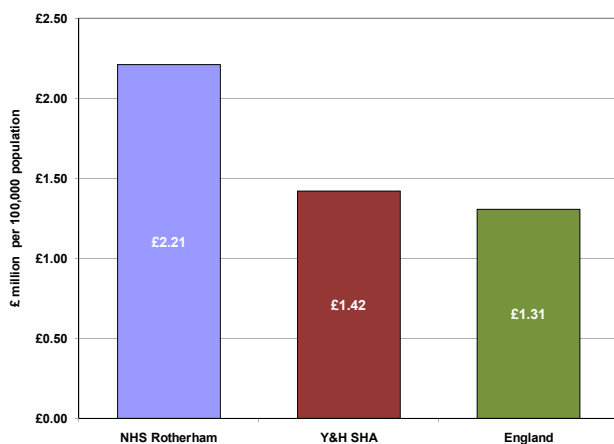
Source: National Centre for Health Outcomes Development, the NHS Information Centre for Health and Social Care Copyright © 2011, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved

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. This information is reproduced from information in the National Clinical and Health Outcomes Knowledge Base maintained by the NHS Information Centre for Health and Social Care:

<http://www.nchod.nhs.uk/>

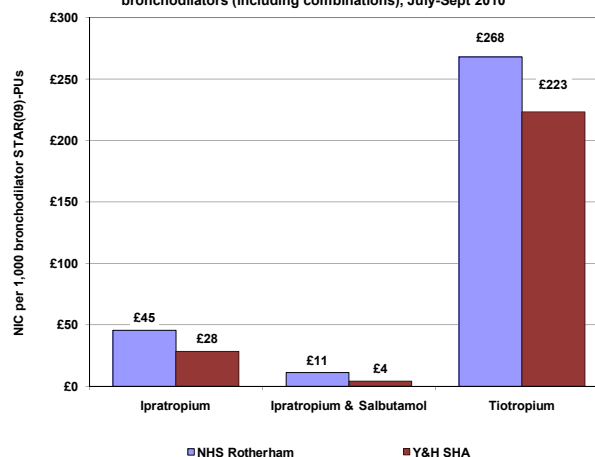
Expenditure on those with COPD

Chart 18: Programme budgeting spend on COPD per 100,000, 2009-10



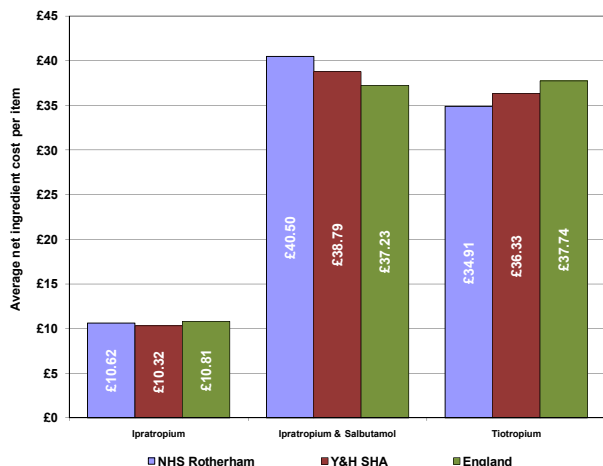
Source: Department of Health

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

Chart 18:

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:

These can all be accessed from the DH website:

http://www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/Programmebudgeting/DH_075743

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>

