

Data supplement: Chronic Obstructive Pulmonary Disease (COPD) in C&P CCG July 2015

Introduction

This is one in a series of Data Supplements providing intelligence to inform future health and social care planning for the population registered with Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) GP practices produced in support of *Cambridgeshire JSNA: Long Term Conditions Across the Lifecourse (2015)*.

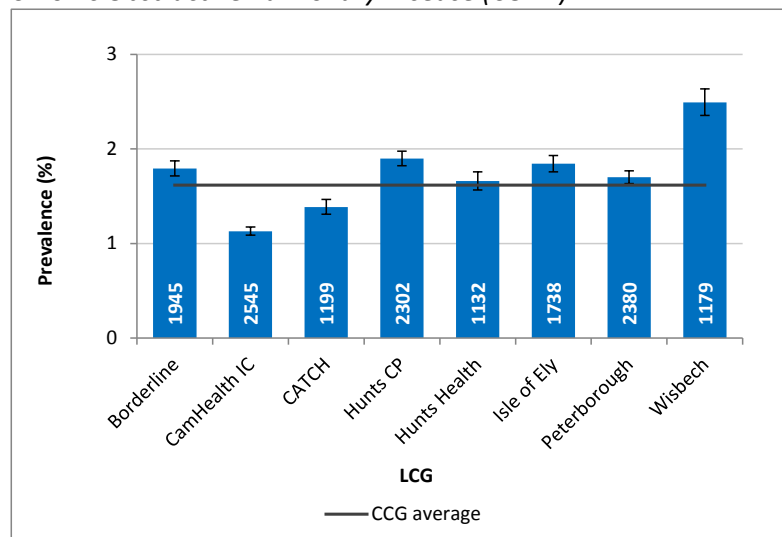
Background

Chronic obstructive pulmonary disease (COPD) describes lung damage that is gradual in onset and results in progressive airflow limitation. The principal cause of COPD is smoking. Other factors include workplace exposure (eg dusts, gas/fumes or chemicals), genetic make-up and general environmental pollution. COPD is a progressive illness, and the likelihood of people dying as a result of COPD increases with age. It is not curable, but it is treatable. Its progress can be halted and can be managed to minimise its burden.¹

What is the prevalence and who is at risk?

Current and ex-smokers are most at risk of contracting COPD. The picture is even worse for smokers from the most disadvantaged sectors of society, where in some cases (eg for people with schizophrenia) smoking prevalence can reach 74%. External factors such as air pollution can also exacerbate conditions. 40% of people with lung disease are below retirement age (1.4 million based on 3.5 million cases nationally) and a quarter of those below retirement age are unable to work at all (400,000 people nationally).²

Chronic Obstructive Pulmonary Disease (COPD)



Around 14,400 people are recorded on disease registers for chronic obstructive pulmonary disease (COPD) in general practices across Cambridgeshire and Peterborough CCG.

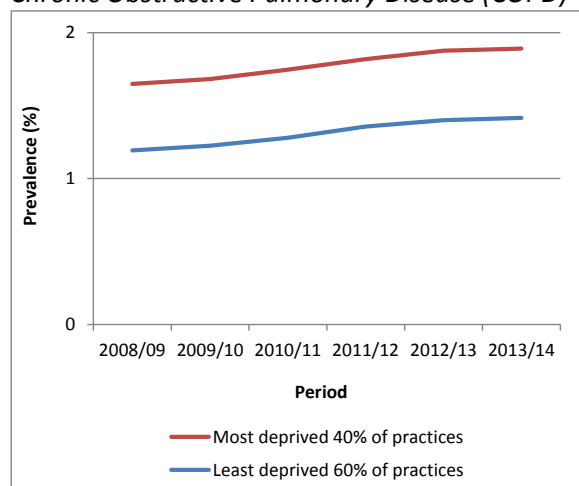
The prevalence of COPD is lower in C&P CCG as a whole compared with the England average (1.6 % vs 1.8%). However, in Wisbech LCG prevalence is higher than the CCG and national averages, and in Borderline and Hunts, prevalence is higher than the CCG average. In CamHealth and CATCH LCGs prevalence is significantly lower than the CCG and national averages.

Number on the register stated at the base of each bar
Error bars represent 95% confidence intervals
Source: Quality and Outcomes Framework (QOF) 2013/14

It is important to note, however, that these prevalence data are not age-standardised and so areas with a higher proportion of older people will be expected to have higher prevalence of COPD.

The prevalence of COPD is higher in the most deprived neighbourhoods and lower in the least deprived areas.

Chronic Obstructive Pulmonary Disease (COPD)



The prevalence of recorded COPD has increased across the CCG since 2008/09. Rates are consistently higher in the most deprived 40% of practices in the CCG compared with the least deprived 60%.

The prevalence of COPD is 34% higher in the most deprived 40% of practices in the CCG compared with elsewhere.

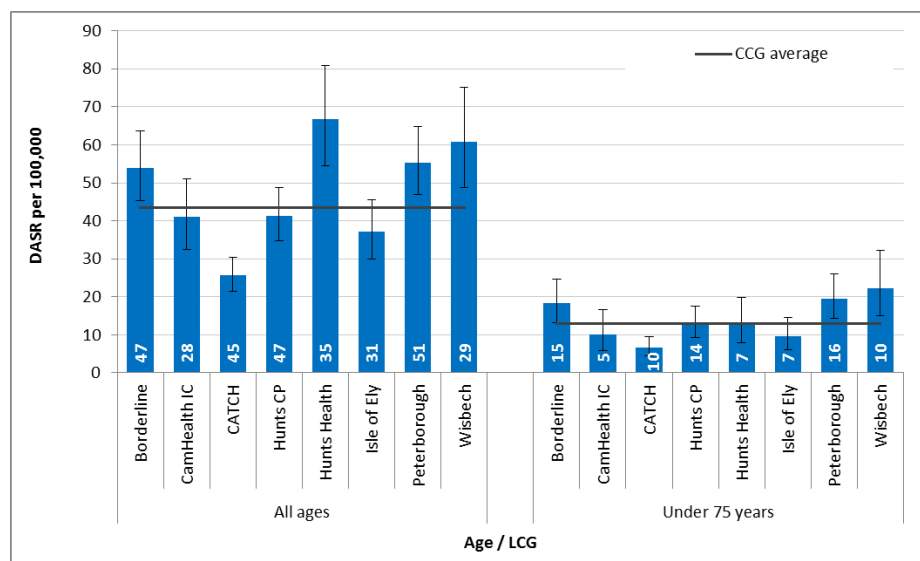
50% of people on COPD registers in the CCG are registered with the most deprived 40% of practices.

Source: Quality & Outcomes Framework (QOF) 2013/14

How many deaths are related to COPD?

Around 310 deaths occur due to chronic obstructive pulmonary disease in Cambridgeshire and Peterborough CCG each year. 57% of COPD deaths in the CCG are in men and 27% occur in people aged less than 75 years. All age mortality is significantly higher than the CCG average in Hunts Health, Peterborough and Wisbech LCGs. Under 75 mortality is significantly higher than the CCG average in Wisbech LCG. The mortality rate is significantly lower than the CCG average in CATCH LCG for both all age and under 75 mortality. Note that the number of deaths annually is relatively small and the confidence intervals are wide.

Mortality from COPD in persons of all ages and aged under 75, 2012-2014, C&P CCG

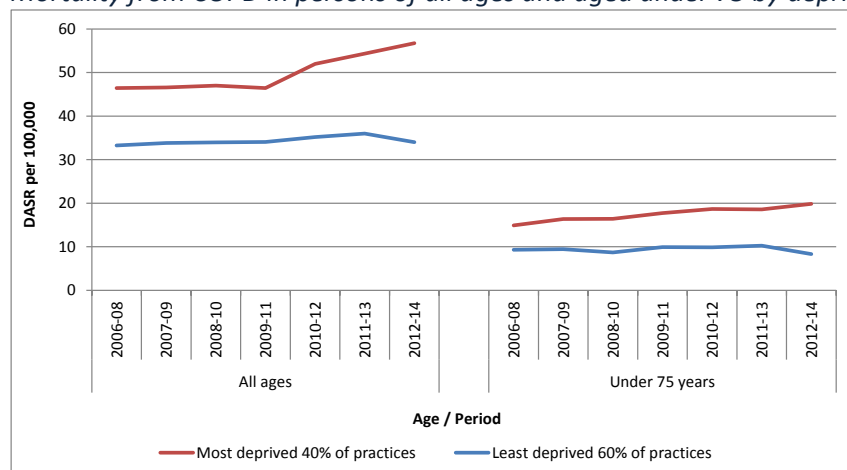


Average number of deaths per year stated at the base of each bar. Error bars represent 95% confidence intervals. DASR - directly age-standardised rate. COPD defined by ICD10 : J40-J44.

Sources: Health and Social Care Information Centre Primary Care Mortality Database and Office for National Statistics mid-year population estimates.

There is a social gradient in COPD mortality, with more deprived areas experiencing higher death rates than less deprived areas. Rates remain higher and have increased in the most deprived 40% of practices in the CCG compared with the remaining 60%, in both all ages and in those aged under 75 years. Rates of premature mortality (in people aged under 75) are 2.4 times higher in the most deprived 40% of practices compared with elsewhere and the gap is increasing. 62% of deaths in people aged under 75 occur in people registered with the 40% most deprived practices.

Mortality from COPD in persons of all ages and aged under 75 by deprivation, 2006-08 to 2012-14, C&P CCG



Sources: Health and Social Care Information Centre Primary Care Mortality Database and Office for National Statistics mid-year population estimates. COPD defined by ICD10: J40-J44

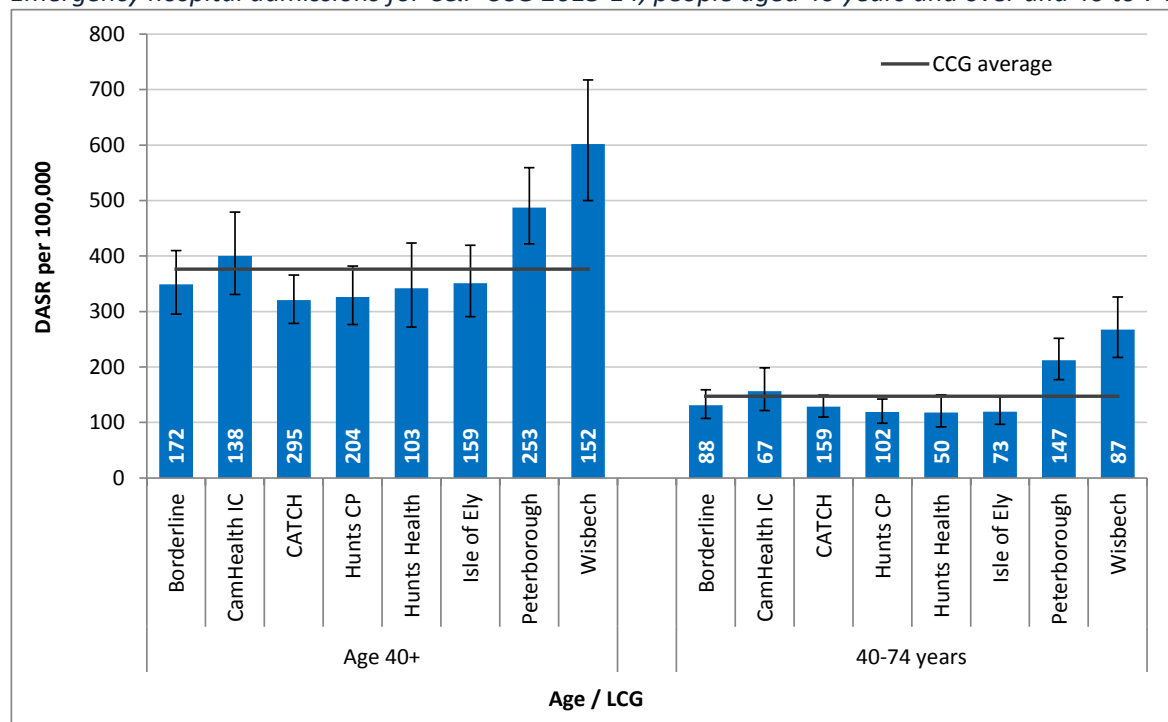
Hospital admissions and episodes of care

All people registered with C&P CCG GP Practices, 2013/14, aged 40 and above.

- In 2013/14, of the 1,660 hospital episodes in the CCG where COPD was the primary diagnosis (ie the main reason for the hospital episode) 1,480 (89%) were emergency admissions.
- Emergency admissions with COPD as primary diagnosis resulted in 9,150 bed days and a cost of £3.6m.
- 52% of emergency admissions occur in people aged under 75, 52% of whom are male.

In Wisbech and Peterborough LCGs, the age-standardised emergency admission rate is significantly higher than the CCG average in people of all ages (40+) and in people aged 40 to 74 years.

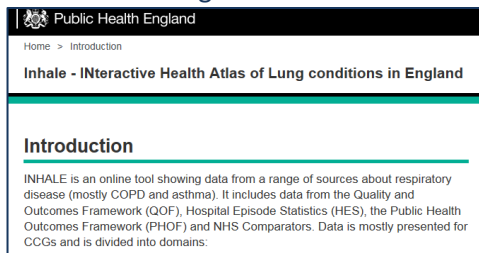
Emergency hospital admissions for C&P CCG 2013-14, people aged 40 years and over and 40 to 74 years



Number of emergency admissions per year stated at the base of each bar. Admissions to All Hospital Trusts. Error bars represent 95% confidence intervals. DASR - directly age-standardised rate. COPD defined by primary diagnosis of ICD10: J40-J44. Sources: Inpatient Commissioning Dataset. FHS Registration System (Exeter) registered population.

Further Resources

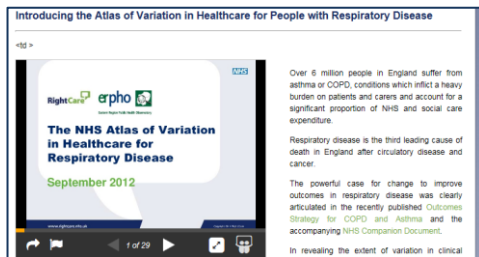
Public Health England - INHALE



<http://fingertips.phe.org.uk/profile/inhale>

INHALE – interactive Health Atlas of Lung Conditions in England

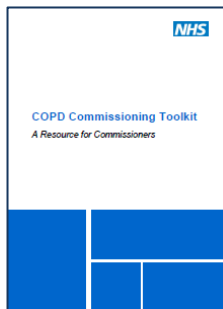
NHS Atlas of Variation in Healthcare for Respiratory Disease



<http://www.rightcare.nhs.uk/index.php/atlas/respiratorydisease/>

<http://www.sepho.org.uk/extras/maps/NHSatlasRespiratory/atlas.html>

COPD Commissioning Toolkit



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212876/chronic-obstructive-pulmonary-disease-COPD-commissioning-toolkit.pdf

Acknowledgement of source material

This supplement uses information from Public Health England (PHE), the Health and Social Care Information Centre (HSCIC) and other publications shown above. More detailed information is available from each of the Key Resources described above.

Where to find the local data

Cambridgeshire JSNA

Cambridgeshire Insight and Atlases

Peterborough JSNA

<http://www.cambridgeshireinsight.org.uk/jsna>

www.cambridgeshireinsight.org.uk/

www.peterborough.gov.uk/health_and_social_care/joint_strategic_needs_assesmen.aspx

References

¹ COPD Commissioning Toolkit (2015) See Key Resources .

² An Outcomes Strategy for Chronic Obstructive Pulmonary Disease (COPD) and Asthma in England

Department of Health, 2011. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216139/dh_128428.pdf