

# Respiratory Diseases Profile

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*Primary Care Network Update*

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### **Important note:**

*(1) This particular document is an update to the **Respiratory Disease Profile** published in July 2019. This is due to the recent introduction of the Primary Care Networks (PCN) across the health system. This profile includes data at the PCN level for Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) and, where available, data has been updated since the previous (July 2019) publication.*

*(2) The Cambridgeshire and Peterborough Clinical Commissioning Group has its PCNs organised into two Alliances – the North and South Alliances. Throughout this document, unless stated otherwise, where data are RAG-rated for statistical significance (95%), a hierarchical approach is taken. This means that PCN data is compared to the respective North/South Alliance average, and the Alliance average is compared to the C&P CCG average, and the C&P CCG average is compared to the England average.*

## Introduction

This Respiratory disease profile has been requested by the Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) in order that key data for respiratory diseases can all be found in one place. Respiratory disease is one of the main causes of death for Cambridgeshire and Peterborough residents, accounting for 2,811 deaths in 2016-18 (13% of all C&P CCG deaths)<sup>1</sup>. Respiratory disease prevention is a national clinical priority as reflected by the NHS long-term plan<sup>2</sup>.

Chronic respiratory diseases are diseases of the airways and other structures of the lung. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension<sup>3</sup>. This respiratory diseases profile primarily focuses on COPD and asthma, as these are two key causes of morbidity and mortality in C&P CCG, as well as nationally.

COPD is estimated to affect around 1.1 million people in England (all ages), around 1.9% of the population. The same data source estimates prevalence in Cambridgeshire and Peterborough CCG to be 1.7% of the population. This is just over 17,000 people<sup>4</sup>.

Asthma is estimated to affect around 3.6 million people in England (all ages), around 6.0% of the population. The same data source estimates prevalence in Cambridgeshire and Peterborough CCG to be 6.0% of the population. This is just over 59,000 people<sup>5</sup>.

Tobacco smoke is a widely documented risk factor for respiratory diseases. Other risk factors include air pollution, occupational chemicals and dusts, and frequent lower respiratory infections during childhood. Although respiratory diseases are not curable, several forms of treatment that help dilate major air passages and improve shortness of breath can help control symptoms and increase the quality of life for people with the disease<sup>6</sup>.

### **Chronic Obstructive Pulmonary Disease (COPD)**

COPD is a group of lung conditions including bronchitis and emphysema which affect breathing. It usually develops because of long-term lung damage, often from tobacco smoking, and predominantly affects people aged over 35 years (NHS, BLF).

### **Asthma**

Asthma is a common chronic lung disease characterised by recurrent attacks of breathlessness and wheezing, which vary in severity and frequency person to person. Asthma affects people of all ages, but it often starts in childhood. Asthma is under-diagnosed and under-treated (NHS, WHO).

NHS – Overview COPD

<https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/>

NHS – Overview asthma

<https://www.nhs.uk/conditions/asthma/>

British Lung Foundation - COPD (chronic obstructive pulmonary disease)

[www.blf.org.uk](http://www.blf.org.uk)

WHO – Chronic respiratory diseases – Asthma <https://www.who.int/respiratory/asthma/en/>

<sup>1</sup> Cambridgeshire County Council Public Health Intelligence (NHS Digital Primary Care Mortality Database).

<sup>2</sup> NHS Long Term plan 2019 (online) Available at: <https://www.longtermplan.nhs.uk/>

<sup>3</sup> WHO, Chronic respiratory diseases <http://www.who.int/respiratory/en/>

<sup>4</sup> Quality and Outcomes Framework (QOF), NHS digital 2018/19

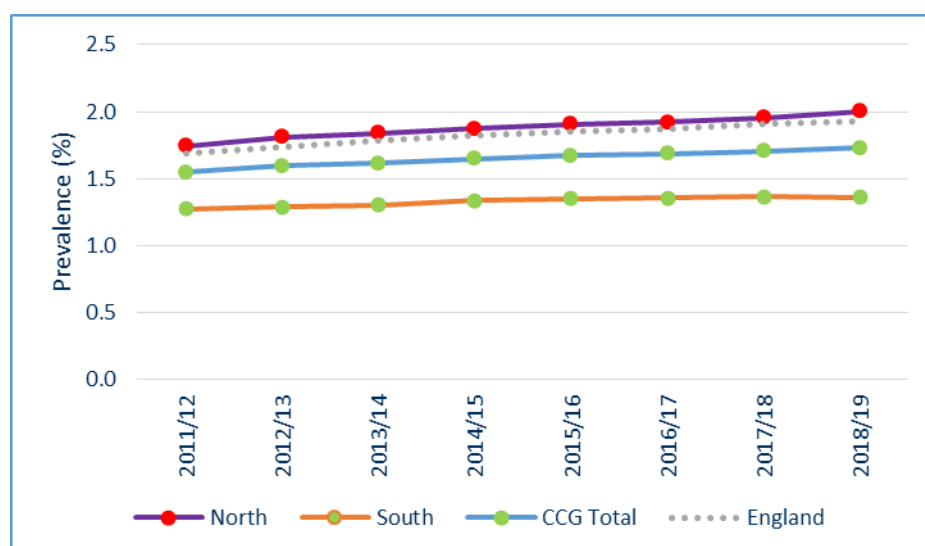
<sup>5</sup> Quality and Outcomes Framework (QOF), NHS digital 2018/19

<sup>6</sup> WHO, Chronic respiratory diseases <http://www.who.int/respiratory/en/>

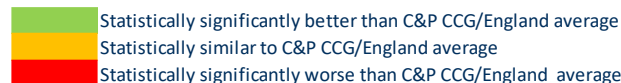
## Prevalence and trends

### Chronic obstructive pulmonary disease (COPD)

GP recorded prevalence of COPD 2011/12 - 2018/19, North and South Alliance, Cambridgeshire and Peterborough CCG



Notes: COPD defined as patients on the practice register with chronic obstructive pulmonary disease (COPD)  
QOF prevalence data is GP recorded and not age standardised.



**Source:** Quality and Outcomes Framework (QOF), NHS digital

#### Key points:

- COPD prevalence has increased steadily for the North alliance, South alliance, C&P CCG, and England up to around 2014/15. It has remained fairly static from 2015/16, in all areas except the North Alliance.
- Prevalence of COPD in the North Alliance has been consistently statistically significantly higher than the CCG.
- Prevalence of COPD in the South Alliance has been consistently statistically significantly lower than the CCG.
- In 2011/12 prevalence of COPD was 1.6% for C&P CCG. This has increased to 1.7% in 2018/19. 1.7% of the population is approximately 17,000 people.
- Prevalence of COPD is consistently statistically significantly lower in C&P CCG compared to the national average.

## GP recorded prevalence of COPD by PCN, all ages, 2014/15 – 2018/19, Cambridgeshire and Peterborough CCG

PCN	Alliance	Registrations (number)					Prevalence (%)				
		2014/15	2015/16	2016/17	2017/18	2018/19	2014/15	2015/16	2016/17	2017/18	2018/19
A1 Network PCN	North	532	571	586	620	649	1.7	1.8	1.8	1.9	1.9
BMC Paston PCN	North	873	888	882	874	845	2.2	2.3	2.2	2.2	2.1
Central and Thistle Moor PCN	North	290	302	320	346	384	1.0	1.0	1.0	1.0	1.0
Octagon North PCN	North	1,414	1,485	1,555	1,622	1,688	1.7	1.7	1.7	1.8	1.8
Huntingdon PCN	North	667	686	687	732	772	1.6	1.6	1.6	1.7	1.8
Octagon Wisbech PCN	North	1,211	1,262	1,323	1,369	1,468	2.5	2.6	2.6	2.7	2.9
Peterborough Partnerships PCN	North	635	627	646	657	655	1.6	1.6	1.6	1.6	1.6
Fenland PCN	North	809	813	823	863	860	2.7	2.7	2.7	2.8	2.8
South Fenland PCN	North	699	762	784	802	836	2.4	2.6	2.6	2.7	2.8
South Peterborough PCN	North	1,226	1,311	1,329	1,355	1,413	2.0	2.1	2.1	2.0	2.1
St Ives PCN	North	730	767	809	831	875	1.6	1.7	1.8	1.8	1.9
St Neots PCN	North	811	848	858	881	929	1.6	1.6	1.6	1.7	1.7
CAM Medical PCN	South	200	204	205	205	205	0.5	0.5	0.5	0.5	0.4
Cambridge City 4 PCN	South	611	639	642	667	668	1.2	1.2	1.2	1.2	1.2
Cambridge City PCN	South	889	918	936	962	996	1.8	1.9	1.9	1.9	2.0
Camb Northern Villages PCN	South	662	686	734	748	750	1.5	1.5	1.6	1.6	1.6
Cantab PCN	South	272	298	284	282	288	0.6	0.7	0.6	0.6	0.6
Ely North PCN	South	593	638	681	714	760	1.7	1.7	1.8	1.9	2.0
Ely South PCN	South	648	650	651	673	661	1.9	1.8	1.8	1.9	1.8
Granta PCN	South	572	593	593	593	614	1.4	1.4	1.4	1.4	1.4
Meridian PCN	South	655	664	692	717	723	1.4	1.4	1.5	1.5	1.5
North Alliance		9,897	10,322	10,602	10,952	11,374	1.9	1.9	1.9	2.0	2.0
South Alliance		5,102	5,290	5,418	5,561	5,665	1.3	1.4	1.4	1.4	1.4
C&P CCG		14,999	15,612	16,020	16,513	17,039	1.6	1.7	1.7	1.7	1.7
England		1,034,578	1,066,471	1,087,908	1,113,417	1,144,151	1.8	1.9	1.9	1.9	1.9

Notes: COPD defined as patients on the practice register with chronic obstructive pulmonary disease (COPD)

QOF prevalence data is GP recorded and not age standardised.

	Statistically significantly better than C&P CCG/England average
	Statistically similar to C&P CCG/England average
	Statistically significantly worse than C&P CCG/England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital

### Key points:

- Between 2014/15 and 2018/19 the prevalence of COPD in C&P CCG has been statistically significantly lower than England, however across the PCNs prevalence varies in terms of statistical significance and numerical values.
- In 2018/19 three PCNs in the North alliance, and four PCNs in the South alliance, have a prevalence of COPD that is statistically significantly higher than the respective alliance average.
- In 2018/19 prevalence of COPD in the North alliance is statistically significantly higher than the CCG average. The CCG average is statistically significantly lower than the England rate.

**Practices with a GP recorded prevalence rate of COPD which is statistically significantly higher than the Cambridgeshire and Peterborough CCG average, 2018/19**

GP Practice	PCN	Registrations	Prevalence (%)	Lower CI	Upper CI
Alconbury and Brampton	A1 Network PCN	228	2.2	2.0	2.6
Almond Road, St Neots	St Neots PCN	161	2.4	2.0	2.7
Arbury Road, Cambridge	Cambridge City PCN	266	2.1	1.9	2.4
Boroughbury Medical Centre	BMC Paston PCN	635	2.5	2.3	2.7
Bottisham	Cambridge City PCN	142	2.4	2.1	2.9
Buckden and Little Paxton	A1 Network PCN	189	2.1	1.8	2.4
Cambridge Access Surgery	Cambridge City PCN	28	4.6	3.2	6.6
Cedar House, St Neots	St Neots PCN	566	2.3	2.1	2.5
Church St, Somersham	St Ives PCN	61	2.9	2.3	3.7
Clarkson Surgery, Wisbech	Octagon Wisbech PCN	389	3.2	2.9	3.6
Cornerstone Practice, March	Fenland PCN	277	3.1	2.7	3.4
Cottenham	Cambs Northern Villages PCN	86	2.2	1.8	2.8
Cromwell Place, St Ives	St Ives PCN	254	2.3	2.0	2.6
Fenland Group Practice	South Fenland PCN	380	3.1	2.8	3.5
George Clare, Chatteris	South Fenland PCN	310	2.5	2.3	2.8
Mercheford House, March	Fenland PCN	229	3.7	3.3	4.2
Moat House, Warboys	St Ives PCN	140	2.1	1.8	2.5
North Brink, Wisbech	Octagon Wisbech PCN	589	3.0	2.8	3.2
Nuffield Road, Cambridge	Cambridge City PCN	309	2.2	1.9	2.4
Octagon Medical Centre	Octagon North PCN	1,625	1.9	1.8	2.0
Oundle	South Peterborough PCN	226	2.0	1.8	2.3
Parson Drove	Octagon Wisbech PCN	151	2.2	1.9	2.6
Priory Fields, Huntingdon	Huntingdon PCN	291	2.4	2.1	2.7
Queen St, Whittlesey	South Peterborough PCN	450	2.3	2.1	2.5
Ramsey Health Centre	Fenland PCN	187	2.7	2.3	3.1
St George's	Ely North PCN	266	2.3	2.1	2.6
St Mary's, Ely	Ely North PCN	390	2.5	2.3	2.8
Sutton	South Fenland PCN	146	2.5	2.1	2.9
Trinity Surgery, Wisbech	Octagon Wisbech PCN	339	2.9	2.6	3.2
Wansford	South Peterborough PCN	203	2.6	2.3	3.0
Yaxley	South Peterborough PCN	325	2.0	1.8	2.2
<b>North Alliance</b>		11,374	2.0	2.0	2.0
<b>South Alliance</b>		5,665	1.4	1.3	1.4
<b>C&amp;P CCG</b>		17,039	1.7	1.7	1.8
<b>England</b>		1,144,151	1.9	1.9	1.9

Notes: COPD defined as patients on the practice register with chronic obstructive pulmonary disease (COPD)

QOF prevalence data is GP recorded and not age standardised.

CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

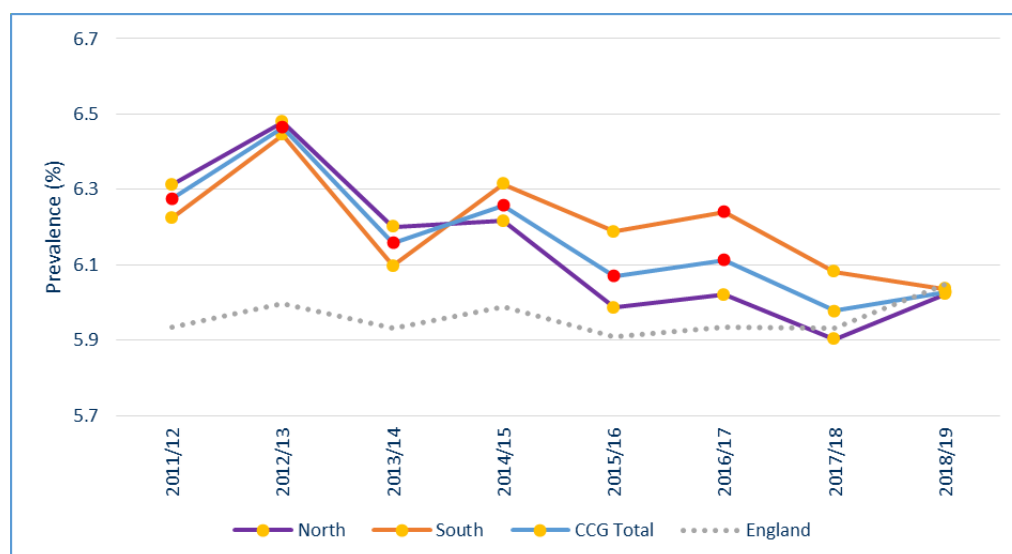
**Key points:**

- 31 GP practices have a prevalence of COPD which is statistically significantly higher than the C&P CCG average.
- These GP practices encompass many of the PCN areas.
- Excluding Cambridge Access Surgery due to its focus on providing services to the homeless community, the GP practice with the highest numerically recorded prevalence of COPD is Mercheford House, March, Fenland PCN, 3.7% (confidence intervals 3.3-4.2%)<sup>7</sup>.
- The GP practice with the highest recorded number of patients with COPD is Octagon Medical Centre, Octagon North PCN (1,625 registrations).

<sup>7</sup> Other GP practices may have a truly higher prevalence of COPD when confidence intervals are considered.

## Asthma

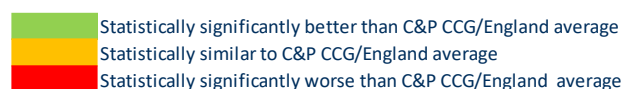
### GP recorded prevalence of asthma 2011/12 - 2018/19, Cambridgeshire and Peterborough CCG



Notes: Asthma defined as patients on the practice register with asthma, excluding patients with asthma who have not been prescribed asthma-related drugs in the preceding 12 months.

QOF prevalence data is GP recorded and not age standardised.

Please note the vertical axis starts at 4.0, not zero.



**Source:** Quality and Outcomes Framework (QOF), NHS digital

#### Key points:

- Asthma prevalence has shown a differing trend for the North and South alliances and C&P CCG compared to the national trend since 2011/12.
- From 2011/12 to 2018/19 prevalence of asthma has decreased overall for all areas; from 6.3 to 6.0 for C&P CCG. However, the North alliance and England have seen an increase between 2017/18 and 2018/19.
- In recent years, the North and South alliances have tended to have a prevalence of asthma that is statistically similar to the C&P CCG average.
- Since 2017/18 prevalence of asthma in C&P CCG has been statistically similar the national average.

## GP recorded prevalence of asthma by PCN, all ages, 2014/15 – 2018/19, Cambridgeshire and Peterborough CCG

PCN	Alliance	Registrations (number)					Prevalence (%)				
		2014/15	2015/16	2016/17	2017/18	2018/19	2014/15	2015/16	2016/17	2017/18	2018/19
A1 Network PCN	North	2,279	2,284	2,343	2,325	2,410	7.4	7.2	7.3	7.1	7.2
BMC Paston PCN	North	2,081	2,022	1,987	1,966	2,036	5.3	5.1	5.0	5.0	5.1
Central and Thistle Moor PCN	North	962	1,087	1,178	1,180	1,269	3.4	3.5	3.5	3.3	3.3
Octagon North PCN	North	5,101	5,009	5,230	5,170	5,337	6.0	5.7	5.8	5.6	5.7
Huntingdon PCN	North	2,891	2,802	2,851	2,837	2,876	7.0	6.6	6.6	6.6	6.6
Octagon Wisbech PCN	North	2,986	2,981	2,956	2,980	3,125	6.2	6.0	5.9	5.9	6.2
Peterborough Partnerships PCN	North	2,283	2,291	2,261	2,243	2,218	5.8	5.7	5.6	5.5	5.5
Fenland PCN	North	2,431	2,367	2,346	2,335	2,310	8.1	7.9	7.7	7.6	7.6
South Fenland PCN	North	2,102	2,097	2,158	2,166	2,262	7.2	7.0	7.2	7.2	7.5
South Peterborough PCN	North	3,584	3,500	3,633	3,685	3,971	5.8	5.5	5.6	5.6	5.9
St Ives PCN	North	3,096	3,000	3,123	3,097	3,209	6.8	6.6	6.8	6.7	6.9
St Neots PCN	North	3,070	2,992	3,113	3,066	3,154	6.1	5.8	6.0	5.8	5.9
CAM Medical PCN	South	1,766	1,821	1,940	2,000	2,047	4.7	4.6	4.6	4.5	4.4
Cambridge City 4 PCN	South	2,779	2,772	2,760	2,739	2,775	5.6	5.4	5.2	5.0	4.9
Cambridge City PCN	South	3,304	3,356	3,363	3,373	3,366	6.8	6.8	6.7	6.7	6.7
Cambs Northern Villages PCN	South	2,907	2,980	3,049	3,028	3,226	6.6	6.6	6.7	6.6	6.9
Cantab PCN	South	1,719	1,822	1,830	1,744	1,714	4.0	4.0	3.9	3.6	3.4
Ely North PCN	South	2,263	2,227	2,483	2,493	2,533	6.3	6.1	6.7	6.7	6.7
Ely South PCN	South	2,562	2,507	2,584	2,525	2,536	7.3	7.0	7.2	7.0	6.9
Granta PCN	South	3,253	3,248	3,373	3,310	3,363	7.9	7.8	8.0	7.8	7.8
Meridian PCN	South	3,543	3,492	3,531	3,568	3,553	7.6	7.4	7.4	7.5	7.4
<b>North Alliance</b>		32,866	32,432	33,179	33,050	34,177	6.2	6.0	6.0	5.9	6.0
<b>South Alliance</b>		24,096	24,225	24,913	24,780	25,113	6.3	6.2	6.2	6.1	6.0
<b>C&amp;P CCG</b>		56,962	56,657	58,092	57,830	59,290	6.3	6.1	6.1	6.0	6.0
<b>England</b>		3,402,437	3,400,679	3,444,218	3,463,893	3,591,392	6.0	5.9	5.9	5.9	6.0

Notes: Asthma defined as patients on the practice register with asthma, excluding patients with asthma who have not been prescribed asthma-related drugs in the preceding 12 months.

QOF prevalence data is GP recorded and not age standardised.

	Statistically significantly better than C&P CCG/England average
	Statistically similar to C&P CCG/England average
	Statistically significantly worse than C&P CCG/England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital

### Key points:

- The prevalence of asthma in C&P CCG had been statistically significantly worse than England in recent years, however in 2017/18 and 2018/19 it has reduced to a level statistically similar to England. Statistical significance status varies across the C&P CCG PCN areas.
- In 2018/19 eleven PCNs have a prevalence of asthma that is statistically significantly higher than the respective alliance average. Most PCN areas assessed as statistically significantly higher than the respective alliance in 2018/19 have been higher in all the years shown.
- Statistically, prevalence of asthma at the alliance level has remained fairly consistent in recent years, statistically similar to the CCG average.



**Practices with a GP recorded prevalence rate of asthma which is statistically significantly higher than the Cambridgeshire and Peterborough CCG average, all ages, 2018/19**

GP Practice	Alliance	Registrations	Prevalence (%)	Lower CI	Upper CI
Alconbury and Brampton	A1 Network PCN	755	7.4	6.9	8.0
Arbury Road, Cambridge	Cambridge City PCN	883	7.1	6.6	7.5
Bottisham	Cambridge City PCN	483	8.3	7.6	9.0
Bourn	Meridian PCN	407	6.7	6.1	7.4
Buckden and Little Paxton	A1 Network PCN	628	7.0	6.5	7.5
Burwell	Ely South PCN	639	7.5	6.9	8.0
Cambridge Access Surgery	Cambridge City PCN	65	10.7	8.4	13.4
Charles Hicks, Huntingdon	Huntingdon PCN	1,044	7.4	7.0	7.9
Clarkson Surgery, Wisbech	Octagon Wisbech PCN	825	6.8	6.4	7.3
Comberton	Meridian PCN	753	8.3	7.7	8.9
Cornerstone Practice, March	Fenland PCN	751	8.3	7.8	8.9
Cottenham	Cambs Northern Villages PCN	325	8.5	7.6	9.4
Cromwell Place, St Ives	St Ives PCN	833	7.6	7.1	8.1
Fenland Group Practice	South Fenland PCN	896	7.4	6.9	7.9
Firs House, Histon	Cambs Northern Villages PCN	845	6.8	6.4	7.3
George Clare, Chatteris	South Fenland PCN	883	7.2	6.7	7.6
Granta Medical Practices	Granta PCN	3,363	7.8	7.6	8.1
Great Staughton	St Neots PCN	258	7.5	6.7	8.4
Haddenham	Ely South PCN	581	7.9	7.3	8.6
Harston	Meridian PCN	478	7.0	6.4	7.6
Kimbolton	A1 Network PCN	498	7.5	6.9	8.2
Merchford House, March	Fenland PCN	508	8.2	7.5	8.9
Milton	Cambs Northern Villages PCN	375	7.4	6.7	8.1
Moat House, Warboys	St Ives PCN	457	6.9	6.3	7.5
Nuffield Road, Cambridge	Cambridge City PCN	973	6.8	6.4	7.2
Old Exchange Surgery, St Ives	St Ives PCN	261	7.0	6.2	7.9
Orchard Surgery, Melbourn	Meridian PCN	547	6.8	6.2	7.3
Over	Cambs Northern Villages PCN	334	7.2	6.4	7.9
Papworth	Huntingdon PCN	511	6.9	6.4	7.5
Parson Drove	Octagon Wisbech PCN	504	7.5	6.9	8.1
Riverport Medical Practice	St Ives PCN	856	7.0	6.5	7.4
Riverside Practice, March	Fenland PCN	591	7.2	6.7	7.8
Roysia Surgery, Royston	Meridian PCN	513	7.8	7.2	8.5
Royston Health Centre	Meridian PCN	855	7.3	6.9	7.8
St George's	Ely North PCN	853	7.5	7.0	8.0
St Mary's, Ely	Ely North PCN	1,046	6.7	6.3	7.1
Sutton	South Fenland PCN	483	8.2	7.5	8.9
Waterbeach	Cambs Northern Villages PCN	383	7.0	6.3	7.7
Welland Medical Practice, Peterborough	Peterborough Partnerships PCN	265	7.0	6.2	7.8
Wellside Surgery, Sawtry	A1 Network PCN	529	7.0	6.4	7.6
<b>North Alliance</b>		34,177	6.0	6.0	6.1
<b>South Alliance</b>		25,113	6.0	6.0	6.1
<b>C&amp;P CCG</b>		59,290	6.0	6.0	6.1
<b>England</b>		3,591,392	6.0	6.0	6.1

Notes: Asthma defined as patients on the practice register with asthma, excluding patients with asthma who have not been prescribed asthma-related drugs in the preceding 12 months

QOF prevalence data is GP recorded and not age standardised.

CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

**Key points:**

- 40 GP practices have a prevalence of asthma which is statistically significantly higher than the C&P CCG average.
- These GP practices encompass many of the PCN areas.
- Excluding Cambridge Access Surgery due to its focus on providing services to the homeless community, the GP practice with the highest recorded prevalence of asthma is Cottenham, Cambs Northern Villages PCN, 8.5% (confidence intervals 7.6-9.4%).

- The GP practice with the highest number of patients with asthma is Granta Medical Practices, Granta PCN (3,363 registrations). Granta Medical Practices is a collective of GP practices which were previously individual practices, which explains the substantially larger overall number of registrations compared to other GP practices (e.g a larger population base).

## Nearest Neighbours

### GP recorded prevalence of COPD, Cambridgeshire and Peterborough CCG and its most similar<sup>8</sup> CCGs, 2018/19

CCG	Neighbour rank	Prevalence (%)	Lower CI	Upper CI	Recent Trend
Berkshire West	6	1.2	1.2	1.3	→
Oxfordshire	3	1.4	1.4	1.4	↑
Herts Valley	5	1.4	1.4	1.5	↑
East and North Hertfordshire	4	1.6	1.5	1.6	↑
Bedfordshire	10	1.7	1.6	1.7	↑
<b>Cambridgeshire and Peterborough</b>	-	<b>1.7</b>	<b>1.7</b>	<b>1.8</b>	↑
Bristol, North Somerset and South Gloucestershire	1	1.8	1.8	1.9	↑
Nene	2	1.8	1.8	1.9	→
Gloucestershire	8	1.8	1.8	1.9	↑
Southern Derbyshire	9	2.0	-	-	↑
Northern, Eastern, and Western Devon	7	2.2	-	-	↑
<b>England</b>		1.9	1.9	1.9	↑

Notes: Lower/Upper CI – Confidence Intervals (95%) lower and upper limits to determine statistical significance.

QOF prevalence data is GP recorded and not age standardised.

Neighbour rank – 1 to 10 ranked most similar CCGs to the C&P CCG based on multiple variables.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

#### Key points:

- Compared to the 10 CCGs ranked most similar to C&P CCG, C&P CCG appears to have a fairly numerically similar prevalence of COPD.

<sup>8</sup> An assessment of CCGs most similar to C&P CCG 2018, [fingertips.phe.org.uk](https://fingertips.phe.org.uk)

## GP recorded prevalence of Asthma, Cambridgeshire and Peterborough CCG and its most similar<sup>9</sup> CCGs, 2018/19

CCG	Neighbour rank	Prevalence (%)	Lower CI	Upper CI	Recent Trend
Herts Valley	5	5.5	5.5	5.6	→
Oxfordshire	3	5.8	5.7	5.9	→
East and North Hertfordshire	4	5.9	5.8	6	→
Berkshire West	6	5.9	5.8	6.0	→
<b>Cambridgeshire and Peterborough</b>	-	<b>6.0</b>	<b>6.0</b>	<b>6.1</b>	↓
Nene	2	6.2	6.1	6.3	↓
Southern Derbyshire	9	6.4	-	-	→
Bristol, North Somerset and South Gloucestershire	1	6.4	6.3	6.5	↑
Bedfordshire	10	6.5	6.4	6.6	→
Gloucestershire	8	6.8	6.7	6.9	↑
Northern, Eastern, and Western Devon	7	7.0	-	-	↑
<b>England</b>		<b>6.0</b>	<b>6.0</b>	<b>6.1</b>	→

Notes: Lower/Upper CI – Confidence Intervals (95%) lower and upper limits to determine statistical significance to C&P CCG rate.

QOF prevalence data is GP recorded and not age standardised.

Neighbour rank – 1 to 10 ranked most similar CCGs to the C&P CCG based on multiple variables.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

### Key points:

- Compared to the 10 CCGs ranked most similar to C&P CCG, C&P CCG appears to have a comparatively good prevalence of asthma.

<sup>9</sup> An assessment of CCGs most similar to C&P CCG 2018, [fingertips.phe.org.uk](https://fingertips.phe.org.uk)

## Risk factors

### Age

Asthma is the most common chronic disease among children.<sup>10</sup>

COPD is more prevalent in older age groups. It is a slow developing condition, and symptoms tend to become a problem for many in mid-life, usually late 40s onwards.<sup>11</sup> Population forecasts show Cambridgeshire and Peterborough are expected to have substantial population growth in the older age groups.<sup>12</sup>

### Smoking

Smoking is a well-documented risk factor for respiratory disease and the main cause of COPD and is thought to be responsible for 9 in every 10 cases.<sup>13</sup> There are several sources of smoking estimates, some of which are highlighted in this section.

Prevalence of smoking has declined across the Cambridgeshire and Peterborough area in recent years, however, the rate of decline varies between areas and according to other variables. For example, smoking prevalence is known to be higher in areas with greater deprivation.<sup>14</sup> Prevalence is also higher in some specific demographic groups such as amongst lower social-economic classification<sup>15</sup> and adults with serious mental illness.<sup>16</sup> Each of these needs to be taken into consideration when exploring smoking as a risk factor.

#### Smoking prevalence at 15 years - current smokers, regular smokers and occasional smokers, Cambridgeshire and Peterborough, 2014/15

Area	% Current smokers <sup>1</sup>	% Regular smokers <sup>2</sup>	% Occasional smokers <sup>3</sup>	% E-cigarettes <sup>4</sup>	% Other <sup>5</sup>
Cambridgeshire	8.2	5.2	3.1	15.0	16.2
Peterborough	9.1	6.6	2.5	22.0	17.5
England	8.2	5.5	2.7	18.4	15.2

1. Regular smokers (>1 cigarette per week) and occasional smokers (smoke cigarettes sometimes)

2. Regular smokers (>1 cigarette per week)

3. Occasional smokers (<1 cigarette per week)

4. Have ever used/tried electronic cigarettes with the combination of currently, used to and tried e-cigarettes

5. "Have you ever used/tried other tobacco products (i.e. shisha pipe, hookah, hubble-bubble, waterpipe etc.?) with the combination of currently, used to use and tried other tobacco products.

	Statistically significantly better than England average
	Statistically similar to England average
	Statistically significantly worse than England average

**Source:** Public Health England, What About YOUth (WAY) Survey

<sup>10</sup> WHO – Asthma <https://www.who.int/respiratory/asthma/en/>

<sup>11</sup> Health and Safety Executive - About COPD <http://www.hse.gov.uk/copd/aboutus.htm>

<sup>12</sup> Cambridgeshire County Council Research Group

<sup>13</sup> NHS (2016) Overview - Chronic obstructive pulmonary disease (COPD) [online] Available form: <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/>

<sup>14</sup> Annual Population Survey (2017) – Smoking Prevalence in adults – current smokers

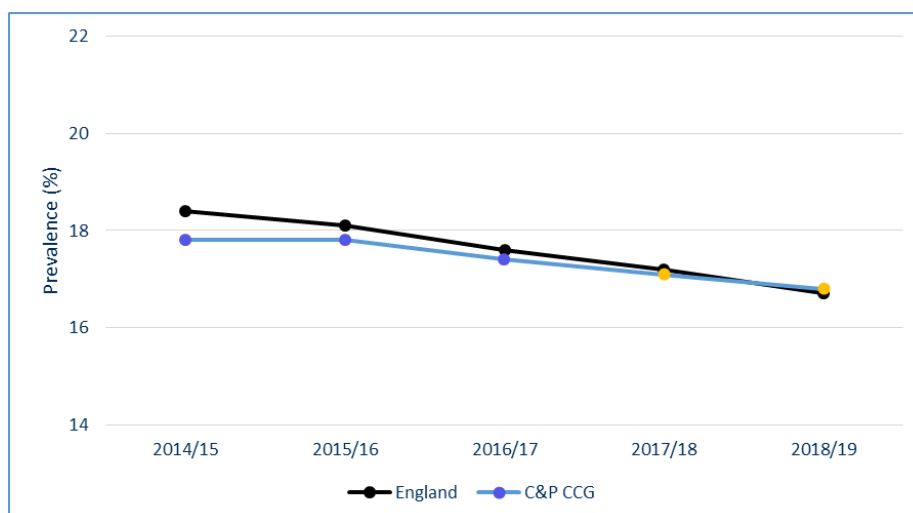
<sup>15</sup> ONS (2016) - Smoking by NS-Sec

<sup>16</sup> HSCIC 2014-15 Smoking Prevalence in adults with serious mental illness (SMI).

**Key points:**

- The percentage of 15 year olds that are current smokers, regular smokers, occasional and other smokers in both Cambridgeshire and Peterborough are statistically similar to the England average.
- In Cambridgeshire the percentage of E-cigarette smokers is statistically significantly lower than the England average and in Peterborough it is statistically significantly higher.

**Estimated Smoking Prevalence in adults (15+) 2014/15 – 2018/19, Cambridgeshire and Peterborough CCG**



Please note the vertical axis starts at 14, not zero.

QOF prevalence data is GP recorded and not age standardised.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

	Statistically significantly higher than England average
	Statistically similar to England average
	Statistically significantly lower than England average

**Key points:**

- Smoking prevalence has steadily decreased in recent years for C&P CCG and England.
- In 2014/15 estimated smoking prevalence in C&P CCG was 17.8%, this has reduced to 16.8% in 2018/19.
- Prevalence of 16.8% is approximately 137,200 people in C&P CCG.
- The estimated smoking prevalence in C&P CCG had been statistically significantly lower than the England average for each year up to 2016/17. In 2017/18 and 2018/19 C&P CCG is now statistically significantly similar to England due to further national decline.

## General practice (GP) recorded smoking prevalence in adults (15+), 2018/19

Area	%	Number of people
Cambridgeshire	15.1	91,476
Peterborough	23.7	42,331
Cambridgeshire & Peterborough	17.1	133,807
England	16.7	8,229,910

Data are not available at district Level and relate to patients recorded as smokers on GP clinical systems. QOF prevalence data is GP recorded and not age standardised.

**Source:** Quality and Outcomes Framework (QOF), NHS digital

### Key points:

- According to the QOF, smoking prevalence in adults 15+ is statistically significantly lower than the national average for Cambridgeshire, statistically significantly higher for Peterborough and statistically significantly higher for Cambridgeshire and Peterborough as a whole.

## Smoking prevalence in adults (18+) – current smokers, 2018

Area	Number	%	Lower CI	Upper CI
Cambridge	14,399	14.1	7.1	21.2
East Cambridgeshire	7,525	10.8	5.3	16.3
Fenland	15,728	19.4	11.3	27.5
Huntingdonshire	20,323	14.4	8.9	20.0
South Cambridgeshire	12,668	10.4	6.0	14.8
<b>Cambridgeshire</b>	70,687	13.7	11.0	16.4
<b>Peterborough</b>	29,207	19.5	16.2	22.8
<b>England</b>	6,360,957	14.4	14.2	14.7

	Statistically significantly better than Cambridgeshire/England average
	Statistically similar to the Cambridgeshire/England average
	Statistically significantly worse than Cambridgeshire/England average

Districts are RAG-rated against Cambridgeshire, Cambridgeshire and Peterborough are RAG-rated against England average

**Source:** Annual Population Survey (APS), Local Tobacco Control Profiles, PHE

### Key points:

- According to the APS, smoking prevalence in adults 18+ is statistically similar in Cambridgeshire and each of the districts to the average for England. The districts are also statistically similar when compared to the Cambridgeshire average.
- According to the APS, smoking prevalence in adults 18+ is statistically significantly worse in Peterborough, compared to the national average.

## Smoking prevalence in all adults and adults in routine and manual occupations (16-64 year olds), 2018

Area	All (18+)			Routine and manual (18-64yrs)		
	%	Lower CI	Upper CI	%	Lower CI	Upper CI
Cambridgeshire	13.7	11	16.4	28.3	20.3	36.4
Peterborough	19.5	16.2	22.8	30.6	23.7	37.5
England	14.4	14.2	14.7	25.4	24.8	26.0

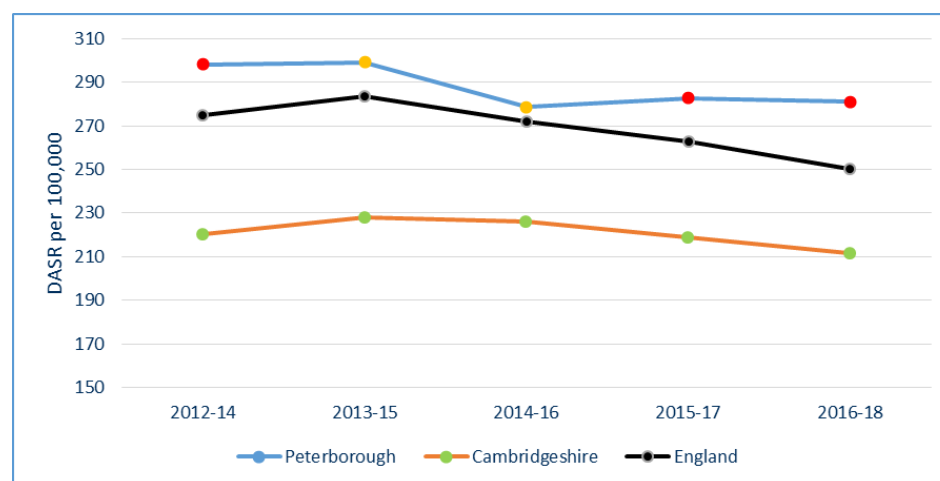
	Statistically significantly better than England average
	Statistically similar to the England average
	Statistically significantly worse than England average

Source: Annual Population Survey

### Key points:

- According to the APS, the prevalence of smoking for all adults and for adults in routine and manual occupations in Cambridgeshire is statistically similar to the England average. However, it is statistically significantly higher in Peterborough.
- There is a statistically significantly higher prevalence of smoking among adults in routine and manual occupations, compared to smoking among all adults, in all areas shown.

## Smoking attributable mortality, Cambridgeshire, Peterborough, England, 2012-14 to 2016-18



DASR – Directly Age Standardised Rate

Please note the vertical axis starts at 150 not zero.

	Statistically significantly better than England average
	Statistically similar to the England average
	Statistically significantly worse than England average

Source: Local Tobacco Control Profiles, PHE

### Key points:

- Rates of smoking attributable mortality in Cambridgeshire have been statistically significantly better than England since 2011-13, whereas in Peterborough rates have been statistically similar or statistically significantly worse compared to England since 2011-13.

## Air pollution

Air pollution is a mixture of particles and gases that can have adverse effects on health. It is the largest environmental risk to the public's health and a known contributory cause of lung cancer and respiratory diseases.<sup>1718</sup>

Air pollution increases the chances of hospital admissions, visits to Emergency Departments and respiratory symptoms.<sup>19</sup>

High concentrations of air pollution can be found in most UK towns and cities, where sources of pollution, such as road traffic, are more concentrated.<sup>20</sup> This is reflected across Cambridgeshire and Peterborough, where hot spots of pollution have been identified as urban areas and arterial and trunk roads such as the A14.<sup>21</sup>

## Occupational exposures

Occupational exposures to certain fumes and dust are thought to contribute to the causes of COPD and other respiratory diseases such as pneumonia, lung-disease and asthma.<sup>2223</sup> Therefore an increased risk of COPD is associated with working in certain industries. These include (but are not limited to) agriculture, mining and construction.<sup>24</sup>

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<sup>17</sup> DEFRA (2017) Air Quality: A Briefing for Directors of Public health [online] Available at: <https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf> (Accessed 16 September 2018)

<sup>18</sup> Cambridgeshire Transport and Health JSNA (2015)

<sup>19</sup> DEFRA (2017) Air Quality: A Briefing for Directors of Public health [online] Available at: <https://laqm.defra.gov.uk/assets/63091defraairqualityguide9web.pdf> (Accessed 16 September 2018)

<sup>20</sup> British Lung Foundation (2017) Air Pollution [online] Available form: <https://www.blf.org.uk/support-for-you/air-pollution/what-is-it> (Accessed 11 October 2018).

<sup>21</sup> Cambridgeshire Transport and Health JSNA (2015)

<sup>22</sup> Health and Safety Executive COPD causes – occupations and substances <http://www.hse.gov.uk/copd/causes.htm>

<sup>23</sup> Health and Safety Executive – prevent work-related lung disease <http://www.hse.gov.uk/lung-disease/index.htm>

<sup>24</sup> As above



## Deprivation

### Mortality from respiratory disease by deprivation quintile of ward of residence, C&P CCG, 2016-18

Deprivation quintile	All ages		Under 75s	
	Number of deaths	DASR per 100,000	Number of deaths	DASR per 100,000
1 - Most deprived	963	151.2	246	41.7
2	544	130.5	126	32.1
3	451	118.3	106	26.6
4	401	92.1	71	18.3
5 - Least deprived	452	90.3	78	16.6
<b>C&amp;P CCG</b>	2,811	118.7	627	28.0

DASR - Directly age-standardised rate

	Statistically significantly better than C&P CCG average
	Statistically similar to C&P CCG average
	Statistically significantly worse than C&P CCG average

**Source:** Cambridgeshire County Council Public Health Intelligence (NHS Digital Primary Care Mortality Database, ONS mid-year population estimates, 2019 Index of Multiple Deprivation).

#### Key point:

- The rates of all-age and under 75 mortality due to respiratory disease are statistically significantly higher than the C&P CCG average in the most deprived 20% of wards in the CCG and statistically significantly lower in the least deprived 40% of wards (two least deprived quintiles).

### COPD prevalence 2018/19 in Cambridgeshire and Peterborough CCG, by Index of Multiple Deprivation (IMD) 2019 quintile

Deprivation quintile	Registrations	Prevalence (%)	Lower CI	Upper CI
1 - Most deprived	5,570	2.1	2.0	2.1
2	3,522	1.9	1.8	1.9
3	2,861	1.5	1.4	1.5
4	2,410	1.6	1.5	1.6
5 - Least deprived	2,676	1.5	1.4	1.5
<b>C&amp;P CCG</b>	17,039	1.7	1.7	1.8
<b>England</b>	1,144,151	1.9	1.9	1.9

Note: Quintile – where the population is divided into five equal groups, with the most deprived 20% (fifth) appearing in the 'most deprived' quintile and so on.

QOF prevalence data is GP recorded and not age standardised.

	Statistically significantly better than C&P CCG/England average
	Statistically similar to C&P CCG/England average
	Statistically significantly worse than C&P CCG/England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital and Index of Multiple Deprivation 2019, DCLG

#### Key points:

- C&P CCG has a prevalence rate of COPD which is statistically significantly better than England. However, this appears to vary with levels of deprivation.

- C&P CCG areas which are categorised into the most deprived quintiles have a prevalence of COPD which is statistically significantly worse than the C&P CCG average.
- This compares to the prevalence of COPD in areas categorised into the three least deprived quintiles in C&P CCG, where prevalence of COPD is statistically significantly better than the C&P CCG average.

#### Asthma prevalence 2018/19 in Cambridgeshire and Peterborough CCG, by Index of Multiple Deprivation (IMD) 2019 quintile

Deprivation quintile	Registrations	Prevalence (%)	Lower CI	Upper CI
1 - Most deprived	14,924	5.6	5.5	5.6
2	11,085	5.9	5.8	6.0
3	10,833	5.6	5.5	5.7
4	9,799	6.4	6.3	6.6
5 - Least deprived	12,649	6.9	6.8	7.0
C&P CCG	59,290	6.0	6.0	6.1
England	3,591,392	6.0	6.0	6.1

Note: Quintile – where the population is divided into five equal groups, with the most deprived 20% (fifth) appearing in the 'most deprived' quintile and so on.

QOF prevalence data is GP recorded and not age standardised.

	Statistically significantly better than C&P CCG/England average
	Statistically similar to C&P CCG/England average
	Statistically significantly worse than C&P CCG/England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital and Index of Multiple Deprivation 2019, DCLG

#### Key points:

- C&P CCG has a prevalence rate of asthma which is statistically similar to the England average. However, this appears to vary with levels of deprivation.
- C&P CCG areas which are categorised into the most deprived quintile have a prevalence of asthma which is statistically significantly better than the C&P CCG average.
- This compares to the prevalence of asthma in areas categorised into the least deprived quintile, where prevalence of asthma is statistically significantly worse than the C&P CCG average.
- This data does not present a clear correlation between the five quintiles of deprivation and asthma prevalence, which may be of interest for further investigation as national trends often show stronger correlation.<sup>25</sup>

<sup>25</sup> British Lung Foundation, Asthma Statistics [online] Available from: <https://statistics.blf.org.uk/asthma>  
Asthma UK, Health Inequality and Asthma [online] Available from: <https://www.asthma.org.uk/support-us/campaigns/publications/inequality/>

## Prevention

The model of care for chronic respiratory conditions is preventative. It is important to prevent to reduce the level of exposure of individuals and populations to common risk factors. These include exposure to tobacco, poor nutrition, frequent lower respiratory infections during childhood, and environmental air pollution (indoor, outdoor, and occupational).<sup>26</sup>

## Primary care

### Smoking Cessation

Stopping smoking can help stop COPD, and other respiratory conditions, getting worse.<sup>27</sup> Smoking is the biggest preventable risk factor for respiratory diseases.<sup>28</sup>

Overall smoking prevalence is declining across C&P CGG. However, rates remain higher among certain demographic groups (e.g. adults in routine and manual occupations<sup>29</sup>) which may need consideration when focusing on reducing rates of smoking.

### Smoking cessation in Cambridgeshire and Peterborough, 2018/19

Indicator	Period	England (rate)	Cambs (rate)	Cambs (number)	Pboro (rate)	Pboro (number)
Number setting a quit date per 100,000 smokers	2018/19	3,614	3,514	2,551	4,287	1,290
Successful quitters at 4 weeks per 100,000 smokers*	2018/19	1,894	2,032	1,475	2,373	714
Successful quitter (CO validated) at 4 weeks per 100,000 smokers*	2018/19	1,326	944	685	2,054	618
Completeness of NS-SEC recording by stop smoking services (%)~	2018/19	91.3%	90%	3,622	100%	2,004
Cost per quitter (£)~	2018/19	£490	£650	959,370	£471	336,187

Other indicators not RAG-rated. \*crude rate per 100,000 smokers 16+ years. ~aggregated up from lower known geographies.

	Statistically significantly better than England average
	Statistically similar to England average
	Statistically significantly worse than England average

**Source:** Public Health England Local Tobacco Control Profiles<sup>30</sup>

Key points:

- Cambridgeshire has statistically significantly lower rates of CO validated smoking quitters compared with England.
- Peterborough has statistically similar rates of CO validated smoking quitters compared with England.
- Cambridgeshire has a similar completeness rate for NS-SEC (social class) recording compared to England. Note, however, that Cambridgeshire Stop Smoking Services record data about

<sup>26</sup> WHO strategy for prevention and control of chronic respiratory diseases (2002)

[https://www.who.int/respiratory/publications/crd\\_strategy/en/](https://www.who.int/respiratory/publications/crd_strategy/en/)

<sup>27</sup> NHS England, Causes – COPD <https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/causes/>

<sup>28</sup> <https://www.gov.uk/government/news/chronic-smoking-related-lung-disease-blights-over-1-million-lives-in-england>

<sup>29</sup> Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (Annual Population Survey) 2017

<sup>30</sup> Local Tobacco Control Profiles: Summary for Cambridgeshire and Peterborough, May 2018 available from <https://cambridgeshireinsight.org.uk/health/topics/smoking/>

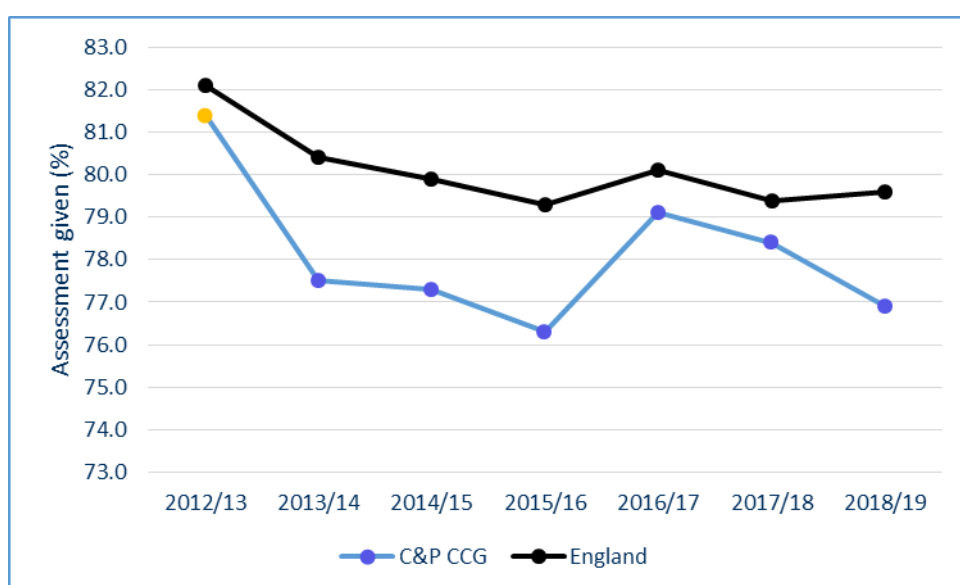
routine and manual workers who stop smoking and geographic and GP based data to address inequalities. Peterborough has 100% completeness for NS-SEC (social class) recording.

- The cost per quitter is notably higher in Cambridgeshire than Peterborough and England averages.

## Early intervention and monitoring

COPD is increasingly recognised as a treatable disease with large improvements in symptoms, health status, exacerbation rates and even mortality if managed appropriately.<sup>31</sup>

**Percentage of COPD patients who have had an assessment of breathlessness using the MRC dyspnoea score in the preceding 12 months (COPD003).**



Note: axis does not start at zero.

QOF prevalence data is GP recorded and not age standardised.

'Blue-Orange-blue' colour scheme used as this indicator is assessed as higher/lower than the benchmark, rather than better/worse as per the alternative 'Red-Amber-Green' rating.

Blue	Statistically significantly higher than the England average
Orange	Statistically similar to the England average
Blue	Statistically significantly lower than the England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital

### Key points:

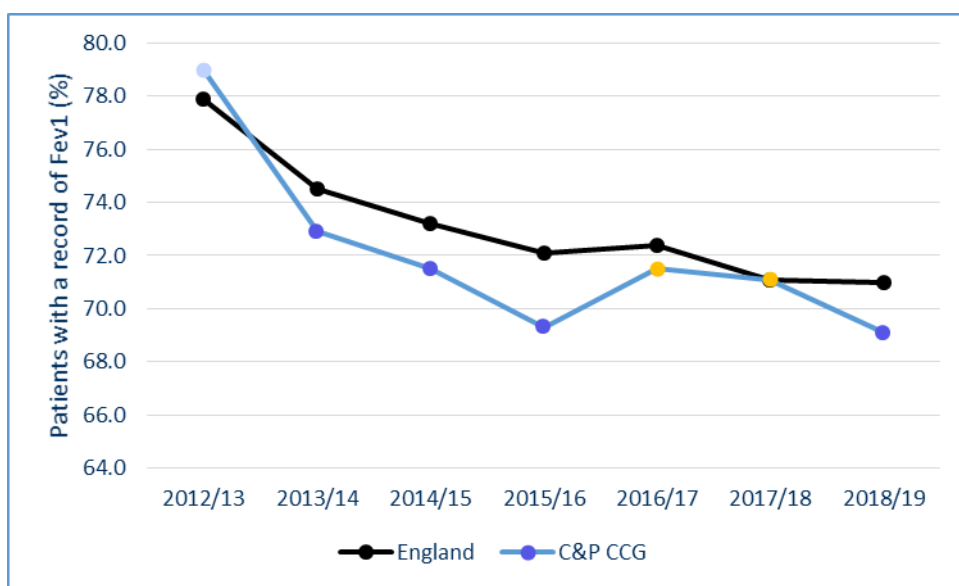
- The percentage of C&P CCG patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the MRC dyspnoea score in the preceding 12 months is statistically significantly lower than the England average in C&P CCG (76.9% compared to 79.6%), and has been so since 2013/14.

<sup>31</sup> PHE National General Practice Profiles Indicator Definitions and Supporting Information – COPD003 assessed using MRC dyspnoea score last 12mths. Available at: <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000006/pat/46/par/E39000031/ati/152/are/E38000026/iid/90611/age/1/sex/4>

- Between 2015/16 and 2017/18 there was an increase in the percentage of patients who received the assessment for C&P CCG and England, but this appears to have declined thereafter for C&P CCG.

There is a gradual deterioration in lung function in patients with COPD which accelerates with the passage of time. There are important interventions which can improve quality of life in patients with severe COPD. It is therefore important to monitor respiratory function in order to identify patients who might benefit from pulmonary rehabilitation or continuous oxygen therapy. NICE clinical guidelines recommend that FEV1 and inhaler techniques should be assessed at least annually for people with mild/moderate/severe COPD. The purpose of regular monitoring is to identify patients with increasing severity of disease who may benefit from referral for more intensive treatments/diagnostic review.<sup>32</sup>

#### Percentage of COPD patients with a record of FEV1 in the previous 15 months (COPD004)



Note: axis does not start at zero.

QOF prevalence data is GP recorded and not age standardised.

'Blue-Orange-blue' colour scheme used as this indicator is assessed as higher/lower than the benchmark, rather than better/worse as per the alternative 'Red-Amber-Green' rating.

	Statistically significantly higher than the England average
	Statistically similar to the England average
	Statistically significantly lower than the England average

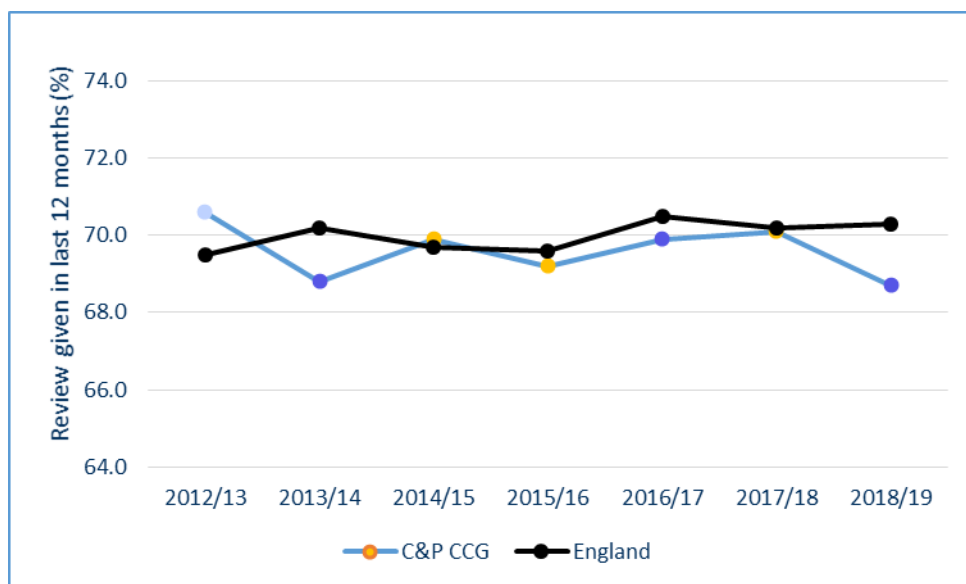
**Source:** Quality and Outcomes Framework (QOF), NHS digital

#### Key points:

- The percentage of C&P CCG COPD patients with a record of FEV1 in the previous 15 months has declined to a level assessed as statistically significantly lower than the national rate, this follows two periods where it was a level assessed as statistically similar.
- Nationally figures appear to be more stable, although this is not statistically assessed.

<sup>32</sup> PHE National General Practice Profiles Indicator Definitions and Supporting Information – COPD004: Record of FEV1 in last 12mths. Available at: <https://fingertips.phe.org.uk/profile/general-practice/data#page/6/gid/2000006/pat/46/par/E39000031/ati/152/are/E38000026/iid/90610/age/1/sex/4>

### Percentage of asthma patients who have had an asthma review in the last 12 months (incl. assessment using the 3 RCP questions) (AST003)



Note: axis does not start at zero.

QOF prevalence data is GP recorded and not age standardised.

'Blue-Orange-blue' colour scheme used as this indicator is assessed as higher/lower than the benchmark, rather than better/worse as per the alternative 'Red-Amber-Green' rating.

Blue	Statistically significantly higher than the England average
Yellow	Statistically similar to the England average
Purple	Statistically significantly lower than the England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital

#### Key points:

- The percentage of C&P CCG asthma patients who have had an asthma review in the last 12 months appears to have declined, and is statistically significantly below the national rate.

## Flu vaccinations

The flu vaccination is offered to people who are at greater risk of developing serious complications if they catch flu, this includes those with chronic respiratory conditions.

Flu vaccination coverage across the Cambridgeshire and Peterborough authorities for those aged 65+ and for at risk<sup>33</sup> individuals is below the national uptake ambition of 75% for 65+ and 55% for at risk individuals, set by the NHS to reflect the World Health Organisations (WHO) target.<sup>34</sup>

Cambridgeshire rates (73.8% in 2018/19) remain below the national benchmark but are statistically significantly better than England (72.0%). Overall, the rates show an upward recent trend.<sup>35</sup>

<sup>33</sup> At risk includes clinical risk groups such as those with chronic respiratory conditions

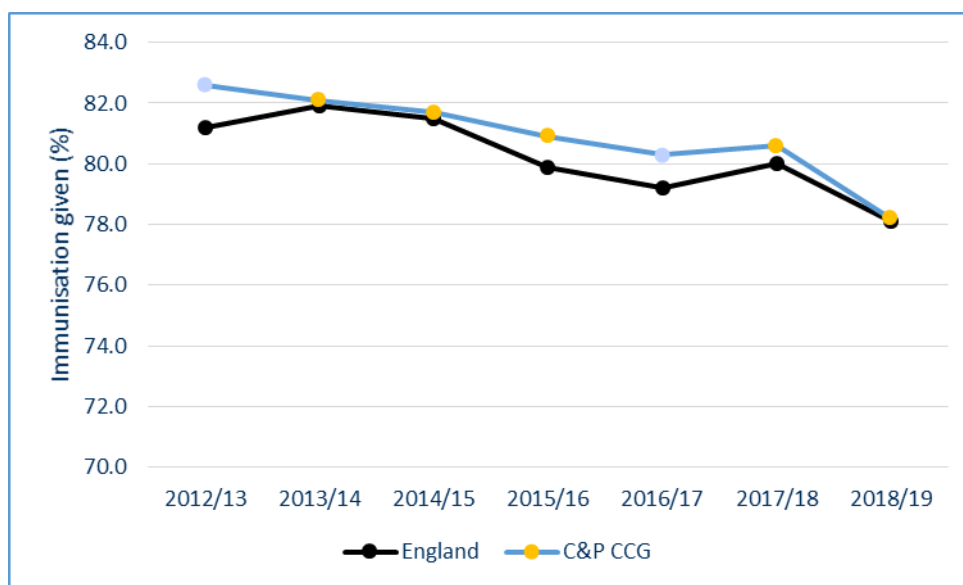
<sup>34</sup> NHS England, The national flu vaccination programme 2019/20. <https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf>

<sup>35</sup> Trend over the recent 5 time periods (2014/15 – 2018/19).

Peterborough rates for 65+ flu coverage (69.8% in 2018/19) remain below the national benchmark set and are statistically significantly worse than England (72.0%).

Cambridgeshire has a recent upward trend for flu vaccination coverage of at risk individuals, whilst the trend in Peterborough is static<sup>36</sup>. However, Cambridgeshire, Peterborough, and England all remain below the national benchmark goal of 55% coverage for at risk individuals.

**Patients with COPD who have had influenza immunisation in the preceding 1 August to 31 March (Department of Health recommendation - COPD007).**



Note: axis does not start at zero.

QOF prevalence data is GP recorded and not age standardised.

'Blue-Orange-blue' colour scheme used as this indicator is assessed as higher/lower than the benchmark, rather than better/worse as per the alternative 'Red-Amber-Green' rating.

	Statistically significantly higher than the England average
	Statistically similar to the England average
	Statistically significantly lower than the England average

**Source:** Quality and Outcomes Framework (QOF), NHS digital

**Key points:**

- The Department of Health recommend COPD patients to have the influenza immunisation.
- Overall, rates in C&P CCG have fallen in recent years from 82.6% in 2012/13 to 78.2% in 2018/19. England has followed a similar trend.
- Rates in C&P CCG are currently statistically similar to the England average (78.2% compared to 78.1%).

<sup>36</sup> Trend over the recent 5 time periods (2014/15 – 2018/19).

## Secondary care (hospital admissions)

### Hospital admission episodes for respiratory diseases – all admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	792	2,417.8	2,250.4	2,594.2	569	1,873.7	1,720.8	2,036.3
BMC Paston PCN	North	770	1,969.2	1,831.2	2,114.8	533	1,482.6	1,358.4	1,615.0
Central and Thistle Moor PCN	North	506	2,202.8	1,939.3	2,484.2	438	1,397.4	1,233.8	1,573.0
Fenland PCN	North	853	2,550.9	2,380.8	2,729.9	582	2,030.1	1,867.3	2,203.1
Huntingdon PCN	North	988	2,490.1	2,334.3	2,653.4	764	1,969.7	1,830.4	2,116.6
Octagon North PCN	North	1,441	1,666.0	1,578.8	1,756.7	1,090	1,275.8	1,199.4	1,355.7
Octagon Wisbech PCN	North	1,109	2,175.6	2,048.9	2,308.0	787	1,681.6	1,565.8	1,803.6
Peterborough Partnerships PCN	North	628	1,817.2	1,663.1	1,980.6	504	1,303.3	1,184.5	1,430.2
South Fenland PCN	North	682	2,209.1	2,045.7	2,382.1	483	1,698.6	1,550.0	1,857.6
South Peterborough PCN	North	1,095	1,618.0	1,523.0	1,717.4	818	1,281.3	1,194.5	1,372.7
St Ives PCN	North	942	2,011.8	1,884.8	2,145.0	628	1,468.2	1,355.0	1,588.2
St Neots PCN	North	855	1,746.4	1,627.9	1,871.1	596	1,186.7	1,091.2	1,288.1
Cam Medical PCN	South	347	1,207.4	1,069.4	1,356.8	283	940.2	820.6	1,070.8
Cambridge City 4 PCN	South	708	1,603.3	1,482.3	1,731.2	510	1,167.5	1,063.3	1,278.8
Cambridge City PCN	South	872	2,019.1	1,884.2	2,160.9	605	1,465.9	1,348.6	1,590.5
Cambs Northern Villages PCN	South	730	1,639.1	1,521.4	1,763.5	464	1,110.2	1,010.9	1,216.6
Cantab PCN	South	343	1,122.2	996.4	1,258.6	242	756.1	653.1	869.5
Ely North PCN	South	552	1,480.0	1,358.4	1,609.5	399	1,163.6	1,051.7	1,284.2
Ely South PCN	South	530	1,526.9	1,399.0	1,663.3	355	1,078.2	968.6	1,196.7
Granta PCN	South	633	1,409.5	1,301.1	1,524.5	386	975.9	880.4	1,078.9
Meridian PCN	South	733	1,501.3	1,393.7	1,615.0	498	1,120.7	1,023.5	1,224.6
<b>North Alliance</b>		10,661	1,970.0	1,932.4	2,008.2	7,792	1,484.8	1,451.7	1,518.4
<b>South Alliance</b>		5,448	1,508.1	1,467.7	1,549.3	3,742	1,077.9	1,043.1	1,113.5
<b>C&amp;P CCG</b>		16,109	1,786.3	1,758.5	1,814.4	11,534	1,324.2	1,299.9	1,348.8

Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

#### Key points:

- In 2018/19 there were 16,109 hospital admission episodes for respiratory conditions (all ages) across C&P CCG; this is an age standardised rate of 1,786.3 per 100,000 population.
- The respective all-age admission rates for the North and South alliances are 1,970.0 and 1,508.1. The rate in the North alliance is statistically significantly worse than the C&P CCG average. The rate in the South alliance is statistically significantly better than the C&P CCG average.
- In 2018/19 there were 11,534 hospital admission episodes for respiratory conditions (under 75s) across C&P CCG, this is an age standardised rate of 1,324.2 per 100,000 population.
- The respective under 75s admission rates for the North and South alliances are 1,484.8 and 1,077.9. The rate in the North alliance is statistically significantly worse than the C&P CCG average. The rate in the South alliance is statistically significantly better than the C&P CCG average.
- The rate of hospital admissions varies across the PCN areas.
- Six PCN areas have levels of hospital admission episodes for respiratory conditions which are statistically significantly higher (worse) than the respective alliance average for all ages and under 75s.



## Hospital admission episodes for respiratory diseases – elective admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	239	715.0	625.9	813.0	202	658.1	569.0	756.9
BMC Paston PCN	North	106	275.2	224.9	333.2	96	272.9	220.7	333.6
Central and Thistlethorpe PCN	North	99	323.7	247.1	412.7	97	325.7	251.4	412.0
Fenland PCN	North	173	549.0	469.3	638.2	137	498.2	417.5	589.8
Huntingdon PCN	North	229	569.0	496.7	648.8	204	541.6	468.9	622.2
Octagon North PCN	North	259	290.9	255.8	329.4	237	281.3	246.0	320.1
Octagon Wisbech PCN	North	187	368.9	317.8	425.9	153	330.5	280.1	387.3
Peterborough Partnerships PCN	North	119	336.3	274.7	407.1	108	308.0	250.0	374.9
South Fenland PCN	North	144	468.8	395.1	552.3	119	424.5	351.3	508.3
South Peterborough PCN	North	211	318.0	276.3	364.1	189	310.3	267.4	358.1
St Ives PCN	North	249	527.3	463.5	597.4	210	487.1	423.1	558.1
St Neots PCN	North	250	499.5	438.3	566.7	216	453.8	394.3	519.7
Cam Medical PCN	South	111	377.9	303.7	463.4	101	349.0	277.7	431.8
Cambridge City 4 PCN	South	217	433.5	374.4	499.0	191	393.2	336.3	456.5
Cambridge City PCN	South	242	545.2	476.9	620.2	212	503.4	436.4	577.7
Camb's Northern Villages PCN	South	205	457.4	396.5	525.0	168	403.2	344.2	469.4
Cantab PCN	South	90	284.8	224.5	355.4	79	261.1	201.9	331.1
Ely North PCN	South	171	468.5	400.4	544.7	155	462.5	392.1	541.8
Ely South PCN	South	136	377.8	316.6	447.2	124	373.0	310.0	445.0
Granta PCN	South	188	431.2	371.4	497.7	157	396.7	336.8	464.2
Meridian PCN	South	252	517.6	455.1	586.2	214	479.8	417.1	549.2
<b>North Alliance</b>		2,265	418.4	401.2	436.2	1,968	388.1	371.0	405.7
<b>South Alliance</b>		1,612	430.7	409.5	452.6	1,401	397.1	376.2	418.8
<b>C&amp;P CCG</b>		3,877	420.9	407.6	434.5	3,369	389.0	375.9	402.5

Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

### Key points:

- In 2018/19 there were 3,877 elective hospital admission episodes for respiratory conditions (all ages) across C&P CCG; this is an age standardised rate of 420.9 per 100,000 population.
- The respective all-age elective admission rates for the North and South alliances are 418.4 and 430.7. The rates in both alliances are statistically similar to the C&P CCG average.
- In 2018/19 there were 3,369 elective hospital admission episodes for respiratory conditions (under 75s) across C&P CCG, this is an age standardised rate of 389.0 per 100,000 population.
- The respective under 75s elective admission rates for the North and South alliances are 388.1 and 397.1. The rates in both alliances are statistically similar to the C&P CCG average.
- The rate of hospital admissions varies across the PCN areas.
- Five PCN areas have levels of elective hospital admission episodes for respiratory conditions which are statistically significantly higher (worse) than the C&P CCG average for all ages and under 75s.

## Hospital admission episodes for respiratory diseases – emergency admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	549	1,691.6	1,551.6	1,840.7	363	1,203.3	1,081.2	1,335.2
BMC Paston PCN	North	658	1,678.6	1,551.5	1,813.2	431	1,192.7	1,081.8	1,311.8
Central and Thistle Moor PCN	North	405	1,875.1	1,624.4	2,144.9	339	1,067.4	923.3	1,223.6
Fenland PCN	North	676	1,989.2	1,840.7	2,146.4	442	1,520.5	1,381.2	1,669.9
Huntingdon PCN	North	754	1,908.1	1,771.6	2,052.2	556	1,417.4	1,300.2	1,542.2
Octagon North PCN	North	1,172	1,362.9	1,283.8	1,445.5	844	982.4	915.6	1,052.7
Octagon Wisbech PCN	North	913	1,787.4	1,672.9	1,907.7	626	1,331.9	1,229.3	1,440.7
Peterborough Partnerships PCN	North	506	1,469.2	1,329.9	1,618.0	394	989.6	887.5	1,099.7
South Fenland PCN	North	532	1,721.0	1,577.2	1,874.3	359	1,257.4	1,130.3	1,394.8
South Peterborough PCN	North	876	1,289.0	1,204.5	1,377.9	621	958.8	884.4	1,037.7
St Ives PCN	North	681	1,457.9	1,350.0	1,572.0	412	966.3	874.8	1,064.8
St Neots PCN	North	599	1,232.9	1,132.9	1,339.1	376	723.2	650.2	801.9
Cam Medical PCN	South	235	828.0	713.4	954.3	181	589.6	495.5	694.7
Cambridge City 4 PCN	South	487	1,159.0	1,054.9	1,270.3	317	769.0	683.1	862.4
Cambridge City PCN	South	618	1,442.5	1,328.4	1,563.5	385	940.3	846.5	1,041.6
Cambs Northern Villages PCN	South	520	1,170.3	1,071.1	1,276.3	292	697.0	618.9	782.2
Cantab PCN	South	250	828.2	719.8	947.3	161	490.6	408.3	583.1
Ely North PCN	South	380	1,009.1	909.7	1,116.3	244	701.1	615.6	795.1
Ely South PCN	South	390	1,137.6	1,026.9	1,256.9	227	692.5	605.2	789.0
Granta PCN	South	440	966.3	877.5	1,061.6	226	571.2	498.7	651.2
Meridian PCN	South	464	949.1	864.0	1,040.3	275	620.9	548.9	699.6
<b>North Alliance</b>		8,321	1,537.4	1,504.1	1,571.2	5,763	1,084.5	1,056.4	1,113.1
<b>South Alliance</b>		3,784	1,062.3	1,028.3	1,097.2	2,308	671.0	643.5	699.3
<b>C&amp;P CCG</b>		12,105	1,350.9	1,326.7	1,375.5	8,071	923.9	903.7	944.5

Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate

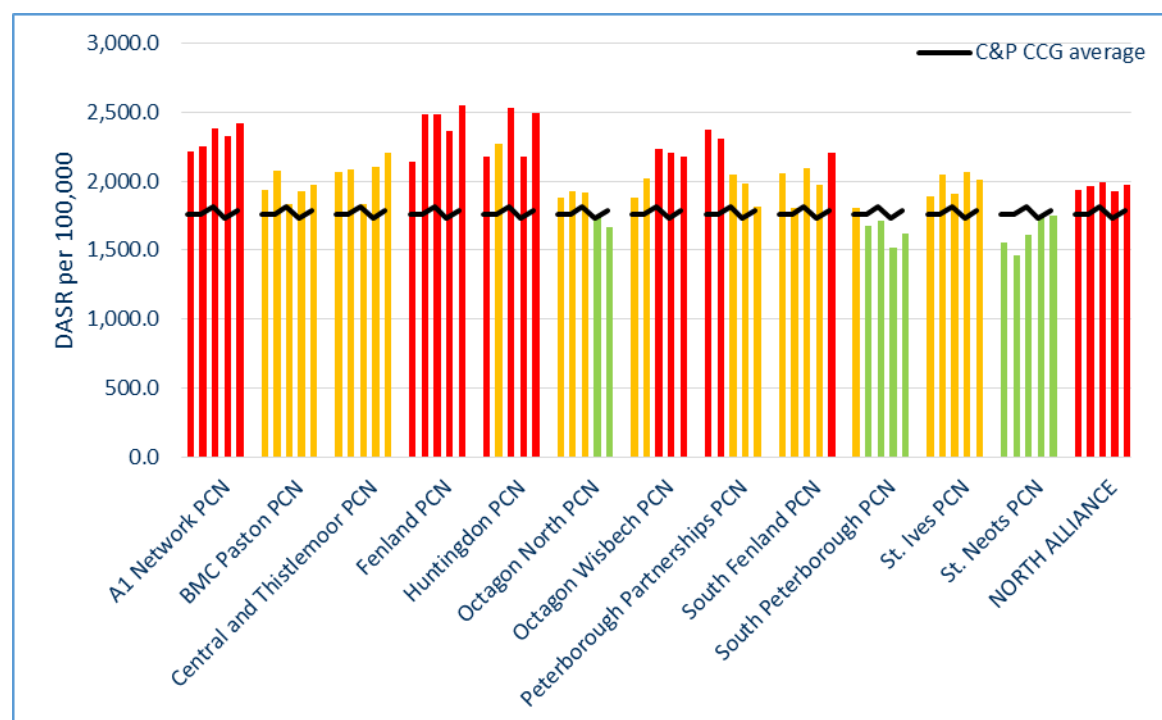
	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

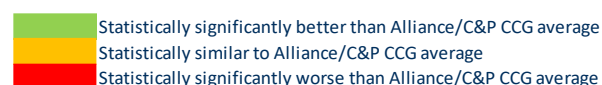
### Key points:

- In 2018/19 there were more than 12,105 emergency hospital admission episodes for respiratory conditions (all ages) across C&P CCG; this is an age standardised rate of 1,350.9 per 100,000 population.
- The respective all-age emergency admission rates for the North and South alliances are 1,537.4 and 1,062.3. The rate in the North alliance is statistically significantly worse than the C&P CCG average. The rate in the South alliance is statistically significantly better than the C&P CCG average.
- In 2017/18 there were 8,071 emergency hospital admission episodes for respiratory conditions (under 75s) across C&P CCG, this is an age standardised rate of 923.9 per 100,000 population.
- The respective under 75s emergency admission rates for the North and South alliances are 1,084.5 and 671.0. The rate in the North alliance is statistically significantly worse than the C&P CCG average. The rate in the South alliance is statistically significantly better than the C&P CCG average.
- The rate of emergency hospital admissions varies across the PCN areas.
- Five PCN areas have levels of emergency hospital admission episodes for respiratory conditions which are statistically significantly higher (worse) than the respective alliance average for all ages and under 75s.

## Hospital admission episodes for respiratory diseases – all admissions, by PCN – North Alliance, Cambridgeshire and Peterborough CCG, 2014/15 - 2018/19



Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate

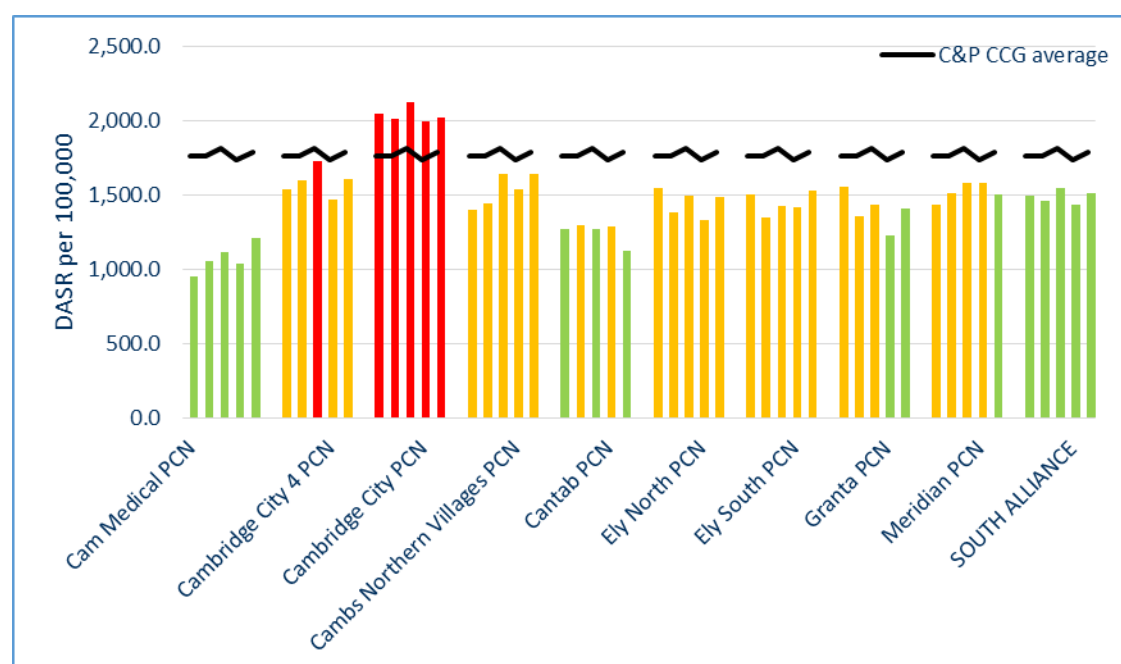


Source: HES

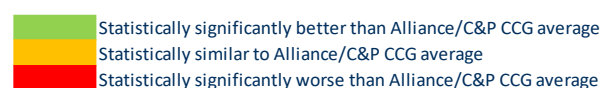
### Key points:

- The hospital admission episodes for respiratory diseases is statistically significantly worse in the North Alliance compared to the C&P CCG average for the period 2014/15 – 2018/19.
- The rate of hospital admissions varies across the PCN areas.
- A1 Network PCN and Fenland PCN have had rates of hospital admission episodes for respiratory conditions that are statistically significantly higher than the North Alliance average since 2014/15. Huntingdon PCN and Octagon Wisbech PCN have also had rates that are statistically significantly higher than the North Alliance average for the last three time periods (since 2016/17).
- In 2018/19 South Fenland PCN also has rate that are statistically significantly higher than the North Alliance average.
- South Peterborough PCN and St Neots PCN have had rates of hospital admission episodes for respiratory conditions (all ages) that are statistically significantly lower than the North Alliance average in recent years. Octagon North PCN has also had statistically significantly lower levels since 2017/18.

## Hospital admission episodes for respiratory diseases – all admissions, by PCN – South Alliance, Cambridgeshire and Peterborough CCG, 2014/15 - 2018/19



Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate



Source: HES

### Key points:

- The hospital admission episodes for respiratory diseases is statistically significantly better in the South Alliance compared to the C&P CCG average for the period 2014/15 – 2018/19.
- The rate of hospital admissions varies across the PCN areas.
- Cambridge City PCN has had rates of hospital admission episodes for respiratory conditions that are statistically significantly higher than the South Alliance average since 2014/15.
- In 2018/19, Cam Medical PCN, Cantab PCN, Granta PCN, and Meridian PCN all have rates of hospital admission episodes for respiratory conditions (all ages) that are statistically significantly lower than the South Alliance average.

## Hospital admission episodes for respiratory diseases by deprivation quintile – all admissions, Cambridgeshire and Peterborough CCG, 2018/19

Deprivation quintile	All ages				Under 75s			
	Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
1 - Most deprived	4,925	1,972.4	1,916.6	2,029.4	3,620	1,481.2	1,432.5	1,531.1
2	3,207	1,929.3	1,861.8	1,998.7	2,392	1,471.7	1,412.2	1,533.1
3	2,882	1,788.9	1,722.6	1,857.1	2,123	1,308.7	1,252.7	1,366.5
4	2,284	1,545.3	1,482.4	1,610.1	1,550	1,144.3	1,087.9	1,202.8
5 - Least deprived	2,811	1,594.0	1,535.5	1,654.3	1,849	1,118.8	1,068.3	1,171.0
<b>C&amp;P CCG</b>	<b>16,109</b>	<b>1,786.3</b>	<b>1,758.5</b>	<b>1,814.4</b>	<b>11,534</b>	<b>1,324.2</b>	<b>1,299.9</b>	<b>1,348.8</b>

Note: Respiratory definition includes ICD10 codes J00-J99. DASR – Directly age standardised rate

Quintile – where the population is divided into five equal groups, with the most deprived 20% (fifth) appearing in the ‘most deprived’ quintile and so on.

	Statistically significantly better than the C&P CCG average
	Statistically similar to the C&P CCG average
	Statistically significantly worse than the C&P CCG average

Source: HES

Key points:

- The most deprived 20% of areas (most deprived quintile) in C&P CCG for all-ages and under 75s have the highest age standardised rates of hospital admission episodes for respiratory diseases. These rates, 1,972.4 and 1,481.2 per 100,000 respectively, are statistically significantly worse than the C&P CCG average. Rates in the second most deprived quintiles for all-ages and under 75s are also statistically significantly worse than the C&P CCG average.
- In contrast, the least deprived two quintiles in C&P CCG for all ages and under 75s have age standardised rates of hospital admission episodes for respiratory diseases that are statistically significantly better (lower) than the C&P CCG average.

### Hospital admission episodes for COPD – all admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	76	215.2	169.2	269.8	44	126.7	91.9	170.2
BMC Paston PCN	North	143	396.4	333.7	467.5	72	226.6	177.3	285.4
Central and Thistle Moor PCN	North	44	438.7	310.0	600.0	25	198.1	122.7	299.8
Fenland PCN	North	146	400.2	337.5	471.2	69	221.2	171.8	280.3
Huntingdon PCN	North	120	345.6	286.2	413.6	79	239.6	189.5	298.9
Octagon North PCN	North	185	261.5	224.9	302.4	104	152.1	124.1	184.4
Octagon Wisbech PCN	North	218	432.9	377.1	494.5	133	284.9	238.5	337.7
Peterborough Partnerships PCN	North	90	371.9	297.5	458.9	52	201.1	149.6	264.4
South Fenland PCN	North	79	256.3	202.7	319.7	39	134.1	95.2	183.4
South Peterborough PCN	North	123	193.3	160.6	230.8	61	99.7	76.3	128.2
St Ives PCN	North	101	208.9	170.0	253.9	50	109.0	80.8	143.7
St Neots PCN	North	92	223.3	179.7	274.2	35	85.1	59.1	118.5
Cam Medical PCN	South	31	160.3	108.7	227.9	22	120.7	75.6	182.7
Cambridge City 4 PCN	South	97	275.6	223.1	336.7	63	194.2	149.0	248.8
Cambridge City PCN	South	141	372.0	312.7	439.3	79	221.6	175.1	276.5
Cambs Northern Villages PCN	South	96	230.4	186.3	281.6	35	90.0	62.7	125.2
Cantab PCN	South	41	177.7	127.0	241.6	25	114.0	73.6	168.5
Ely North PCN	South	85	234.1	186.9	289.7	58	171.6	130.2	221.9
Ely South PCN	South	76	223.6	176.0	280.1	37	115.6	81.4	159.4
Granta PCN	South	58	126.5	95.9	163.6	34	80.6	55.8	112.7
Meridian PCN	South	89	174.6	140.1	215.1	45	97.0	70.7	129.9
<b>North Alliance</b>		1,417	291.5	276.4	307.1	763	164.1	152.7	176.2
<b>South Alliance</b>		714	218.9	203.0	235.6	398	130.5	118.0	144.0
<b>C&amp;P CCG</b>		2,131	262.2	251.1	273.6	1,161	150.8	142.2	159.7

Note: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

#### Key points:

- In 2018/19 there were 2,131 hospital admission episodes for COPD (all ages) across C&P CCG, this equates to an age standardised rate of 262.2 per 100,000 population.
- The respective all-age admission rates for the North and South alliances are 291.5 and 218.9. The rate in the North alliance is statistically significantly worse than the C&P CCG average. The rate in the South alliance is statistically significantly better than the C&P CCG average.
- In 2018/19 there were 1,161 hospital admission episodes for COPD (under 75s) across C&P CCG, this is an age standardised rate of 150.8 per 100,000 population.
- The respective under 75s admission rates for the North and South alliances are 164.1 and 130.5. The rates in both alliances are statistically similar to the C&P CCG average.
- The rate of hospital admissions varies across the PCN areas.
- Four PCN areas have levels of hospital admission episodes for COPD which are statistically significantly higher (worse) than the C&P CCG average for all ages and under 75s.

#### Hospital admission episodes for COPD – elective admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	14	37.4	20.4	62.8	13	37.6	20.0	64.3
BMC Paston PCN	North	-	6.6	0.7	23.9	-	0.0		
Central and Thistle Moor PCN	North	-	20.2	0.2	68.3	-	7.2	0.8	25.9
Fenland PCN	North	13	38.2	20.2	65.6	9	30.5	13.9	58.1
Huntingdon PCN	North	15	43.2	24.1	71.4	10	30.7	14.6	56.5
Octagon North PCN	North	12	14.4	7.3	25.2	11	13.9	6.9	25.0
Octagon Wisbech PCN	North	13	25.7	13.6	43.9	12	25.8	13.3	45.0
Peterborough Partnerships PCN	North	-	20.8	6.6	48.7	-	17.0	4.6	43.4
South Fenland PCN	North	7	22.3	8.9	46.1	-	21.1	7.7	45.9
South Peterborough PCN	North	-	9.1	3.3	19.8	-	8.3	2.7	19.4
St Ives PCN	North	14	28.9	15.8	48.5	11	24.4	12.1	43.6
St Neots PCN	North	-	14.6	5.3	32.0	-	7.3	1.4	21.6
Cam Medical PCN	South	-	5.1	0.1	28.2	-	5.6	0.1	31.0
Cambridge City 4 PCN	South	12	31.5	16.1	55.2	12	34.6	17.7	60.7
Cambridge City PCN	South	25	65.0	41.7	96.4	16	42.5	24.0	69.4
Cambs Northern Villages PCN	South	15	36.2	20.2	59.9	7	18.1	7.2	37.3
Cantab PCN	South	-	7.7	0.8	28.0	-	8.5	0.9	30.7
Ely North PCN	South	8	22.8	9.8	45.0	-	18.0	6.6	39.3
Ely South PCN	South	-	8.9	1.8	26.1	-	9.8	2.0	28.7
Granta PCN	South	12	26.0	13.4	45.5	11	26.4	13.1	47.2
Meridian PCN	South	7	14.0	5.6	28.8	7	15.4	6.1	31.7
<b>North Alliance</b>		110	22.0	18.1	26.6	86	18.3	14.6	22.6
<b>South Alliance</b>		85	25.2	20.1	31.2	65	20.5	15.8	26.1
<b>C&amp;P CCG</b>		195	23.3	20.1	26.8	151	19.2	16.2	22.5

Note: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

#### Key points:

- In 2018/19 there were 195 elective hospital admission episodes for COPD (all ages) across C&P CCG, this equates to an age standardised rate of 23.3 per 100,000 population.

- The North and South alliance rates for all-age elective admissions are statistically similar to the C&P CCG average.
- In 2018/19 there were 151 elective hospital admission episodes for COPD (under 75s) across C&P CCG, this is an age standardised rate of 19.2 per 100,000 population.
- The North and South alliance rates for under 75s elective admissions are statistically similar to the C&P CCG average.
- Small numbers of elective hospital admissions for COPD mean that the rates generally do not vary significantly from the C&P CCG average at a PCN level for all ages and under 75s, except for Cambridge City PCN where the levels are statistically significantly higher (worse) than the C&P CCG average for all age elective admissions.

### Hospital admission episodes for COPD – emergency admissions, Cambridgeshire and Peterborough CCG, 2018/19

PCN	Alliance	All ages				Under 75s			
		Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
A1 Network PCN	North	62	177.8	136.0	228.4	31	89.1	60.4	126.7
BMC Paston PCN	North	141	389.8	327.7	460.2	72	226.6	177.3	285.4
Central and Thistle Moor PCN	North	41	418.5	292.9	577.2	23	190.9	116.4	292.7
Fenland PCN	North	133	362.0	302.7	429.5	60	190.7	145.2	245.8
Huntingdon PCN	North	104	299.4	244.4	363.2	68	205.7	159.5	261.0
Octagon North PCN	North	173	247.2	211.5	287.2	93	138.1	111.4	169.4
Octagon Wisbech PCN	North	204	405.4	351.5	465.1	120	257.1	213.1	307.5
Peterborough Partnerships PCN	North	85	351.1	278.9	436.0	48	184.1	135.2	244.8
South Fenland PCN	North	72	234.0	182.9	295.0	33	113.0	77.7	158.7
South Peterborough PCN	North	116	182.8	150.9	219.3	55	89.8	67.7	117.0
St Ives PCN	North	83	171.6	136.6	212.8	37	80.2	56.4	110.6
St Neots PCN	North	85	206.5	164.7	255.7	31	75.4	51.1	107.1
Cam Medical PCN	South	30	155.3	104.5	221.9	21	115.1	71.2	176.0
Cambridge City 4 PCN	South	84	241.2	192.0	299.0	50	156.3	115.8	206.3
Cambridge City PCN	South	113	299.1	246.1	360.1	61	173.1	132.2	222.6
Cambs Northern Villages PCN	South	78	187.1	147.6	233.9	26	66.7	43.6	97.8
Cantab PCN	South	39	169.9	120.4	232.9	23	105.5	66.7	158.6
Ely North PCN	South	77	211.4	166.6	264.4	52	153.6	114.6	201.5
Ely South PCN	South	72	211.8	165.6	267.0	33	102.7	70.6	144.2
Granta PCN	South	44	95.9	69.6	128.9	21	49.3	30.5	75.4
Meridian PCN	South	76	147.8	116.3	185.2	35	74.6	51.9	103.8
<b>North Alliance</b>		1,299	267.8	253.4	282.8	671	144.5	133.7	155.9
<b>South Alliance</b>		613	188.9	174.2	204.5	322	106.5	95.2	118.8
<b>C&amp;P CCG</b>		1,912	236.0	225.5	246.8	993	129.4	121.4	137.7

Note: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: HES

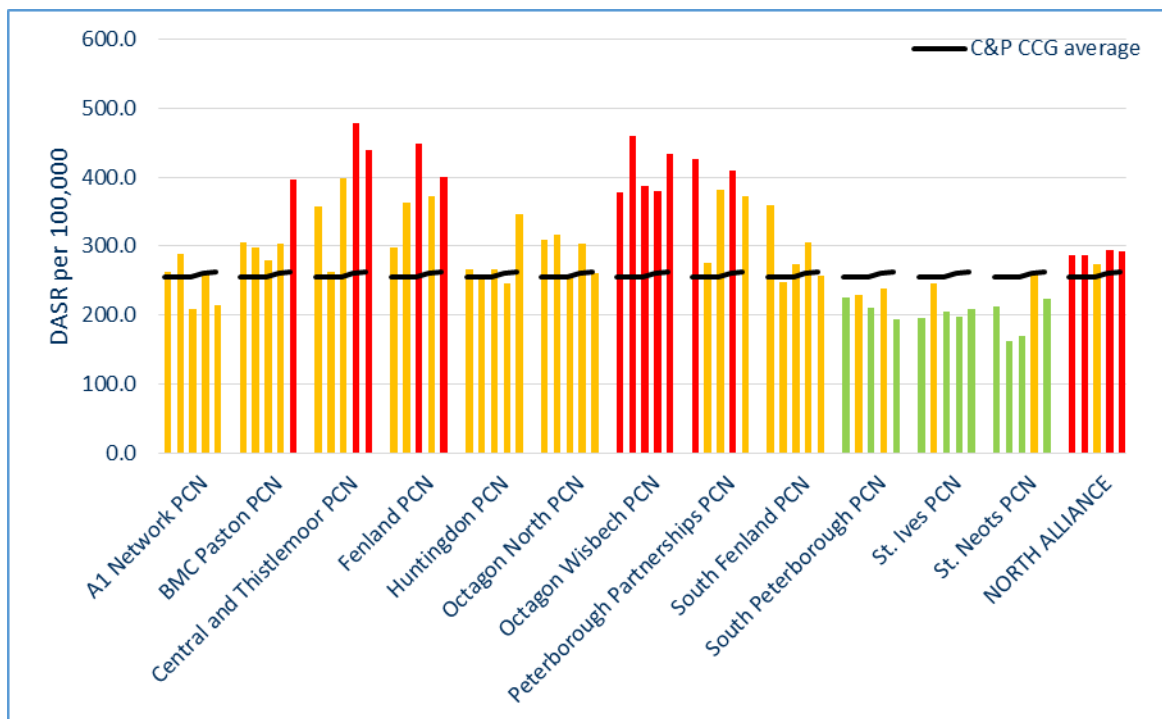
#### Key points:

- In 2019/19 there were 1,912 emergency hospital admission episodes for COPD (all ages) across C&P CCG, this equates to an age standardised rate of 236.0 per 100,000 population.
- In 2018/19 there were 993 emergency hospital admission episodes for COPD (under 75s) across C&P CCG, this is an age standardised rate of 129.4 per 100,000 population.
- The rate of hospital admissions varies across the PCN areas.

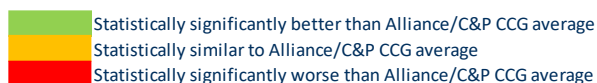


- The rate of all ages emergency hospital admissions for COPD are statistically significantly worse than the C&P CCG average in the North alliance.
- The South alliance has levels of emergency hospital admission episodes for COPD which are statistically significantly lower (better) than the C&P CCG average for all ages and under 75s.
- BMC Paston PCN, Octagon Wisbech PCN, and Cambridge City PCN have levels of emergency hospital admission episodes for COPD which are statistically significantly higher (worse) than the respective alliance average for all ages and under 75s.

#### Hospital admission episodes for COPD – all admissions, by PCN – North Alliance, Cambridgeshire and Peterborough CCG, 2014/15 - 2018/19



Note: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate



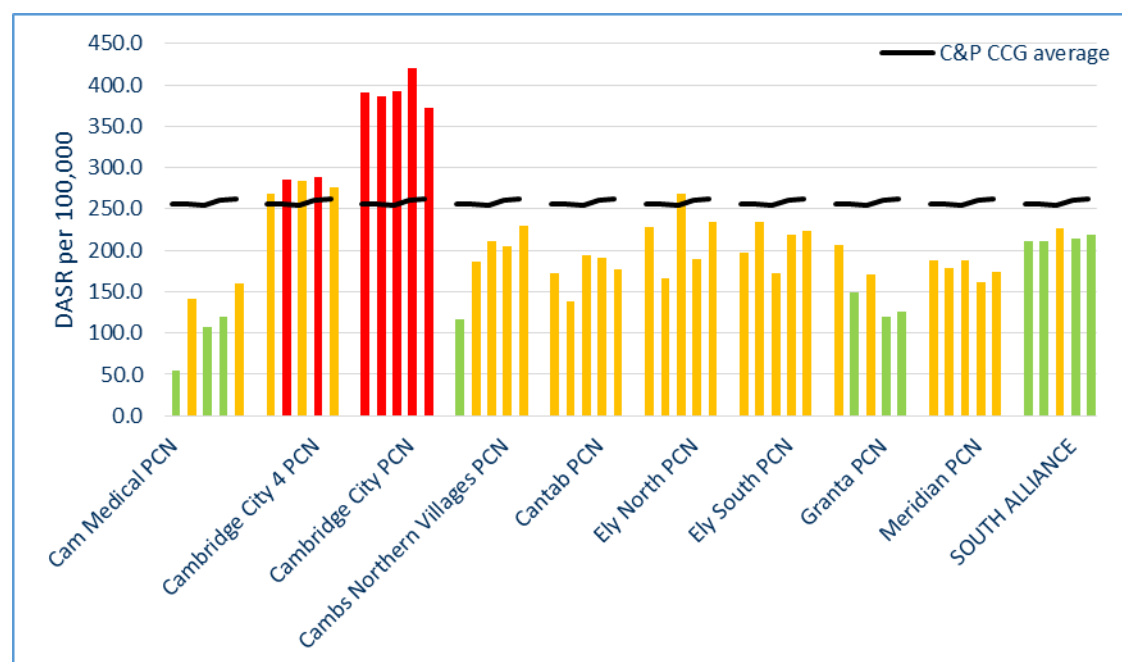
Source: HES

#### Key points:

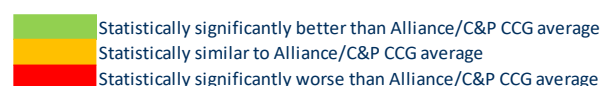
- The hospital admission episodes for COPD has been statistically significantly worse in the North Alliance compared to the C&P CCG average for the majority of the period 2014/15 – 2018/19.
- The rate of hospital admissions varies across the PCN areas.
- Octagon Wisbech PCN has had rates of hospital admission episodes for COPD that are statistically significantly higher than the North Alliance average since 2014/15.
- In 2018/19, BMC Paston PCN, Central and Thistlemoor PCN, and Fenland PCN, also have rates that are statistically significantly worse than the North Alliance average.
- In 2018/19, South Peterborough PCN, St Ives PCN, and St Nots PCN, have rates that are statistically significantly better than the North Alliance average.



## Hospital admission episodes for COPD – all admissions, by PCN – South Alliance, Cambridgeshire and Peterborough CCG, 2014/15 - 2018/19



Note: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate



Source: HES

### Key points:

- The hospital admission episodes for COPD has been statistically significantly better in the South Alliance compared to the C&P CCG average for the majority of the period 2014/15 – 2018/19.
- The rate of hospital admissions varies across the PCN areas.
- Cambridge City PCN has had rates of hospital admission episodes for COPD that are statistically significantly higher than the South Alliance average since 2014/15.
- In 2018/19, Granta PCN had rates of hospital admission episodes for COPD that are statistically significantly lower than the South Alliance average.

## Hospital admission episodes for COPD by deprivation quintile – all admissions, Cambridgeshire and Peterborough CCG, 2018/19

Deprivation quintile	All ages				Under 75s			
	Episodes (number)	DASR per 100,000	Lower CI	Upper CI	Episodes (number)	DASR per 100,000	Lower CI	Upper CI
1 - Most deprived	773	362.0	336.8	388.6	424	209.7	190.2	230.7
2	452	314.8	286.3	345.4	253	185.0	162.8	209.3
3	352	249.8	224.2	277.6	199	142.8	123.6	164.2
4	260	181.1	159.7	204.5	153	115.8	98.2	135.7
5 - Least deprived	294	172.2	153.0	193.1	132	82.1	68.6	97.3
<b>C&amp;P CCG</b>	2,131	262.2	251.1	273.6	1,161	150.8	142.2	159.7

Notes: COPD definition includes ICD10 codes J40-J44. DASR – Directly age standardised rate.

Quintile – where the population is divided into five equal groups, with the most deprived 20% (fifth) appearing in the ‘most deprived’ quintile and so on.

	Statistically significantly better than the C&P CCG average
	Statistically similar to the C&P CCG average
	Statistically significantly worse than the C&P CCG average

Source: HES

Key points:

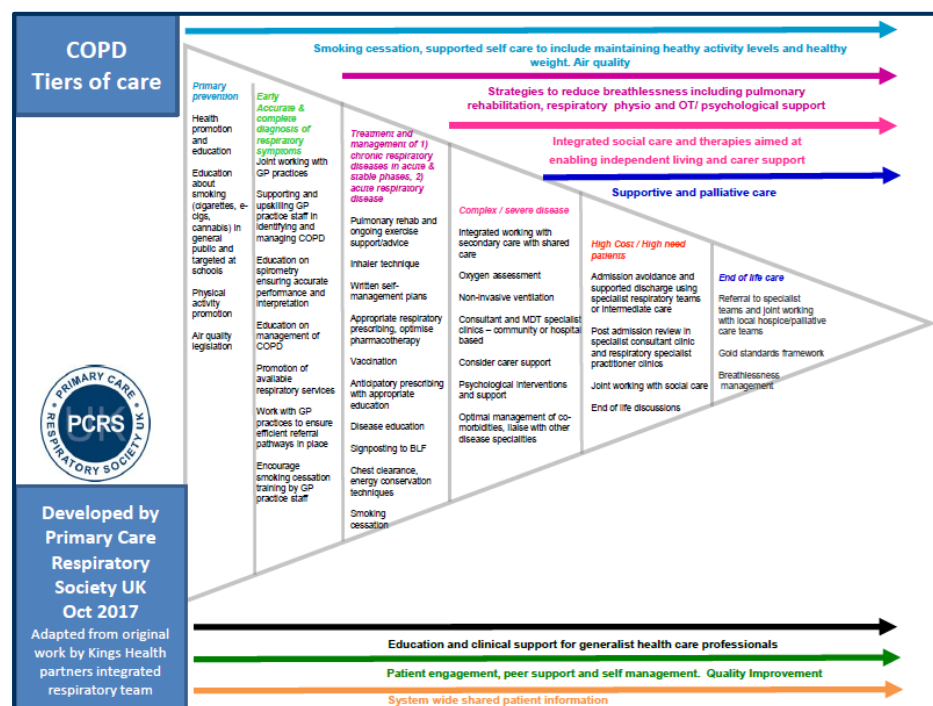
- The least deprived 40% of areas (two least deprived quintile) in C&P CCG for all ages and under 75s have the lowest age standardised rates of hospital admission episodes for COPD in the area. These rates, 172.2 and 82.1 per 100,000 respectively, are statistically significantly below the C&P CCG average.
- In contrast, the most deprived areas (two most deprived quintiles) in C&P CCG for all ages and under 75s have age standardised rates of hospital admission episodes for COPD that are statistically significantly higher than the C&P CCG average.
- Hospital admission episodes for COPD appear to have a correlation with deprivation.

## RightCare Pathway: COPD

NHS RightCare provide national recommendations and resources for management of COPD. It is recommended that commissioners ensure early detection and accurate diagnosis of COPD, and that opportunities for long-term management are optimised to reduce exacerbations, hospital admission, and any premature mortality. Management is required to be system wide for most effectiveness and efficiency.<sup>37</sup>

The Tiers of Care model highlights the care pathway for COPD. Additional information and guidelines for the individual steps of the pathway can be found on the NHS website<sup>38</sup>.

### Tiers of Care for the treatment of COPD



Source: NHS RightCare Pathway: COPD

<sup>37</sup> RightCare Pathway: COPD [online] Available at: <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/12/nhs-rightcare-copd-pathway-v18.pdf>

The **NHS Rightcare: Where to Look data pack**<sup>39</sup> identifies indicators where the performance of the C&P CCG varies from the average of its most similar 10 CCGs.

The 10 most similar CCGs demographically to C&P CCG according to NHS Rightcare 2019 are;

- NHS Bristol, North Somerset and South Gloucestershire CCG
- NHS Nene CCG
- NHS Oxfordshire CCG
- NHS East and North Hertfordshire CCG
- NHS Herts Valleys CCG
- NHS Berkshire West CCG
- NHS Northern, Eastern and Western Devon CCG
- NHS Gloucestershire CCG
- NHS Southern Derbyshire CCG
- NHS Bedfordshire CCG

For C&P CCG, the COPD pathway indicators where the C&P CCG has statistically significantly 'worse' values than the 10 peer CCGs are:

- % of COPD patients diagnosis confirmed by spirometry (2017/18)
- % of COPD patients with a record of FEV1 (2015/16)
- % of COPD patients with review – 12 months (2017/18)
- Non-elective spend – COPD (2017/18)

The Opportunities chart, within the pack, identifies where the C&P CCG has opportunity to improve, if it were to perform at the average of its similar 10 CCGs. Opportunities highlighted include;

- Reduce spend on primary care prescribing for respiratory (£406,000) (2017/18)
- Reduce elective admissions spend on respiratory (£1,480,000) (2017/18)
- Reduce outpatient attendances for respiratory medicine (7,000 attendances) (2017/18)

These, along with other indicators, may be areas to explore possible opportunities for improvement.

## Additional data sources

### NHS Rightcare workstreams: Respiratory (2019)

In 2019/20 NHS RightCare has received national clinical support and regional agreement to deliver National Priority Initiatives on respiratory disease and Cardiovascular Disease (CVD) prevention. Both are national clinical priorities, reflected in the NHS Long Term Plan.<sup>40</sup>

### NHS Rightcare Focus Packs (2016)

A focus pack for CVD, Neurological, respiratory, Maternity – April 2016.

<sup>39</sup> NHS Rightcare Where to Look data pack, September 2019, PHE, NHS England (online) Available from: <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2019/09/cfv-where-to-look-sept-19-NHS-Cambridgeshire-and-Peterborough-CCG.pdf>

<sup>40</sup> NHS Rightcare workstreams - Respiratory (online) available at: <https://www.england.nhs.uk/rightcare/workstreams/respiratory/>

Our focus packs provide more detailed information on those highest spending programmes previously covered by the NHS RightCare Intelligence, formerly Commissioning for Value, packs.<sup>41</sup>

#### **Respiratory Focus Pack Tool, Public Health England (2016)**

Public Health England's Respiratory Focus Pack Tool, available online, contains a wealth of information of respiratory related indicators, many of which are covered in other areas of this report. Indicators are presented in an interactive mapping tool.<sup>42</sup>

#### **National Institute for Clinical Excellence (NICE) guidelines for COPD (Dec 2018)**

The **Chronic obstructive pulmonary disease in over 16s: diagnosis and management** guideline covers diagnosing and managing COPD, which includes emphysema and chronic bronchitis. It aims to help people with COPD to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, improve quality of life and keep them healthy for longer.<sup>43</sup>

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<sup>41</sup> NHS Rightcare Focus Packs (online) Available at: <https://www.england.nhs.uk/rightcare/products/ccg-data-packs/focus-packs/>

<sup>42</sup> Respiratory Focus Pack Tool, Public Health England (online) Available at: <http://tools.england.nhs.uk/cfv2016/respiratory/atlas.html>

<sup>43</sup> Chronic obstructive pulmonary disease in over 16s: diagnosis and management (online) Available at: <https://www.nice.org.uk/guidance/NG115>

## Mortality

Respiratory disease is one of the main causes of death for Cambridgeshire and Peterborough residents, accounting for 2,811 deaths in 2016-18 (13% of all C&P CCG deaths).<sup>44</sup>

Data indicates that deaths where asthma is identified as the underlying cause are small in numbers, therefore asthma has not been included in this section.<sup>45</sup>

### Deaths from Respiratory Disease

#### Number of deaths with Respiratory disease as the primary cause of death, all ages, by PCN, C&P CCG

PCN	Alliance	Respiratory disease as underlying cause of death (number) - all ages					2016-18 DASR per 100,000		
		2012-14	2013-15	2014-16	2015-17	2016-18	DASR	Lower CI	Upper CI
A1 Network PCN	North	90	89	84	99	101	108.7	88.4	132.3
BMC Paston PCN	North	177	159	156	158	168	145.8	124.4	169.8
Central and Thistle Moor PCN	North	28	38	38	41	32	132.9	89.2	189.8
Fenland PCN	North	141	168	172	192	174	159.0	136.1	184.6
Huntingdon PCN	North	162	151	146	153	158	164.0	139.3	191.7
Octagon North PCN	North	358	365	356	355	339	159.1	142.5	177.1
Octagon Wisbech PCN	North	198	195	216	240	252	170.5	150.0	193.0
Peterborough Partnerships PCN	North	89	83	87	86	79	124.3	97.9	155.6
South Fenland PCN	North	99	100	99	86	92	107.3	86.3	131.8
South Peterborough PCN	North	176	180	181	208	210	115.4	100.2	132.2
St Ives PCN	North	122	144	146	153	144	106.4	89.7	125.4
St Neots PCN	North	128	145	137	145	149	132.2	111.7	155.4
Cam Medical PCN	South	37	29	29	35	48	84.5	62.1	112.1
Cambridge City 4 PCN	South	132	119	109	117	120	106.0	87.7	127.0
Cambridge City PCN	South	180	169	160	152	152	117.5	99.3	138.0
Cambs Northern Villages PCN	South	114	127	131	144	125	95.2	79.2	113.6
Cantab PCN	South	40	36	31	46	59	78.7	59.8	101.6
Ely North PCN	South	83	84	85	106	104	96.6	78.8	117.2
Ely South PCN	South	69	74	70	76	83	86.7	69.0	107.6
Granta PCN	South	87	94	102	103	98	70.4	57.1	85.9
Meridian PCN	South	100	115	122	130	124	86.5	71.9	103.2
<b>North Alliance</b>		1,768	1,817	1,818	1,916	1,898	137.3	131.1	143.6
<b>South Alliance</b>		843	848	839	909	913	92.4	86.5	98.6
<b>C&amp;P CCG</b>		2,611	2,665	2,657	2,825	2,811	118.7	114.3	123.1

Note: Respiratory definition includes ICD10 codes J00-J99. DASR = Directly Age Standardised Rate. CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance.

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: PCMD.

#### Key points:

- In the period 2016-18 2,811 deaths were recorded with respiratory disease as the underlying cause for all ages in C&P CCG, a decrease of 14 compared to the period 2015-17.
- The rate of respiratory disease related deaths is statistically significantly higher in the North alliance compared to the C&P CCG.
- The rate of respiratory disease related deaths is statistically significantly lower in the South alliance compared to the C&P CCG.
- The PCN areas with the highest number of respiratory disease related deaths in 2016-18 are Octagon North PCN (339) and Octagon Wisbech PCN (252).

<sup>44</sup> Cambridgeshire County Council Public Health Intelligence (NHS Digital Primary Care Mortality Database, ONS mid-year population estimates).

<sup>45</sup> PCMD

- Octagon Wisbech PCN and Cambridge City PCN have rates of respiratory disease related deaths that are statistically significantly higher than their respective alliance average.

## Number of deaths with Respiratory disease as the primary cause of death, under 75 years, by PCN, C&P CCG

PCN	Alliance	Respiratory disease as underlying cause of death (number) - under 75s					2016-18 DASR per 100,000		
		2012-14	2013-15	2014-16	2015-17	2016-18	DASR	Lower CI	Upper CI
A1 Network PCN	North	16	13	11	15	16	15.3	8.7	24.9
BMC Paston PCN	North	41	37	34	29	35	36.8	25.6	51.2
Central and Thistle Moor PCN	North	8	16	14	16	9	26.3	10.6	52.1
Fenland PCN	North	30	33	37	45	47	49.6	36.3	66.0
Huntingdon PCN	North	33	29	36	38	40	42.5	30.3	58.0
Octagon North PCN	North	66	66	74	76	79	40.1	31.7	50.0
Octagon Wisbech PCN	North	44	45	53	65	66	47.9	37.0	60.9
Peterborough Partnerships PCN	North	20	24	28	32	28	38.2	25.2	55.5
South Fenland PCN	North	20	18	22	23	22	24.9	15.6	37.7
South Peterborough PCN	North	36	35	42	46	44	24.6	17.9	33.0
St Ives PCN	North	24	27	22	27	21	15.1	9.3	23.1
St Neots PCN	North	33	32	31	32	38	32.4	22.9	44.5
Cam Medical PCN	South	-	-	-	7	9	17.3	7.9	32.9
Cambridge City 4 PCN	South	17	14	13	18	22	23.2	14.5	35.2
Cambridge City PCN	South	24	24	27	24	26	24.7	16.1	36.3
Cambs Northern Villages PCN	South	10	17	18	26	26	23.0	15.0	33.7
Cantab PCN	South	-	-	-	9	12	18.0	9.2	31.6
Ely North PCN	South	12	18	20	24	21	21.6	13.3	33.0
Ely South PCN	South	16	21	22	22	19	20.7	12.5	32.4
Granta PCN	South	19	25	26	29	22	17.6	11.0	26.7
Meridian PCN	South	11	12	16	19	25	18.0	11.7	26.6
<b>North Alliance</b>		371	375	404	444	445	32.8	29.9	36.1
<b>South Alliance</b>		118	139	152	178	182	20.6	17.7	23.9
<b>C&amp;P CCG</b>		489	514	556	622	627	28.0	25.8	30.3

Notes: Respiratory definition includes ICD10 codes J00-J99. DASR = Directly Age Standardised Rate. CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance. ‘-’ data numbers are too small for publication.

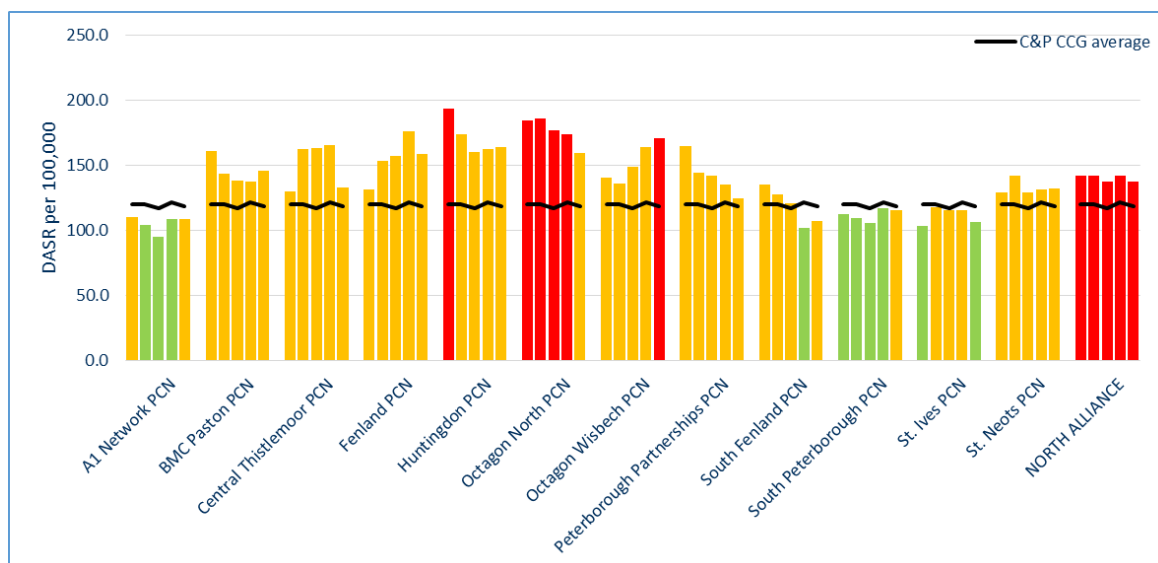
	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: PCMD.

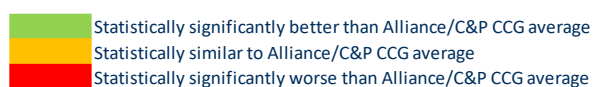
### Key points:

- In the period 2016-17 627 deaths were recorded with respiratory disease as the underlying cause for under 75 year olds in C&P CCG, an increase of 5 compared to the period 2015-17.
- The rate of under 75s respiratory disease related deaths is statistically similar in the North alliance compared to the C&P CCG.
- The rate of under 75s respiratory disease related deaths is statistically significantly lower in the South alliance compared to the C&P CCG.
- The PCN areas with the highest number of respiratory disease related deaths in under 75 year olds in 2016-18 are Octagon North (79) and Octagon Wisbech (66).
- Fenland PCN and Octagon Wisbech PCN have a rate of respiratory disease related deaths in under 75 year olds that is statistically significantly higher than the North alliance.

## Rate of deaths where Respiratory Disease is the underlying cause of death, all ages, by PCN – North Alliance, 2012-2014 to 2016-18 (DASR per 100,000)



Note: Respiratory definition includes ICD10 codes J00-J99. DASR = Directly Age Standardised Rate.



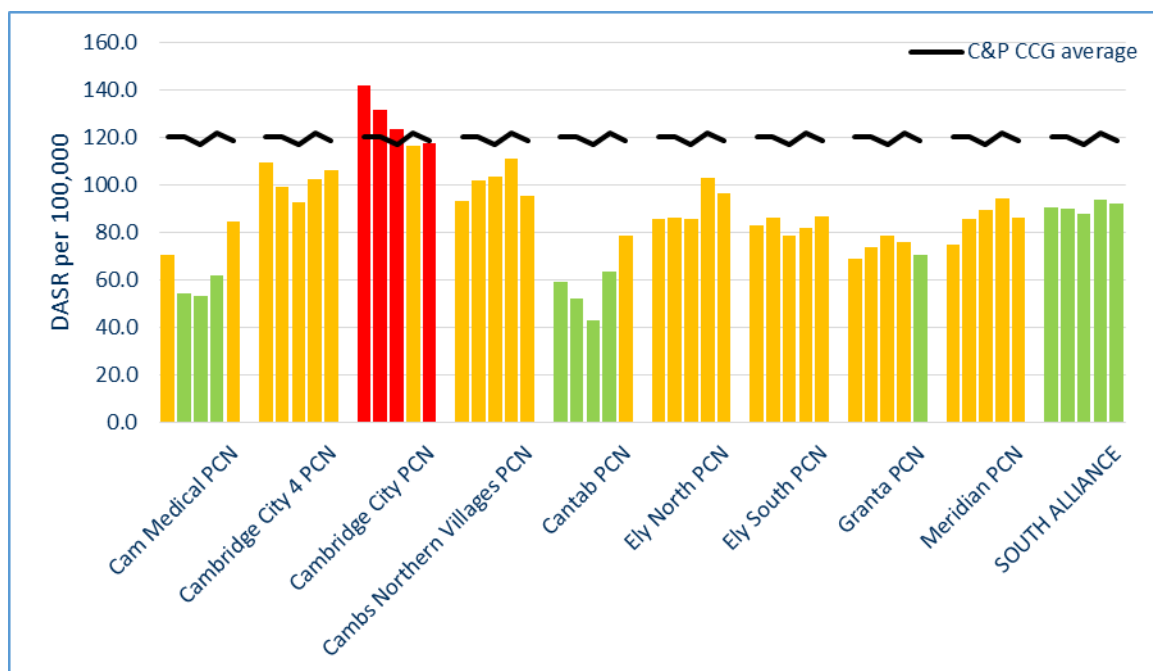
Source: PCMD.

### Key points:

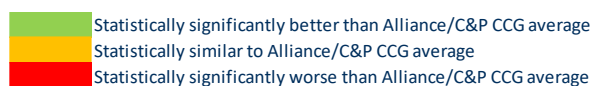
- The rate of deaths recorded with respiratory disease as the underlying cause for all ages in the North Alliance has been statistically significantly worse than the C&P CCG average since the period 2012-14.
- The rate of deaths from respiratory disease in C&P CCG varies between PCN areas.
- In 2016-18 Octagon Wisbech PCN has rates which are statistically significantly higher than the North Alliance average. This PCN appears to have an adverse trend over the time period shown.



**Rate of deaths where Respiratory Disease is the underlying cause of death, all ages, by PCN – South Alliance, 2012-2014 to 2016-18 (DASR per 100,000)**



Note: Respiratory definition includes ICD10 codes J00-J99. DASR = Directly Age Standardised Rate.

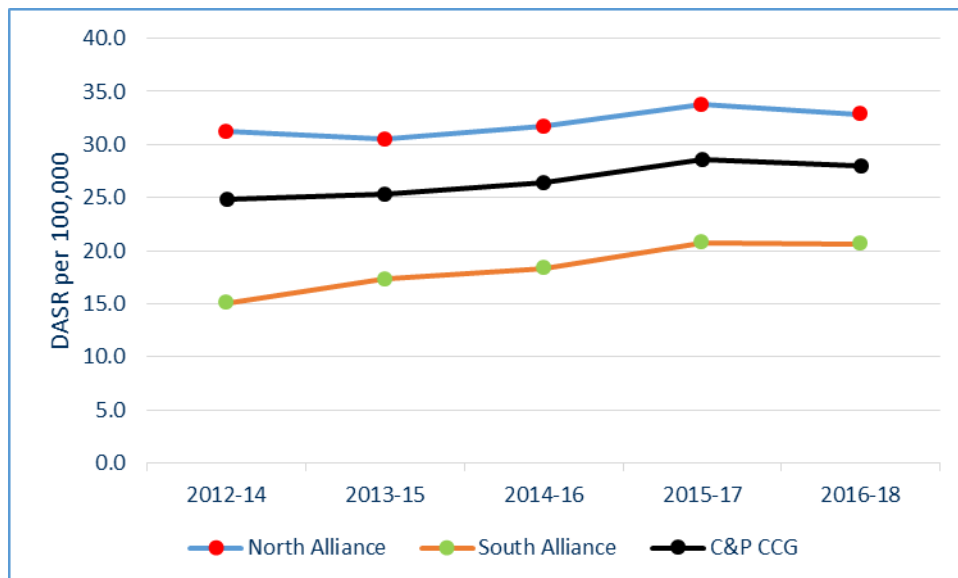


**Source:** PCMD.

**Key points:**

- The rate of deaths recorded with respiratory disease as the underlying cause for all ages in the South Alliance has been statistically significantly better than the C&P CCG average since the period 2012-14.
- The rate of deaths from respiratory disease in C&P CCG varies between PCN areas.
- In 2016-18 Cambridge City PCN has rates which are statistically significantly higher than the South Alliance average.
- Cam Medical PCN, and Cantab PCN, appear to have an adverse trend, moving from statistically significantly better than the South Alliance average in 2015-17 to statistically similar in 2016-18.

## Under 75 mortality rate from respiratory disease (persons), 2012-14 to 2016-18 (DASR per 100,000)



Note: Respiratory definition includes ICD10 codes J00-J99. DASR = Directly Age Standardised Rate.

	Statistically significantly better than C&P CCG/England average
	Statistically similar to C&P CCG/England average
	Statistically significantly worse than C&P CCG/England average

**Source:** Public Health England (based on ONS source data)

### Key points:

- The rate of deaths recorded with respiratory disease as the underlying cause for under 75 year olds in C&P CCG varies between the North and South alliances
- In the North Alliance rates have been statistically significantly worse than the C&P CCG average since 2012-14.
- In the South Alliance rates have been statistically significantly better than the C&P CCG average since 2012-14.

## Deaths from COPD

### Number of deaths with COPD as the primary cause of death, all ages, by PCN, C&P CCG

PCN	Alliance	COPD as underlying cause of death (number) - all ages					2016-18 DASR per 100,000		
		2012-14	2013-15	2014-16	2015-17	2016-18	DASR	Lower CI	Upper CI
A1 Network PCN	North	29	25	28	37	34	35.5	24.5	49.7
BMC Paston PCN	North	63	63	58	57	65	57.6	44.3	73.6
Central and Thistle Moor PCN	North	11	15	16	15	9	38.9	17.6	74.1
Fenland PCN	North	48	65	71	82	68	61.9	48.0	78.5
Huntingdon PCN	North	70	66	65	69	73	74.8	58.6	94.1
Octagon North PCN	North	120	124	132	137	141	66.4	55.8	78.4
Octagon Wisbech PCN	North	88	87	94	102	105	69.2	56.6	83.8
Peterborough Partnerships PCN	North	30	24	33	39	37	57.8	40.4	80.0
South Fenland PCN	North	39	37	43	37	43	49.1	35.4	66.3
South Peterborough PCN	North	71	73	69	73	72	38.9	30.4	49.0
St Ives PCN	North	44	44	43	45	42	30.3	21.8	41.0
St Neots PCN	North	50	49	51	62	63	54.8	42.0	70.2
Cam Medical PCN	South	12	11	14	21	24	43.8	27.9	65.2
Cambridge City 4 PCN	South	41	35	28	34	41	38.4	27.4	52.2
Cambridge City PCN	South	64	55	53	50	51	42.1	31.2	55.5
Cambs Northern Villages PCN	South	30	41	40	44	39	30.7	21.8	42.1
Cantab PCN	South	9	9	11	21	22	30.2	18.9	45.9
Ely North PCN	South	28	32	36	43	38	35.8	25.3	49.2
Ely South PCN	South	32	33	31	28	32	32.6	22.2	46.0
Granta PCN	South	29	32	42	38	38	27.9	19.7	38.3
Meridian PCN	South	32	41	48	53	45	30.9	22.5	41.4
<b>North Alliance</b>		663	672	703	755	752	53.6	49.8	57.6
<b>South Alliance</b>		277	289	303	332	330	34.1	30.5	38.0
<b>C&amp;P CCG</b>		940	961	1,006	1,087	1,082	45.6	42.9	48.4

Note: COPD definition includes ICD10 codes J40-J44. DASR = Directly Age Standardised Rate. CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance.

	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: PCMD.

#### Key points:

- In the period 2016-18 1,082 deaths were recorded with COPD as the underlying cause for all ages in C&P CCG, a decrease of 5 compared to the period 2015-17.
- The rate of COPD related deaths is statistically significantly worse in the North alliance compared to the C&P CCG.
- The rate of COPD related deaths is statistically significantly better in the South alliance compared to the C&P CCG.
- The PCN areas with the highest number of COPD related deaths are Octagon North PCN (141) and Octagon Wisbech PCN (105).
- Huntingdon PCN has a rate of COPD related deaths that is statistically significantly higher than the North alliance.

## Number of deaths with COPD as the primary cause of death, under 75 years, by PCN, C&P CCG

PCN	Alliance	COPD as underlying cause of death (number) - under 75s					2016-18 DASR per 100,000		
		2012-14	2013-15	2014-16	2015-17	2016-18	DASR	Lower CI	Upper CI
A1 Network PCN	North	8	-	-	9	7	6.8	2.7	14.0
BMC Paston PCN	North	19	21	17	16	20	21.4	13.1	33.0
Central and Thistle Moor PCN	North	-	-	7	-	-	7.9	0.8	28.9
Fenland PCN	North	14	20	24	29	26	26.8	17.5	39.3
Huntingdon PCN	North	14	13	18	21	23	24.6	15.6	36.9
Octagon North PCN	North	35	40	42	43	45	23.3	17.0	31.2
Octagon Wisbech PCN	North	29	29	39	43	43	31.0	22.4	41.8
Peterborough Partnerships PCN	North	11	-	11	14	13	18.2	9.6	31.3
South Fenland PCN	North	9	10	14	15	15	17.1	9.6	28.2
South Peterborough PCN	North	24	16	18	19	19	10.6	6.4	16.5
St Ives PCN	North	-	10	10	15	10	7.2	3.4	13.2
St Neots PCN	North	17	14	17	19	22	18.9	11.9	28.7
Cam Medical PCN	South	-	-	-	-	-	9.6	3.1	22.4
Cambridge City 4 PCN	South	13	8	-	10	15	16.4	9.1	27.0
Cambridge City PCN	South	12	12	13	11	11	10.7	5.3	19.2
Cams Northern Villages PCN	South	-	-	9	13	15	13.4	7.5	22.1
Cantab PCN	South	-	-	-	-	-	9.6	3.5	20.8
Ely North PCN	South	-	8	11	14	13	13.4	7.1	22.8
Ely South PCN	South	7	10	10	11	9	9.6	4.4	18.3
Granta PCN	South	9	16	19	20	14	11.2	6.1	18.8
Meridian PCN	South	-	-	11	12	13	9.4	5.0	16.2
North Alliance		192	196	222	248	245	18.3	16.0	20.7
South Alliance		60	68	84	101	101	11.5	9.4	14.0
C&P CCG		252	264	306	349	346	15.6	14.0	17.3

Notes: COPD definition includes ICD10 codes J40-J44. DASR = Directly Age Standardised Rate. CI lower/upper – Confidence Intervals (95%) lower and upper limits to determine statistical significance. . ‘-’ data numbers are too small for publication.

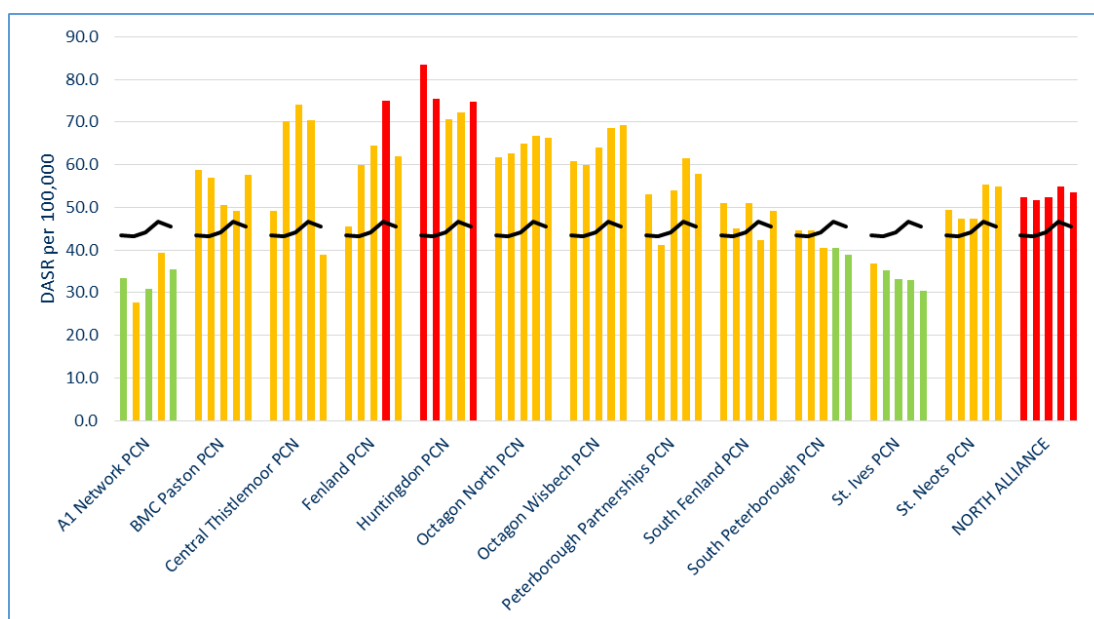
	Statistically significantly better than Alliance/C&P CCG average
	Statistically similar to Alliance/C&P CCG average
	Statistically significantly worse than Alliance/C&P CCG average

Source: PCMD.

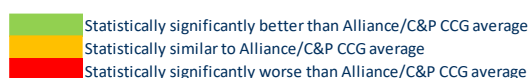
### Key points:

- In the period 2016-18, 346 deaths were recorded with COPD as the underlying cause for under 75 year olds in C&P CCG, a decrease of 3 compared to the period 2015-17.
- The rate of COPD related deaths in under 75s is statistically similar to the C&P CCG average in the North and South alliances.
- The PCN areas the highest number of COPD related deaths in under 75 year olds in 2016-18 are Octagon North PCN (45) and Octagon Wisbech (43).
- Octagon Wisbech PCN has a rate of COPD related deaths in under 75 year olds that is statistically significantly higher than the North alliance average.

**Rate of deaths where COPD is the underlying cause of death, (DASR per 100,000), all age, by PCN – North Alliance, 2012-14 to 2016-18.**



Note: COPD definition includes ICD10 codes J40-J44. DASR = Directly Age Standardised Rate.

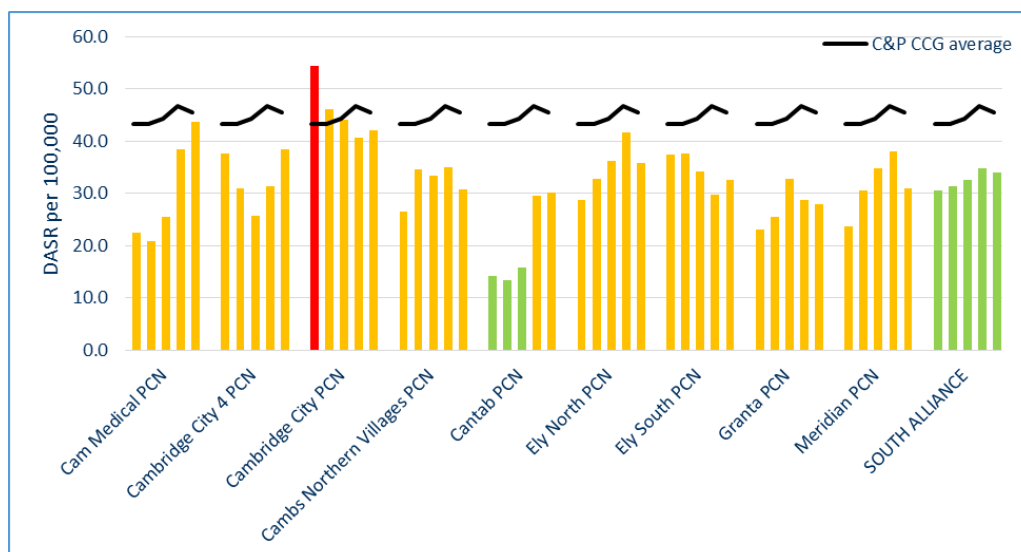


Source: PCMD.

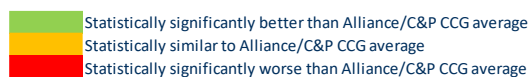
**Key points:**

- The rate of deaths recorded with COPD as the underlying cause for all ages in the North Alliance has been statistically significantly worse than the C&P CCG average since the period 2012-14.
- The rate of deaths from respiratory disease in C&P CCG varies between PCN areas.
- In 2016-18 Huntingdon PCN has rates which are statistically significantly higher than the North Alliance average. This PCN appears to have an adverse trend in recent years.

**Rate of deaths where COPD is the underlying cause of death, (DASR per 100,000), all age, by PCN – South Alliance, 2012-14 to 2016-18.**



Note: COPD definition includes ICD10 codes J40-J44. DASR = Directly Age Standardised Rate.



Source: PCMD.

**Key points:**

- The rate of deaths recorded with COPD as the underlying cause for all ages in the South Alliance has been statistically significantly better than the C&P CCG average since the period 2012-14.
- The rate of deaths from respiratory disease in C&P CCG varies between PCN areas.
- In 2016-18 no PCN within the South Alliance has a rate that is statistically significantly different to the South Alliance average.