Chronic obstructive pulmonary disease (COPD)

Headlines

The most common cause of chronic obstructive pulmonary disease (COPD) is smoking. Once a smoker stops smoking the risk of developing COPD reduces. COPD cannot be cured but stopping smoking will slow down its progression.
Locally, COPD caused 1 in 20 deaths in 2011.
Nationally, about 4.7% of people over 16 have COPD, yet only 2.1% are recorded locally. This means that fewer than half of people with COPD have a diagnosis and are therefore being appropriately managed.

Why is this issue important?

COPD is an umbrella term for chronic bronchitis, emphysema and chronic asthma. It is a debilitating and progressive lung disease characterised by obstruction to a person's main airways (bronchi). COPD causes 1 in 14 deaths nationally and is the second highest cause of emergency admission to hospital[1].

Locally, in 2011, COPD caused 1 in 20 deaths[2]. COPD accounted for approximately 812 local emergency admissions to hospital in 2011[3], an increase from 2009-10.
In Kirklees, 2.1% of those over 16 were recorded on GP registers as having COPD in 2011-12[4]. Although this had increased slightly from 1.9% in 2009-10[5], the rate of COPD was estimated to be 4.7% of those over 16 in 2011. So fewer than half (45%) of people with COPD had a diagnosis[6] and were therefore being appropriately managed.
Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke[7].

What significant factors are affecting this issue?

Smoking is the most common cause of COPD. Stopping smoking reduces the risk of developing COPD as smoking is responsible for 4 in 5 cases of COPD. For those already suffering COPD, it cannot be cured, but stopping smoking will slow down its progression1. COPD can also be attributed to some occupational exposures associated with the mining and textile industries[8], so it is an issue locally due to a history of these industries.

There are a number of support groups such as Expert Patients and Pulmonary Rehabilitation that local people find beneficial in helping manage their condition[9]. In

addition, there is extensive smoking cessation provision throughout Kirklees. The stop smoking service is also carrying out work to raise awareness and aid early detection of COPD.

Which groups are most affected by this issue?

Men are at greater risk of COPD than women, although the disease is increasing in women because of the link to smoking. See Tobacco section and Lung cancer section. Many people who used to work in the textile industry are more likely to have COPD as they get older, because of occupational exposure.

Where is this causing greatest concern?

Batley and Dewsbury had the highest rate of respiratory illness requiring hospital admission, particularly in those aged over 65 in Batley. Dewsbury also had the highest rate of deaths from COPD at 20 per 100,000, followed by Colne Valley at 17 and Batley at 16, all above the Kirklees rate of 13 per 100,000. In addition, Dewsbury had the highest rate of smoking, 1 in 4, compared with1 in 5 across Kirklees[10].

Views of local people

Local people who were diagnosed with COPD expressed the following views[9]:

- Expert Patients/Pulmonary Rehabilitation programmes are beneficial and important and help people manage their condition.
- A perceived lack of awareness of resources and information.
- A perceived lack of awareness of available services such as Expert Patients programme and Breathe Easy groups.
- How debilitating their disease is and how it impacts on their day to day living. Many participants also commented on how COPD was causing them depression and impacting negatively on their emotional wellbeing.
- A significant delay in diagnosis from first experiencing symptoms.
- A need to make it easier to make appointments with their GP and to see the same GP.
- A need for more help and awareness for depression and emotional wellbeing.

What could commissioners and service planners consider?

- Raise awareness amongst those at greater risk of COPD of the risk factors and their impact.
- Focus on addressing the variation in the quality of care provision for people with respiratory illness across Kirklees, especially amongst people who are housebound and/or at the end of life. This should include the provision of training and education opportunities to ensure that a skilled workforce can provide excellent respiratory management within primary care and ensuring adequate availability of community matrons and case managers for people with complex effects of respiratory disease or who are high intensity service users.
- Encourage improvement in the diagnosis of patients with COPD including identifying those at more risk.
- Ensure that those with COPD are supported to stop smoking.
- Encourage respiratory patients to self manage their condition.
- Ensure that pulmonary rehabilitation sessions are accessible, convenient and tailored to patients needs in order to maximise uptake and adherence.

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References

[1]. British Lung Foundation: COPD.
http://www.lunguk.org/you-and-your-lungs/conditions-and-diseases/copd.htm

[2]. Public Health Mortality Files: ONS. 2011.

[3]. Secondary Uses Service (SUS); WYCSA. 2011.

[4]. Quality and Outcomes Framework Prevalence Data 2011/12.
http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/audits-and-performance/the-quality-and-outcomes-framework/qof-2011-12/qof-pct-level-tables-2011-12

[5]. Quality and Outcomes Framework Prevalence Data 2010.

http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/audits-and-performance/the-quality-and-outcomes-framework/qof-2008/09/data-tables/prevalence-data-tables

[6]. Association of Public Health Observatories. Disease prevalence models. http://www.apho.org.uk/resource/view.aspx?RID=48308

[7]. World Health Organisation (2011) COPD Factsheet number 315. http://www.who.int/mediacentre/factsheets/fs315/en/

[8]. Health and Safety Executive (2010) Chronic Obstructive Pulmonary Disease. http://www.hse.gov.uk/statistics/causdis/copd/

[9]. NHS Kirklees health needs assessment for COPD. 2010.

[10]. NHS Kirklees and Kirklees Council. *Current Living in Kirklees (CLIK) survey.* 2012.