OP JSNA Factsheet 7: COPD

Summary
COPD is a major cause of ill health in Southwark and smoking rates (the major risk factor) are high. Mortality is higher compared to London and England. Two thirds of patients on GP COPD registers are over 65 years. There are a high number of emergency admissions as a result of COPD and high costs incurred (see Unplanned Care Factsheet). Further information can be found in the Annual Public Health Report 2010.

Definitions
Chronic obstructive pulmonary disease (COPD) is a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible (WHO). A COPD diagnosis is confirmed by a spirometry, which measures how deeply a person can breathe and how fast air can move into and out of the lungs.

The local picture
Two thirds of people on GP COPD registers are over 65 years (Table).

Table 2: QOF Disease Registers over 65 by gender (March 2011)

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All patients (total)</td>
<td>Aged 65 years +</td>
</tr>
<tr>
<td>Registered patients</td>
<td>318236</td>
<td>13597</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>3877</td>
<td>1229</td>
</tr>
</tbody>
</table>

Source: QOF 2010/11

There is significant morbidity arising from COPD in Southwark and emergency admissions are also higher than the average rate for London. High smoking rates in routine and manual groups in Southwark have been a major driver in high numbers of emergency admissions (see Unplanned Care Factsheet). Mortality rates are higher than London and England for people of all ages, see figure below.
What we know works
Smoking is the major risk factor for COPD. Smoking cessation is important both in the prevention of COPD and in improving outcomes for patients with COPD. Stopping smoking slows the decline in FEV1 with benefits in terms of both symptoms and survival. As such, NICE recommend that all COPD patients who still smoke, regardless of age, should be encouraged to stop and be offered help at every opportunity. Access to end of life care for people in respiratory failure as a result of COPD can enhance quality at the end of life.

NICE suggests that FEV1 (a measure of lung capacity) and inhaler technique should be assessed at least annually for people with COPD, so that those with increasing severity can be identified and assessed for alternative treatment options.

Local action to date
Of those on GP COPD registers, 74% have been assessed by spirometry in the past 15 months, compared to 80% in London and 78% in England as a whole. Further information can be found in the Annual Public Health Report 2010. Pulmonary rehabilitation is available locally.

The health checks programme and new patient checks will help detect all people not already known to have COPD aged 40-74. They will then be channelled into activities/prescribed medication to reduce their risk, as above.

What still needs to done
More people with COPD need to be detected in primary care and managed better as per NICE guidance. Smoking cessation should be targeted to these patients.