

RESPIRATORY DISEASE Fact Sheet

Background

There are many conditions which affect the lungs and/or airways and impact on a person's ability to breathe. They include lung cancer, tuberculosis, asthma, Chronic Obstructive Pulmonary Disease (COPD), and cystic fibrosis. It has been estimated by the British Lung Foundation that one person in every seven in the UK is affected by lung (respiratory) disease.¹

Respiratory disease is the most commonly reported long term illness in children and the third most commonly reported in adults. One in seven boys and one in eight girls aged two to 15 years report having long term respiratory illness in England.²

The three biggest respiratory conditions that impact on services (and mortality) are COPD, asthma and pneumonia. Respiratory disease, in particular COPD and pneumonia, has a big impact in terms of costs to the NHS and in terms of disability due to the condition.

Risk factors

Smoking is the key risk factor for COPD but the causes of asthma are less clear. However, for both diseases exacerbation of the condition is often caused by smoky or polluted environments.

The Local Picture

Prevalence

Fig. 1 shows that based on GP registers (QOF), Sutton has a prevalence of 1.4% for COPD (1 in every 71 people) compared to 1.8% (1 in every 57 people) nationally. This represents 2,704 people in 2014-15. However, it should be noted that QOF figures will be an underestimate as they only include disease that is both recorded and registered.

For asthma the prevalence is 5.6% (1 in every 18 people) compared to 6% (1 in every 17 people) nationally.

Fig. 1: Prevalence of COPD comparing Sutton with London boroughs

Mortality

In Sutton in 2014, 99 people (all ages) died of bronchitis, emphysema and other COPD. Of these, 31 people were aged under 75.

¹ British Lung Foundation. <http://www.blf.org.uk/Home>

² The Health of Young People 1995-1997. Joint Health Surveys Unit. Stationery Office London

Fig. 2 shows that the Directly Standardised Rate per 100,000 population for premature mortality (aged under 75) from respiratory disease in Sutton is 18.9, higher, though not statistically, than the national (17.7) and regional (17) average rate.

Fig. 2: Mortality from COPD, aged less than 75, by gender

Fig. 3 shows that overall in Sutton the Directly Standardised Mortality rate per 100,000 population for COPD for all ages has increased over time (38.9 in 2004-06 to 58.9 in 2012-14) and is now *significantly higher* than for London and England.

Fig. 3: Trend in Mortality from COPD all ages by gender

Issues

The map at **Fig. 4** indicates that the highest ranking wards for emergency hospital admission for COPD (mainly the Northern Wards and Sutton Central) are closely associated with areas of deprivation.

Fig. 4: Emergency hospital admissions for COPD, by ward, SAR, 2008/9 - 2012/13

Sutton progress

Respiratory disease is a long term condition. The management of long term conditions is one of the five priorities specified in Sutton CCG's Plan for 2014-16. The overall aim is to improve quality of life for people with long term conditions.

The programme includes integration at locality level to support care for high risk patients' health, including risk stratification and senior community nurse alignment, and active case management, helping to integrate local health and social care professionals.

Practices in Sutton CCG are grouped into three geographically based localities, Carshalton, Sutton and Cheam, and Wallington. Every practice in Sutton has had a risk profile tool installed to help them identify their patients most in need of support. GPs work with colleagues from community health services, social services and the voluntary sector to support patients through a multi-disciplinary, integrated team approach. The steps of the process are as follows:

- Practices use the tool to identify patients
- Practices discuss internally via Multi Disciplinary Team meetings and develop a case management plan

Sutton has developed an integrated COPD pathway across secondary, community and primary care to ensure patients are seen by the right clinician at the right time in the right environment.

An education programme for GP's, nurse and health care assistants has been implemented to improve early identification and proactive management of individuals with respiratory disease.



What works

COPD is potentially avoidable, either through reduction of known risk factors (such as smoking for COPD), or preventative treatment (such as immunisation for those at risk of pneumococcal disease).

If a person stops smoking, over time the risk of both heart and lung disease decreases, and even if COPD is present, the severity and disability caused by the disease can be better controlled.

What do we know that works

In 2012 the Department of Health issued guidelines on best practice actions and interventions for improved outcomes in respiratory conditions. These are split into five areas:

1. Preventing people from dying prematurely. Actions include more accurate and earlier diagnosis, appropriate smoking cessation support and promoting regular physical activity.
2. Enhancing the quality of life for people with respiratory conditions. This includes support for people to self-manage their condition, integrated community and specialist care and appropriate rehabilitation services.
3. Helping people to recover from episodes of ill health. It is important to agree a local pathway of care for acute exacerbations and to develop a hospital discharge scheme with appropriate support and follow-up.
4. Ensuring that people have a positive experience of care, including personalised information, ensuring psychological support and social care needs are assessed as well as consideration of palliative care needs.
5. Treating and caring for people in a safe environment.

In addition, NICE provides guidance on preventing premature mortality and smoking cessation. Tobacco use is the single greatest cause of preventable deaths in England leading to respiratory disease and cancer.

Tobacco. NICE advice [LGB24] Published January 2015.
<http://www.nice.org.uk/advice/lgb24/chapter/Introduction>

Key indicators and targets

Relevant indicators from the Public Health Outcomes Framework

<http://www.phoutcomes.info/>

- *Health improvement domain:* 2.03 Smoking status at time of delivery, 2.09 Smoking prevalence at age 15, 2.14 Smoking prevalence
- *Health protection domain:* 3.05 Treatment and Incidence of TB
- *Healthcare and premature mortality domain:* 4.07 Under 75 mortality rate from respiratory disease



Links to further information

- See Factsheet on **Tobacco Control**
- National Institute for Health and Care Excellence: <http://www.nice.org.uk/>
- Public Health England. Local Tobacco Profiles for England at: <http://www.tobacoprofiles.info/>
- British Lung Foundation. <http://www.blf.org.uk/Home>

Priorities for Sutton

Specific actions include:

- Enabling Sutton residents to achieve healthier lifestyles, for example by stopping smoking, increasing physical activity, eating more healthily and reducing harmful drinking
- Implementing evidence-based practice in smoking in pregnancy service guidance
- Promoting the NHS Health Check service with its links to Smoking Cessation to Sutton's population and practices
- Reducing underage sales of tobacco (and alcohol) by rolling out 'Do You Pass' training and education to staff within targeted premises in the borough and to work to reduce the presence of cheaper counterfeit products on the market (as part of the Health Responsibility Deal).
- Developing the health and social care pathway for people with Chronic Obstructive Pulmonary Disease (COPD) and measuring against agreed standards

Health Coaching: Sutton CCG is undertaking a specific project for patients with COPD. A registered nurse with specific training in coaching supports patients to manage their condition and maximise their contact time with their general practice. This role is in support of the patient, and runs alongside the patient's GP team.

In more detail: Clinical health coaches, who are experienced qualified registered nurses with specialist skills and training in shared decision making, motivational interviewing and behavioural change, work with patients to educate them about their condition and treatment and motivate them to better manage those conditions and avoid exacerbations - in this case COPD. It is a personalised service; each patient has a named coach who takes time to listen to patients about concerns and potential barriers which make it difficult to adhere to treatment plans. Our clinical health coaches work alongside existing health care professionals to provide a seamless service. They work with patients to agree individual goals, guided by the pace acceptable to the patient, informed by NICE guidelines and the local care pathway.

Expected outcomes include:

- patients have increased understanding of their long term condition
- improved adherence to medication regimes
- improved self management capabilities
- lifestyle changes to enhance health status
- improvement in the quality of care provided
- inappropriate attendances at A&E decrease
- improved access to appropriate local services
- decrease in non-elective admissions

Also as part of its two year plan, Sutton CCG is scoping the redesign of its specialist respiratory services.