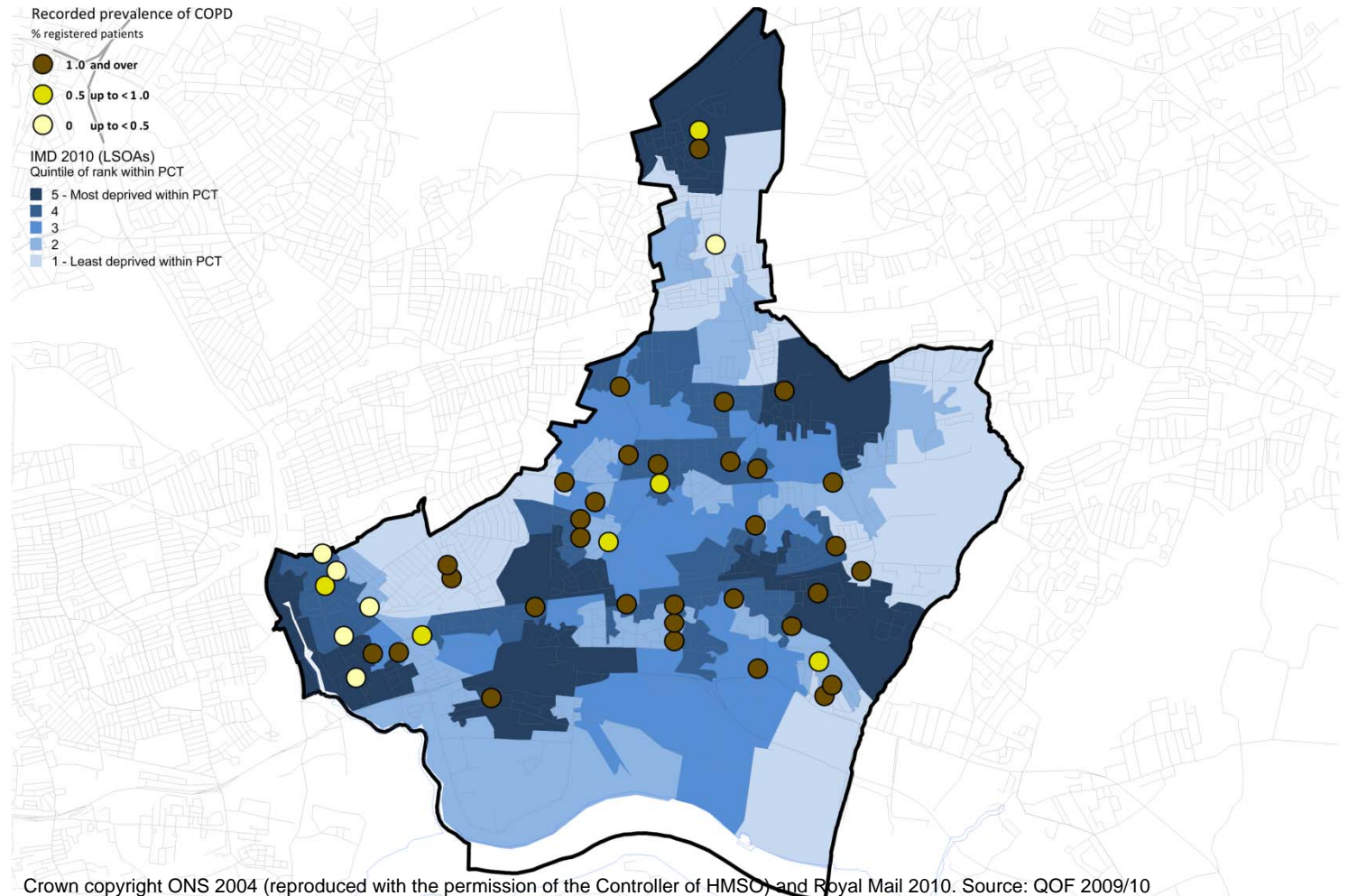


BARKING AND DAGENHAM COPD PATHWAY PROFILE 2011

Chronic obstructive pulmonary disease (COPD) is a long term condition, which includes disorders such as emphysema and bronchitis. It is characterised by the progressive narrowing of the airways and premature ageing of the lungs. This COPD profile brings together a wide range of information and analysis related to the COPD pathway in one, easy to use, reference document. It aims to provide a better understanding of the quality of COPD care in your local area, enabling GPs to commission on the basis of need. Profiles should be interpreted in the context of local demography. For further demographic information about your local area, please refer to our Health Needs Assessment Toolkit <http://hna.londonhp.nhs.uk/>.



This map presents the prevalence of COPD at a general practice level alongside the level of socio-economic deprivation (according to the Index of Multiple Deprivation 2010) for small geographical areas (Lower Super Output Areas). It should be noted that in addition to level of deprivation, COPD prevalence may be related to other factors including the age structure of the practice population.

Key Points:

- Smoking is the primary cause of COPD. All COPD patients still smoking, regardless of age, should be encouraged to stop, and offered help to do so, at every opportunity. For further information about smoking in your local area, please refer to the tobacco control profiles produced by the London Health Observatory <http://www.lho.org.uk/>.
- Emergency COPD admission rates in Barking and Dagenham are significantly higher than the national average; residents in Barking and Dagenham are almost four times as likely as residents in the local authority with the lowest admission rate to be admitted to hospital for COPD.
- Readmission rates within 90 days of an emergency admission for COPD are statistically similar to the national average. However, more than 40 percent of Barking and Dagenham patients admitted for COPD return within 90 days.
- Once admitted for COPD, patients from Barking and Dagenham spend significantly less time in hospital than other patients in England; over three days less than the local authority with the longest length of stay.
- The high admission rate is coupled with the highest overall COPD death rate in London; almost four times higher than the local authority with the lowest COPD death rate in England.

COPD PATHWAY SUMMARY

The spine chart below shows how COPD data for this local authority compares with London and the rest of England. Your local authority's results for each indicator are displayed as a circle. Blank cells indicate that data are not currently collected at a national level and that it may be important to measure these parameters locally. The average rate for England is shown by the red line in the centre of the chart. The range of results for all local authorities in England is shown as a grey bar. A red circle means that data for this local authority is significantly worse than the England average. A green circle shows that data for this local authority is significantly better than the England average; however, this may still indicate an important health problem.

Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

England Key:



Domain	Indicator	Local Number	Local Value	Lon Avg	Eng Avg	Eng Worst	England Range	Eng Best
Risk Factors	1 Adults who smoke	n/a	29.0	20.8	22.2	35.2		10.2
	2 Population aged 35yrs and over	82,601	47.0	49.6	56.2	37.8		70.4
	3 Population aged 75yrs and over	10,780	6.1	5.6	7.8	16.0		3.4
General Practice: diagnosis	4 COPD prevalence, recorded*	2,456	1.3	1.0	1.6	3.3		0.7
	5 COPD prevalence, modelled	5,895	4.7	3.9	3.6	6.1		1.9
	6 COPD prevalence, modelled v. recorded*	4.7	3.5	3.9	2.4	6.2		1.3
	7 Asthma prevalence, recorded*	8,544	4.6	4.8	5.9	7.1		3.5
	8 COPD diagnosis confirmed by post bronchodilator spirometry*	590	91.8	89.4	90.3	82.8		94.8
	9 Exception rate for COPD indicators*	731	0.1	0.1	0.1	0.2		0.1
General Practice: treatment	10 Adults with COPD who smoke							
	11 Patients with long-term conditions with smoking status recorded*	32,564	96.4	95.3	95.2	93.3		97.4
	12 Patients with long-term conditions offered stop smoking advice*	6,539	94.3	92.7	92.8	88.7		96.7
	13 Exception rate for smoking indicators*	269	0.7	0.8	0.7	1.4		0.4
	14 Successful smoking quitters at 4 weeks, CO validated*	1,303	1,004	550	614	51		1,455
	15 Prescribed nicotine replacement therapy (NRT)*	2,223	1,296	2,184	2,997	143		10,887
	16 Prescribed varenicline*	3,346	1,951	984	1,704	275		5,221
	17 Eligible COPD patients offered pulmonary rehabilitation							
18 COPD patients with medical review in last 15 months*	2,060	90.9	89.6	89.9	80.7		93.9	
Secondary Care	19 Length of stay, emergency inpatient COPD admissions*	2,577	6.0	6.7	6.8	9.6		3.2
	20 Emergency admissions for COPD, overall*	439	3.4	1.9	1.8	4.9		0.9
	21 Emergency admissions for COPD, COPD registered patients*	358	14.6	13.6	12.5	17.9		9.6
	22 Emergency readmissions within 28 days, overall*							
	23 Emergency readmissions within 90 days, COPD admitted patients	122	41.4	41.8	39.6	52.2		25.0
Mortality & End of Life Care	24 Deaths from COPD, all ages	288	42.5	25.4	26.2	48.7		11.9
	25 Deaths from COPD, <75yrs	74	18.5	11.4	11.8	27.5		3.4
	26 Years of life lost due to mortality from COPD	74	14.0	9.8	10.5	26.0		1.2
	27 Deaths with any mention of respiratory disease as cause	1,462	35.2	35.1	33.9	41.1		25.7
	28 Respiratory deaths at own residence	70	10.7	12.9	13.7	7.5		29.1
Spend	29 Cost of oxygen prescribing							
	30 Overall spend on obstructive airways disease*	2,884,000	14.8	10.9	13.1	24.5		6.4
	31 Primary care spend on obstructive airways disease*	1,025,000	5.3	4.1	5.4	13.8		0.8
	32 Secondary care spend on obstructive airways disease*	1,859,000	9.5	6.8	7.6	16.4		1.8

*PCT level data

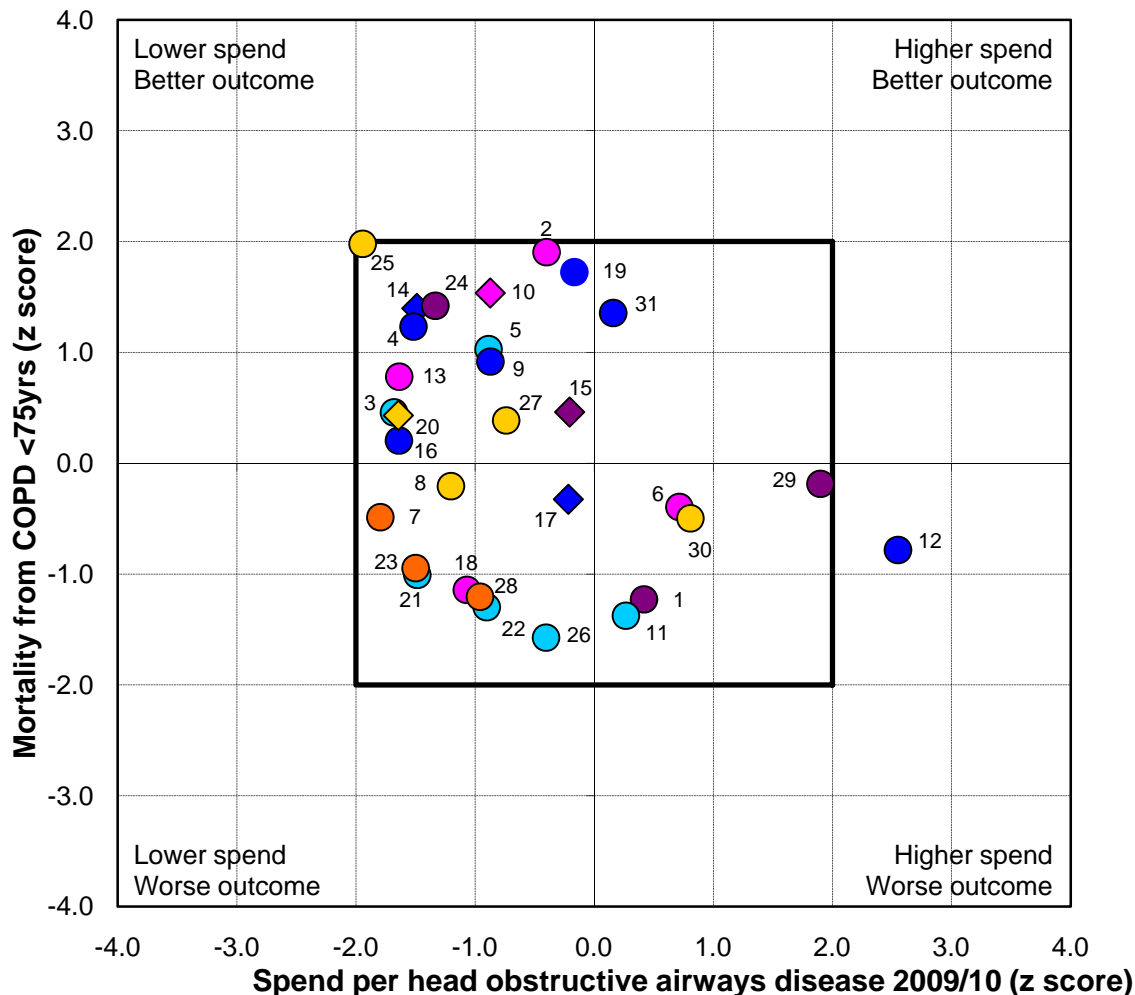
1 % adults, modelled estimate using Health Survey for England 2006-2008 (APHO Health Profiles). 2-3 % residents, 2008 midyear estimates (ONS). 4 % GP patients on COPD register 2009/10 (QOF). 5 % aged 16yrs+ 2010 (ERPHO). 6 Ratio of modelled 2010 (ERPHO) to recorded prevalence 2009/10 (QOF). 7 % GP patients on asthma register 2009/10 (QOF). 8 % GP patients on COPD register 2009/10 (QOF). 9 No. GP patients excepted from all QOF COPD indicators as a % of all QOF COPD indicator denominators + exceptions 2009/10 (APHO GP Profiles). 10 % GP patients on COPD register (data not currently collected). 11-12 % GP patients on smoking register recorded in last 15 months 2009/10 (QOF). 13 No. GP patients excepted from all QOF smoking indicators as a % of all QOF smoking indicator denominators + exceptions 2009/10 (APHO GP Profiles). 14 Crude rate per 100,000 ONS midyear population estimate 2009/10 (NHS IC). 15-16 Prescribed items per 100,000 ONS midyear population estimate 2009/10 (ePACT). 17 % MRC3+ patients (data not currently collected). 18 % GP patients on smoking register 2009/10 (QOF). 19 Total no. & standardised average no. of days spent in hospital 2009/10 (NHS Comparators). 20 Rate per 1,000 GP registered population 2009/10 (NHS Comparators). 21 % GP patients on COPD register 2009/10 (ERPHO). 22 % all COPD discharges 2009/10 (NHS Comparators, under revision). 23 % patients admitted with COPD as an emergency 2009 (London Health Programmes). 24-26 Directly age-standardised rate per 100,000 European standard population 2007-2009 (NCHOD). 27 % all deaths 2007-2009 (NEoLCIN Profiles). 28 % all respiratory deaths 2007-2009 (NEoLCIN Profiles). 29 £ per head of population (data not currently collected). 30-32 £ per weighted head of population 2009/10 (DH).

Spine chart preparation based on West Midlands Public Health Observatory Spine Chart Tool Version 4
Analysis undertaken by the Clinical & Health Intelligence team, NHS London Health Programmes.

SPEND AND OUTCOME

Standardised z scores were calculated for each local authority for outcome (premature COPD mortality) and spend data (primary and secondary spend per head on obstructive airways disease). Z scores measures the distance of a value from the mean in units of standard deviation. A positive z score indicates that the value is either higher spend or better outcome than the national average whereas a negative z score indicates lower spend or worse outcome than the national average. A z score below -2 or above +2 indicates that the value is statistically significantly different from the national average (at 95% confidence level). The graph presents an overall picture of spend and mortality at a local level and does not, therefore, imply causality.

Quadrant analysis of obstructive airways disease spend (2009/10) and premature mortality from COPD (2007-2009)

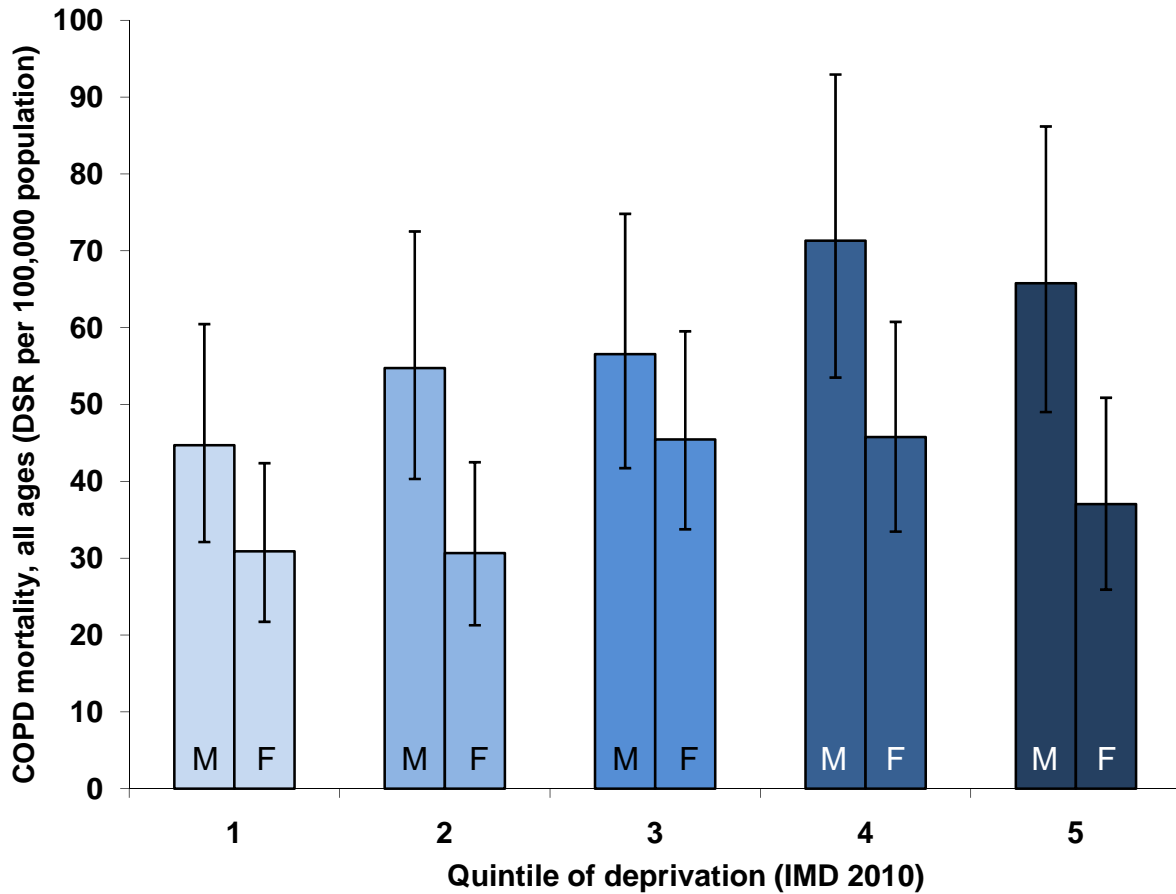


Source: Compendium of Clinical and Health Outcomes, Clinical Health Outcomes Knowledge Base (NCHOD); Department of Health Analysis undertaken by the Clinical & Health Intelligence team, NHS London Health Programmes.

<ul style="list-style-type: none"> ● Inner North East London ● North Central London ● North West London ● Outer North East London ● South East London ● South West London — 2 Standard deviations ◆ Indicates PCTs that do not currently offer a Pulmonary rehabilitation programme, n=5 (NHS London Respiratory Team Audit, May 2011). 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 1 Barking and Dagenham PCT 2 Barnet PCT 3 Bexley Care Trust 4 Brent Teaching PCT 5 Bromley PCT 6 Camden PCT 7 City and Hackney Teaching PCT 8 Croydon PCT 9 Ealing PCT 10 Enfield PCT 11 Greenwich Teaching PCT 12 Hammersmith and Fulham PCT 13 Haringey Teaching PCT 14 Harrow PCT 15 Havering PCT 16 Hillingdon PCT </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 17 Hounslow PCT 18 Islington PCT 19 Kensington and Chelsea PCT 20 Kingston PCT 21 Lambeth PCT 22 Lewisham PCT 23 Newham PCT 24 Redbridge PCT 25 Richmond and Twickenham PCT 26 Southwark PCT 27 Sutton and Merton PCT 28 Tower Hamlets PCT 29 Waltham Forest PCT 30 Wandsworth Teaching PCT 31 Westminster PCT </td> </tr> </table>	<ul style="list-style-type: none"> 1 Barking and Dagenham PCT 2 Barnet PCT 3 Bexley Care Trust 4 Brent Teaching PCT 5 Bromley PCT 6 Camden PCT 7 City and Hackney Teaching PCT 8 Croydon PCT 9 Ealing PCT 10 Enfield PCT 11 Greenwich Teaching PCT 12 Hammersmith and Fulham PCT 13 Haringey Teaching PCT 14 Harrow PCT 15 Havering PCT 16 Hillingdon PCT 	<ul style="list-style-type: none"> 17 Hounslow PCT 18 Islington PCT 19 Kensington and Chelsea PCT 20 Kingston PCT 21 Lambeth PCT 22 Lewisham PCT 23 Newham PCT 24 Redbridge PCT 25 Richmond and Twickenham PCT 26 Southwark PCT 27 Sutton and Merton PCT 28 Tower Hamlets PCT 29 Waltham Forest PCT 30 Wandsworth Teaching PCT 31 Westminster PCT
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The chart below displays differences in COPD mortality according to local levels of deprivation. Small areas within each local authority are divided into quintiles according to the level of deprivation defined by the Index of Multiple Deprivation 2010. The darkest coloured bars indicate deaths from COPD in the most deprived areas, while the lightest coloured bars indicate COPD deaths in the least derived areas. The locations of these areas are displayed on the map on page 1.

Mortality from COPD (2005-2009) and level of deprivation



95% confidence interval: These indicate the level of certainty about each value on the graph. Longer/wider intervals mean more uncertainty

M = Male F = Female

- Quintile 1: Least deprived
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5: Most deprived

Source: Hospital Episode Statistics; Compendium of Clinical and Health Outcomes, Clinical Health Outcomes Knowledge Base (NCHOD); Department for Communities and Local Government.
 Analysis undertaken by the Clinical & Health Intelligence team, London Health Programmes

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