This needs assessment was prepared by the Public Health Action Support Team on behalf of Northamptonshire County Council.
Introduction

- Respiratory disease is the third leading cause of death in England after circulatory disease and cancer.
- The most important respiratory diseases are chronic obstructive pulmonary disease (COPD), asthma and tuberculosis.
- Over six million people in England suffer from asthma or COPD, conditions which inflict a heavy burden on patients and carers, and account for a significant proportion of NHS and social care expenditure. Both cause cough and breathlessness.
- There are 12,205 patients in Northamptonshire with COPD, a similar prevalence to that in the UK and slightly less than other areas in East Midlands. There are no local prevalence figures for asthma.
- Early diagnosis and effective treatment and management of respiratory disease have a positive impact on long-term health outcomes and reduce mortality.
- Most respiratory diseases are associated with smoking or exposure to tobacco smoke in the environment. They are generally commoner in older people.
- Smoking during pregnancy significantly increases the risk of a child developing asthma, and children whose parents smoke are more likely to develop the condition.
- The Department of Health’s recently published Outcomes Strategy for COPD and Asthma and the accompanying NHS Companion Document describe how to improve outcomes for people with these diagnoses.
- The NHS Atlas of Variation in Healthcare for People with Respiratory Disease underlines the substantial scope clinicians and commissioners have to improve outcomes by ensuring that all patients receive the quality of care that is delivered in the best-performing localities.
- Northamptonshire’s population is ageing, similar to the national trend. Commissioned services will need to consider the increased demand for services and the needs of an ageing population in relation to respiratory disease. Prevention, early detection and early treatment are essential to reduce the burden and improve the quality of life for patients.

Key points

- There were 839 deaths from respiratory disease in Northamptonshire in 2011, with 164 occurring in people under the age of 65. Nene CCG has a similar mortality rate from respiratory disease to England, but Corby CCG’s rate is almost double that for England.
- Nene CCG’s performance in the provision and commissioning of respiratory care is similar to that of England’s.
- Corby CCG performs less well. On six of the eleven indicators, it is in the lowest quartile of CCGs; these include its high rates of and expenditure on admissions, high prescribing costs and high mortality from COPD.
- Northamptonshire general practices perform well on indicators of the quality of the respiratory care that they provide. However, these indicators may not be sensitive to all aspects of quality.
Specifically, many people with COPD in Northamptonshire have not been diagnosed and recorded by their general practitioner. In some practices, fewer than one in five patients with the condition is apparently known to their doctor. This means that they will not obtain the treatment that they need, increasing the risk of disease progression and hospital admission.

Also, compared with England, fewer patients with COPD in Nene CCG have had simple checks of their lung function carried out.

Furthermore, the proportion of eligible Northamptonshire patients immunised against influenza is significantly lower than in England as a whole. This leads to avoidable hospital admissions and preventable deaths.

The information received about respiratory service activity and respiratory training of staff in Northamptonshire is not complete. It indicates that the respiratory services and training vary across the County. The services are currently not integrated and the training of staff and prevention services vary according to the locality.

The cost of emergency admissions due to COPD and asthma has increased by 53% from 2007/2008 to 2012/2013 with a cost of approximately £16 million in 2012/2013.

There is a separate JSNA section on smoking which provides information on this topic.

Recommendations

Promote education and self-management of care to respiratory patients

- Commission services to promote self-care, especially in areas with more frequent inappropriate emergency admissions. Ensure all people who have had a respiratory exacerbation are provided with individualised written advice on early recognition of future exacerbations, including appropriate provision of self-treatment at home and clear guidelines for seeking appropriate care including a named contact.

Ensure that the workforce delivers high quality respiratory care

- Provide education and support to all health professionals involved in respiratory care to ensure best practice and guidelines are followed. Health professionals should receive regular updates and refresher courses that promote adherence to respiratory care pathways. Self-management skills should be taught to healthcare professionals so they are better able to develop and deliver self-management action plans for patients.
- Develop a single primary care training strategy that promotes a unified care pathway for Northamptonshire.

Promote awareness raising initiatives to improve early diagnosis and prevention

- Commissioners should promote initiatives to identify undiagnosed COPD and asthma. Early diagnosis and treatment can help prevent deterioration of respiratory diseases and maintain quality of life.
- Clinicians should assess smokers and ex-smokers for COPD, make and record diagnoses where appropriate, provide smoking cessation support and offer treatment.
- Programmes to increase the awareness and uptake of influenza and pneumococcal vaccinations should be used to improve the uptake of immunisations in Northamptonshire. Vaccinations programmes should be targeted at areas of lower uptake.

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• Smoking cessation programmes should be fully integrated into respiratory services to enable easy access and consistent messages and support. People with respiratory conditions who smoke should be encouraged to stop and be offered the full range of evidence-based smoking cessation support.

Commission integrated care across the whole of Northamptonshire

• Commissioners should adopt a unified approach to respiratory care and streamline the care pathways in Northamptonshire with simpler referral and discharge pathways.
• Respiratory care services should be reviewed to ensure that patients are identified and treated in the community and primary care and not through emergency admissions.
• Commissioners should provide adequate resources to shift care from secondary to primary and community settings and should encourage the integration and collaboration of services. This will reduce the expense of hospitalisation and move care closer to home.
• Commissioners should develop rehabilitation services that include mental health services and deliver targeted care packages that specifically address the needs of those complex respiratory patients who frequently use unscheduled services.
• As recommended by Northamptonshire long-term needs strategy, the clinical pathway for the treatment of patients with respiratory conditions should be linked with other pathways for long-term conditions (e.g. diabetes and heart failure), in addition to having social care links.

Evaluate existing respiratory services

• Evaluate the ROCKET and RESTART community programmes to establish whether their strategies are optimising self-care, improving patient experience and reducing inappropriate use of unscheduled services.
• Review prevention services including integrated smoking cessation services and prevention services specifically targeted at people at risk of COPD and/or asthma. This may include more promotion of health in the work-place initiatives, self-help groups, patient coaching, and innovative smoking cessation programmes.
• Ensure preventative services are targeted at the most deprived communities who have an increased incidence of COPD.
• Promote the development of innovative respiratory services through learning from case histories of respiratory services being delivered in other areas of the UK.

Review respiratory data monitoring systems

• Review the quantitative and qualitative data currently being collected to ensure appropriate indicators are identified to monitor the respiratory services. Encourage the maintenance of accurate respiratory disease registers covering smoking status, referral to smoking cessation, COPD, asthma and tuberculosis.

Key early priorities are:

• Improve proportion of people with COPD who are diagnosed
• Improve vaccination coverage in people with COPD
• Promote self-care to reduce emergency admissions.
This needs assessment should be read in conjunction with the reports on smoking and cancer.

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