JSNA Gloucestershire 2022/23

Respiratory

Health ◊ Care ◊ Wellbeing

Respiratory conditions include chronic illnesses like COPD, asthma, bronchitis and emphysema and acute illness such as pneumonia.

Respiratory diseases affect **one in five people** and are the **third biggest cause of death** in England

They are a **major factor in winter pressures** faced by the NHS

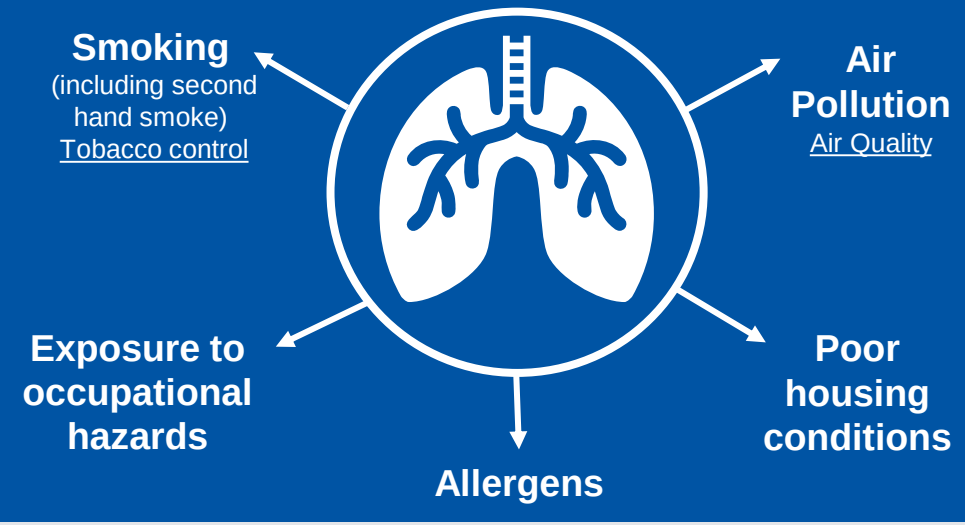
The annual **economic burden** on the NHS in the UK is estimated at **£11billion** for all lung conditions

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening. The most deprived communities have higher smoking rates, higher exposure to air pollution, poorer housing conditions and greater exposure to occupational hazards.

Hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally.

> As a patient living with COPD it is a privilege to be able to contribute my experiences to the way in which respiratory services are developed, planned and delivered to us, at all levels across the county, both now and in the future. It is essential that patient's voices are heard and noted as to how care for us is provided.
>
> - Pauline Masters (Patient representative)

Respiratory risk factors:



Flu, Covid-19 and pneumococcal vaccination can help protect against respiratory conditions and stop exacerbations in those chronic conditions.

The uptake of the **Influenza vaccination** was **84.8%** in those aged 65+ in **Gloucestershire** in 2022/23, better than the England rate of 79.9%.[1]

The uptake of the **Covid-19 spring 2023 booster vaccination** was **77%** in Gloucestershire compared with 70% in England for those aged 75 and over.[2]

Asthma

Hospital admissions for **asthma** (aged <19 years) in Gloucestershire **was 104.9 per 100,000** between 2019/20 – 2021/22. This was **significantly better** than England (120.0 per 100,000).[4]

Emergency hospital admissions for **asthma** for adults (aged 19 years and over) in Gloucestershire was **62.7 per 100,000** in 2020/2021. This was **significantly worse** than England (44.4 per 100,000).[5]

In 2020/21, the median **length of stay of emergency admissions** to hospital for asthma is **1 day** for those aged under 19 in Gloucestershire (same as England) and those aged 19 years and over (shorter than England which is 2 days).[6]

Asthma prevalence
(age 6+) in Gloucestershire was
7.3%
in 2021/22, higher than England at 6.5%.[3]

Chronic Obstructive Pulmonary Disease (COPD)

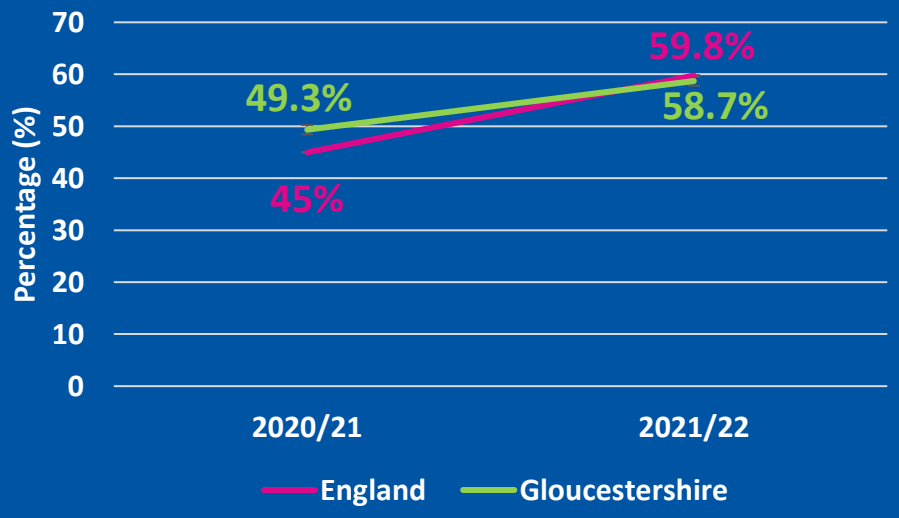
In Gloucestershire in 2021/22, **COPD prevalence was 1.8%** which was lower than England (1.9%).[7]

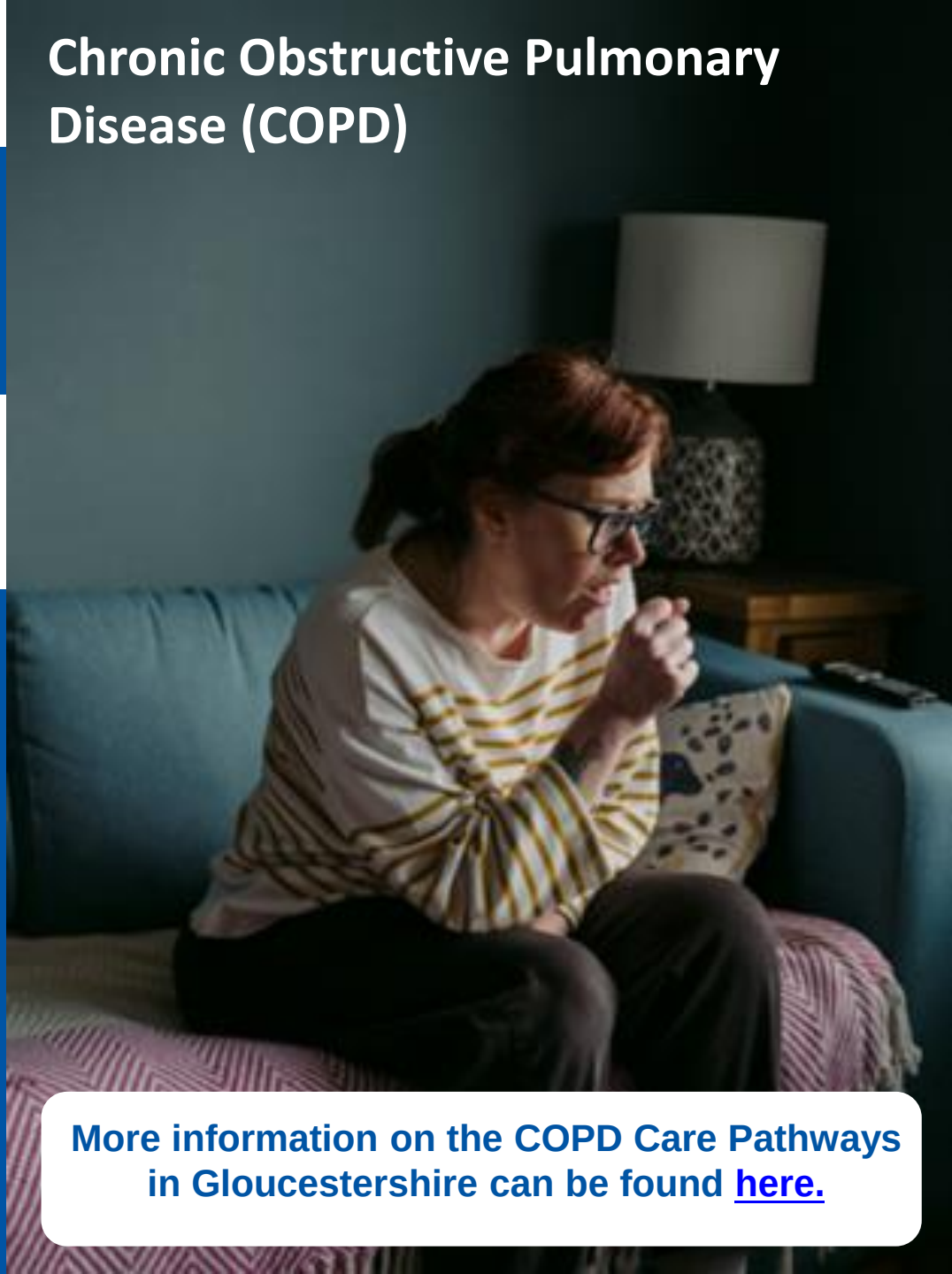
The **emergency hospital standardised admission ratio* for COPD** in Gloucestershire, for all ages was **67.8 per 100** which was **significantly lower** than England (100.0 per 100) between 2016/17 – 2020/21).[8]

In 2020, the **mortality rate from COPD** as a contributory cause in Gloucestershire was **39.15 per 100,000** which was **significantly better** than the England rate of 68.82 per 100,000. [9]

In 2021/22, **58.7%** of patients with **COPD** had **a review in the last 12 months** in Gloucestershire, similar to England (59.8%).

A reverse of the previous year's trend when Gloucestershire was 49.3%, which was significantly better than England 45%.[10]





More information on the COPD Care Pathways in Gloucestershire can be found here.

Pneumonia

In 2020/21, **emergency hospital admissions for Pneumonia** in Gloucestershire were **225.6 per 100,000 DSR**** which was significantly better than the England rate of 241.7 per 100,000 DSR.[11]

In 2020/21, the **median length of stay for emergency hospital admissions for Pneumonia** in Gloucestershire was **5 days**, the same as England.[12]

The percentage of **zero and one day emergency admissions** to hospital for **pneumonia** have been increasing over the previous 5 years. In 2020/21 it was **26.0%**, which was significantly better than England (17.6%).[13]

The 3 year mortality rate between 2017-2019 from **Pneumonia (underlying cause)** in Gloucestershire was **49.5 per 100,000**, significantly worse than the England rate of 43.25 per 100,000.[14]

The 3 year mortality rate between 2016-2018 for **Pneumonia (all mentions)** in Gloucestershire was **177.22 per 100,000** which was significantly worse than the England rate of 167.69 per 100,000.[15]

Deaths from both **Pneumonia** as an ***underlaying cause*** or ***all mentions*** have been **significantly worse** in Gloucestershire when compared to England for many years.

What are we doing locally?

- Providing local, faster and accurate diagnostics for COPD and Asthma via Spirometry and FeNO testing in Primary Care.
- Collaborative Consultant lead services and staff development in management of complex long-term respiratory conditions in Primary Care, creating convenience and familiarity for patients.
- Asthma Friendly Schools initiative: National bundle of care for children and young people with asthma
- Working towards full integration of our Respiratory services across Primary, Secondary and Community care. This enables seamless patient care amongst a suite of services to facilitate personalised care.
- Pulmonary Rehabilitation is an evidence-based exercise and education programme designed for people with lung disease who experience symptoms of breathlessness and currently provided by the Integrated Respiratory Team at Gloucestershire Health and Care Trust.
- An initiative to enable people to self-manage their symptoms at 'Breathe in Sing Out'

Areas of best practice

- Primary Care Respiratory Champions are engaged in education, driving diagnostic testing and challenging variation between Primary Care Networks as well as improving communication across primary, community and secondary care.
- Better and more accurate diagnosis due to increased Spirometry and FeNO testing is resulting in better medicines optimisation, and therefore a reduction in spend on inhalers
- Learning from Covid, a respiratory virtual ward has been established which enables people to be monitored at home using digital technology
- Acute Respiratory Hubs have been established in Cheltenham and Gloucester to enable community-based assessment and treatment
- To date we have successfully trained 55 Healthcare Practitioners in the use of Spirometry in Primary Care with 34 of these due to complete their accreditation later this year.

Key evidence

- NHS Long Term Plan
- Overview | Chronic obstructive pulmonary disease in over 16s
- NICE impact respiratory conditions

DATA SOURCES: 1. Seasonal influenza vaccine uptake in GP patients - GOV.UK. 2. Vaccinations in Gloucestershire - data.gov.uk. 3. Fingertips. 4. Fingertips. 5. Fingertips. 6. Fingertips. 7. Fingertips. 8. Fingertips. *This standardised admission ratio is a measure of how more or less likely a person living in Gloucestershire is to have an emergency admission to hospital for COPD compared to the standard population, which is England (100). 9. Fingertips (Inhale). 10. Fingertips. 11. Fingertips. 12. Fingertips. 13. Fingertips. 14. Fingertips. 15. Fingertips. **Directly standardised rates *compensate for the effects of age* as a cause for variations in the data.