ITEM 9 (c)

1st Meeting

Chronic Obstructive Pulmonary Disease (COPD) Task and Finish Review Group

Thursday 10th January 2013

Present: Councillors Newall (in Chair), Donoghue, Francis, McNab, E A Richmond and H Scott.

Apologies: Councillors S Richmond and J Taylor

Officers: Neneh Binning, Democratic Officer-Health, Democratic Services, Sue Everson, Lead Respiratory Specialist, Dr Alwyn Foden, Consultant Physician, Joanne Todd Associate Director of Nursing (Patient Safety & Governance), County Durham and Darlington NHS Foundation Trust, Catherine Parker, Public Health Portfolio Lead, NHS County Durham and Darlington Public Health, Claire Adams, Respiratory Nurse Lead, Dr Basil Penney, GP Respiratory Lead, Darlington Clinical Commissioning Group.

Discussion held at the meeting

The Chair of the Committee welcomed the invited Officers to give a briefing in relation to COPD.

Darlington Clinical Commissioning Group

The GP Respiratory Lead and the Respiratory Nurse Lead from the Darlington Commissioning Group led Members through a prepared briefing note, which involved research carried out by the Darlington Respiratory Team. Members were informed that nationally:

- About 25,000 people die in England and Wales, 1 death every 20 minutes.
- COPD had accounted for 4.8% of all deaths in England between 2007 and 2009.
- COPD is the fifth biggest killer in UK.
- An estimated 2.2 million remain undiagnosed.
- COPD is the 2nd highest cause of hospital admissions in the UK.
- 15% of people die within three months of admission.
- The direct cost of COPD to the UK is estimated to be between £810 million and £930 million a year without charge. The Department of Health predicts this impact will grow.

- COPD is now high on the agenda.

In relation to Darlington, COPD prevalence has increased from 1.9% to 2.4% over the last five years. The prevalence in Darlington was much higher than Durham & Chester-Le-Street and North Durham Clinical Commissioning Groups.

It was highlighted that data showed significant variation between wards, with prevalence in Central, Bank Top, Northgate, North Road, Cockerton West, Lascelles, Haughton East and Pierremont wards is significantly higher than the rest of Darlington. A strong link can be made with prevalence and deprivation.

The GP Respiratory Lead explained that an Audit was being carried out in 10 practices within Darlington identifying that COPD was common in older people. Practices are now actively screening patients to identify the undiagnosed sufferers of COPD which is estimated between 400-500 people. Practices are screening with spirometry and DART is auditing quality of spirometry across the practices.

Members were informed of the Co-morbidities identified from Darlington Audit:

- 41% of COPD patients had previous recordings of anxiety and depression.
- 20% of patients were on the CHD register
- 16% were on the diabetes register
- 25% were on the asthma register

It was emphasised that the co-morbidities are key in recognising that COPD is also associated with other Long Term Conditions.

In discussion over mortality, Members queried mortality rates. Although the England Average is quite low, prevalence of COPD is higher in the Northern regions and it was expected that mortality rates are higher in the North.

The Darlington Respiratory Team embarked on a project to improve the quality of care for COPD patients. Ten of the Darlington practices agreed to install Outcomes and Information Service (POINTS) – a data retrieval and analysis tool supported by GSK pharmaceuticals. All practices agreed a standardised template of COPD associated codes which were added to the practices IT system.

The above allowed practice data to be standardised to measure activity across Darlington and identified variations between practices. The GP Respiratory Lead emphasised that the exercise had been positive and emphasised how through the following points:

- As a traffic light system to see how practices are performing in key quality outcome areas and also in relation to each other
- As a tool to show and improve performance, particularly in relation to specific outcomes measures such as exacerbation rates and patient related outcome measures

- Assists in the disease stratification of COPD patients
- Used to measure the use of medications in high risk groups
- Evaluate the burden of COPD in Darlington and identify variation between practices

The Darlington Respiratory Team has established an acute exacerbation pathway in primary care, developed with input from patients, reception staff and health care professionals. The pathway scopes the patient journey with COPD (having an exacerbation) through primary care, from first contact with the practice to a follow up review after an exacerbation.

The pathway will reinforce a proactive approach to managing acute exacerbations with patients encompassing four aspects:

- Reducing exacerbation frequency
- Providing self-management advice for patients suffering an exacerbation of COPD
- Assessing and appropriately managing exacerbation
- Ensuring correct follow up of patients following an exacerbation

Members were informed of the pilots running. A pilot has been set up encompassing a County wide acute exacerbation pathway developed in practices, a pathway to access health care professionals as soon as possible with a target to try and care for people at home wherever possible. Darlington was involved in launching a pilot of the acute exacerbation COPD pathway across the region as part of this work programme.

A community wide pilot involving the set-up of a COPD clinic is being run and supported by the community nurse team and GP with special interest in respiratory medicine.

A further pilot has been established to run a Community Pulmonary Rehabilitation Programme for patients with a variety of chronic respiratory conditions who have disabling breathlessness. The rehabilitation programme combines standardised exercise and comprehensive education to prevent or slow functional decline and improve physical ability.

County Durham and Darlington NHS Foundation Trust

The Lead Respiratory Specialist informed Members of her role in managing the community respiratory team and the involvement with the hospital. The focus is to develop and improve the services for COPD patients.

Currently the Respiratory Team see all COPD patients admitted to hospitals, and are involved in making assessments, making sure the right treatment has been allocated to the patients and conducting a patient follow up whether in the community, by the community nurse, hospital or at the patients home by healthcare professionals.

Members were informed that a lot has been done in relation to palliative care. Discussion ensued around the Marie Curie Service which is proving to excel in looking after Chronic COPD patients who want to die at home. Where a patient has an exacerbation the Marie Curie Nurses support the patient through it, there are no limits on the support given.

Support groups are being run with the Hospice and COPD patients are invited to attend an 8 week course designed to help them understand COPD and how to deal with the challenges presented by COPD.

Discussion ensued how generally hospices related to cancer supports, but nowadays the hospices are at the for front in providing a variety of therapies and support and help patients deal with issues that they may not necessarily be able to discuss with families such as designing and dealing with Wills.

Members were informed that the Breathe Easy Group is thriving in Darlington. Barbara Dent, a well-known fitness instructor in Darlington, provides fitness classes for patients and has a weekly attendance of 30 patients. The aim of the group is to stop social isolation and allow patients to move forward in dealing with COPD.

A joint collaboration had taken place with the Red Cross to help patients at home, providing help at the patient's home such as shopping, helping socially isolated people to have visitors and someone to talk to.

The Respiratory Specialist Lead emphasised that raising awareness and changing people's guilt towards smoking which is preventing them from seeking treatment needs to be tackled.

Views were expressed that the aim is not to blame but help, that certain services such as Smoking Cessation services need to be brought to the forefront and drug use should be recognised as having an impact on the lungs.

Members acknowledged comments made by Darlington NHS Foundation Trust, that supporting patients suffering from anxiety and depressions needs to be a focus. Furthermore the Trust mentioned work done to improve Access to Physiological Therapy Services and Mental Health Teams by training nurses in cognitive behaviour therapies.

The Consultant Physician informed Members that around 25% of COPD patients were not necessarily smokers and that COPD was not the only respiratory condition. However with COPD most diagnosis are happening at the patient age of 65, despite the condition probably starting around the ages of 40. It was emphasised that the condition can be hard to diagnose. The fact that patients unknowingly will have lost 70% of their lung function before going to the doctors, makes it even more vital for screening to become a priority initiative and that further strategies address people not just to stop smoking but stop people from starting to smoke.

Particular reference was made to raising awareness in schools as they already address sex education and family planning. It was suggested that more work was needed to address smoking.

Public Health

The Public Health portfolio lead highlighted the changes due to take place where local authorities will have commissioning responsibility of public health services and that members would be able to influence the services chosen. The community stop smoking service should be paid great attention to breaking down one of COPD major causes.

In relation to health outcomes and early detections the Public Health Portfolio Lead stated stopping people from starting to smoke, especially the young people would help change the culture around smoking.

Members were informed that legislation changes around smoking has made a huge difference, in stopping people from smoking. Discussion ensued on ‘Plain Packaging’ how it is preventing young people from being targeted and ‘Reduction of Display’ initiatives being launched. Further comments were made that more work needs to be done to change the culture and influence tobacco control.

The GP Respiratory Lead mentioned hard to reach groups needed to be targeted such groups were predominantly manual skilled, 30-40 aged, and males. Conversation followed on promoting work place health to help target such groups.

Members queried the mental health aspect. The Public Health Portfolio Lead stated that Psychological Therapies Service Lead has an interest in Long Term Conditions, the contact details of the Lead of Long Term Condition Psychological Therapies would be forwarded to the Democratic Officer – Health.

General Discussion

In relation to acute services Members noted that the Primary Care Pathway has been developed for GPs and creates a process of follow up especially once a patient has had an exacerbation. The GP will record the exacerbation face to face and follow a telephone review within a week to check if the patient is feeling better and again at 6 weeks. If the patient carries on facing problems, further action will be taken.

Work is underway to standardise care, providing same levels of care in each practice. Health practitioners will follow a common template looking for signs and identifying the full picture of COPD patients.

Members queried what the Officers could recommend as a way forward and the following points were mentioned:

- Look at the impact of residence on ward levels, especially those in deprived areas, promotion in ward newsletters
- Raising profiles of Breathe Easy Group (Lead: Gaynall Williams) – held 1.30-4pm at Copper Beach, every third Wednesday and the Exercise Group with Barbara Dent
- Discussions with physiological therapies (Lead Allison Bell)
- Work Place Awareness (Lead Lee Mac)
- Work on raising no smoking to be put on school agenda and refer any recommendations to Children and Young People Committee

Actions:

a) That the Briefing be noted and sent to Members for approval.

b) To hold a further meeting to formulate the Terms of Reference and clarify the end objective of this project.

2nd Meeting

Chronic Obstructive Pulmonary Disease (COPD) Task and Finish Review Group

16th January 2013

Present: Councillors: Newall (in chair), McNab, E. A. Richmond, S. Richmond, H. Scott, and J. Taylor.

Apologies: Councillor Donoghue.

Officers: Neneh Binning and Abbie Metcalfe, Democratic Services.

Members were presented with and approved the Notes of the meeting held on the 10th January 2013 and commented that the meeting had been a positive one.

General discussion was held about a number points raised at the previous meeting and Members discussed the relevant aspects which they felt they could take forward and generate some positive outcomes for this piece of work, as follows:-

- **Psychological Therapies** – Members agreed that there appeared to be a link with COPD and mental health issues and requested more information to consider this.
- **Awareness raising for residents** – Members agreed that general awareness of COPD was needed and that suitable wording should be obtained by Dr Penny.
- **Meeting COPD patients** – Members thought it would be useful to hear from service users about the pathway of care they have experienced. Following these discussions if any concerns are raised a further meeting may be required with County Durham and Darlington NHS Foundation Trust or Darlington CCG. Members suggested attending Breathe Easy meetings and exercise Groups.
- **Work Place awareness** – Members highlighted the Trusts work around Health Improvement in the work place particularly around COPD and it was suggested that a meeting be arranged with the lead Officer, and the relevant DBC Officer.
- **Awareness in Schools and Academies –** Members discussed whether this was a practical option and asked that Catherine Parker be asked whether smoking questions could be introduced into the Social Norms Survey which is carried out in the majority of Darlington Schools and Academies.
- **Palliative Care –** Members queried the range of Palliative Care available for COPD patients and considered discussing this matter further with Officers from St Teresa's Hospice.

- **Smoking –** Members discussed the advantages and disadvantages to promoting stopping smoking and smoking cessation sessions. They also considered Smoking in EU Countries and any good practice that could be replicated in Darlington.
- **Outstanding issues** – It was noted that there are still a number of outstanding issues regarding terminology, early diagnosis, statistics and the enormity of 'the problem' of COPD.
- **Outcome of Project** – Members discussed the potential outcomes of the project and suggested
    - that awareness of COPD could be easily achieved through Community Partnerships and Ward Newsletters;
    - that evidence gathered should be based on service users experiences;
    - that's any recommendations needed to be evidence based and following discussions with Clinicians;
    - that if Members feel they have strong evidence that influence CCG Commissioning intentions they take every step to do so.

Actions:

a) To make contact with Lee Mac to arrange a meeting to discuss work place health awareness.

b) To arrange a meeting with Dr Penney to discuss wording in drafting an article for Ward Newsletters and finalise outstanding issues Members have to conclude COPD Project.

c) To make contact with the Breathe Easy Group and arrange for Members to visit the group.

d) To make contact with Barbara Dent and arrange for Members to attend the exercise group at Box-Fit Gym.

d) To arrange a meeting with Alison Bell to discuss COPD in relation to Long Term Conditions and psychological therapies.

e) To obtain information of the EU's perspective on smoking.

f) To clarify whether the Social Norms Survey will contain questions around smoking.