HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE
16th April 2013

ITEM NO. 9(b)

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) TASK AND FINISH REVIEW GROUP - FINAL REPORT

Introduction

1. This is the final report of the COPD Task and Finish Review Group, established by the Health and Partnerships Scrutiny Committee with the aim of enabling Members to consider COPD as a condition which is highly prevalent in Darlington.

Background Information

2. The Health and Partnerships Scrutiny Committee agreed that a Task and Finish Review Group be established to enable Members to consider the services, mechanisms, pathways and information available for people with COPD.

3. After considering research information, Members decided to meet with Officers from Darlington Clinical Commissioning Group, Public Health and County Durham and Darlington NHS Foundation Trust, to establish the pathway for COPD patients and consider whether there were any gaps in the service provision.

4. Three further meetings were held and two external visits (to the Breathe Easy Exercise Group and the Breathe Easy AGM Group) Notes of all the meetings are attached as **Appendix 1.**

5. A wide number of issues have been considered and discussed at the numerous meetings and this report describes the outcome of the Review Group, it summarises the work undertaken, the findings from the processes and the subsequent recommendations.

Terms of Reference

6. The Task and Finish Review Group approved Terms of Reference which are attached as **Appendix 2**.

Membership of the Review Group

7. All Members of this Scrutiny Committee were invited to attend the meetings of this Group.

Acknowledgements

8. The Review Group acknowledges the support and assistance provided in the course of their investigations and would like to place on record their thanks to the following: -

Dr Basil Penney, GP Respiratory Lead, Darlington Clinical Commissioning Group
Claire Adams, Respiratory Nurse Lead, Darlington Clinical Commissioning Group
Catherine Parker, Public Health Portfolio Lead, NHS County Durham and Darlington Public Health
Dr Alwyn Foden, Consultant Physician, County Durham and Darlington NHS Foundation Trust
Joanne Todd, Associate Director of Nursing (Patient Safety & Governance), County Durham and Darlington NHS Foundation Trust
Sue Evison, Lead Respiratory Specialist, County Durham and Darlington NHS Foundation Trust
Barbara Dent, Breathe Easy Exercise Group Leader
Lisa Wells, British Lung Foundation Development Officer
Vicky Waterson, Health Improvement Manager, County Durham and Darlington NHS Foundation Trust
Allison Bell, Senior Therapist, Talking Changes
Susan McGowan, High Intensity Therapist, Tees Esk and Wear Valleys NHS Foundation Trust
Debbie Large, Health and Well Being Advisor, Darlington Borough Council
Abbie Metcalfe, Democratic Officer, Darlington Borough Council
Neneh Binning, Democratic Officer – Health, Darlington Borough Council

Methods of Investigation

9. The Review Group met with Council Officers and external representatives on a number of occasions. Several Members of the Review Group visited the Breathe Easy Exercise Group and participated in the exercises and also attended the Breathe Easy Annual General Meeting (AGM) to meet with the organisers and patients suffering with COPD to determine support given to the community.

10. Dr Penney, the GP Respiratory Lead, has drafted wording which could be inserted in Councillors' Wards Newsletters to raise the profile of COPD.

COPD

11. COPD stands for Chronic Obstructive Pulmonary Disease and is a broad term that covers several lung conditions including Chronic Bronchitis and Emphysema. COPD is characterised by airflow obstruction or limitation. The airflow obstruction is usually progressive, not fully reversible (unlike asthma) and does not change markedly over several months. It is treatable, but not curable; early diagnosis and treatment can markedly slow decline in lung function and hence lengthen the period in which someone can enjoy an active life.

12. It is noted that smoking is one of the major causes of COPD and current and ex-smokers are most at risk of contracting the disease. However, smoking is not

the only cause, there is recognition that exposure to fumes, dust, chemicals through employment, air pollution and genetic components are also contributory factors.

13. COPD is the fifth biggest killer within the UK with an estimated 2.2 people million remaining undiagnosed. In relation to Darlington, patients with COPD, have increased from 1.9 per cent to 2.4 per cent in the last five years and is common in older people. In Darlington there are nearly 2,500 patients identified as having COPD but it is estimated that there are hundreds more who are unaware that they have it.

14. Evidence suggests there is a link between social deprivation and respiratory health problems. According to the Single Needs Assessment there is an uneven distribution of smokers in Darlington, with high prevalence in deprived wards than affluent wards. In relation to respiratory health, research suggests that social deprivation in childhood can also lead to ill health during adulthood.

15. The National Institute for Health and Clinical Excellence stated the prevalence of COPD is mostly associated with smoking and is closely linked with levels of deprivation, as rates of COPD are higher in more deprived areas.

16. The Darlington Respiratory Team has established an acute exacerbation pathway developed with input from patients, reception staff and health care professionals and scopes the patient journey from first contact with the GP Practice to follow up review after exacerbations.

17. The Team looks after COPD patients admitted to hospital and is involved in making assessments, discussing appropriate treatments and conducting follow up reviews.

18. Support Groups are being run in the community and the British Lung Foundation is active in Darlington. The British Lung Foundation in the North of England covers a large area, including Northumberland, Tyne & Wear, County Durham, Cleveland, Yorkshire, North Lincolnshire and North East Lincolnshire, serving a population of 7.6 million.

19. The region is a mixture of large rural areas and densely populated cities and towns. Previous heavy industry, coal mining and other occupational hazards combined with social deprivation and high smoking prevalence has resulted in this region having many respiratory disease “hotspots”.

20. The British Lung Foundation provides support for those suffering with respiratory problems such as COPD through their Breathe Easy Groups.

Visit to the Breathe Easy Exercise Group and Breathe Easy AGM

21. Members of this Review Group attended the Breathe Easy Exercise Group and Breathe Easy AGM and reported back to the Group.

22. Members were impressed with the support given to the patients suffering with respiratory problems.

23. In Darlington Breathe Easy Group was identified as one of the most thriving group for Patients suffering with COPD in providing exercise and support.

24. The Breathe Easy Exercise Group takes place at Box Fit Gym, McMullen Road, Darlington and a number of circuit activities were available for the participants. It was evident that the Group were extremely cheerful and upbeat despite their conditions and appreciated our interest in COPD and in the Exercise Group. Despite the bad weather the Group still had a large turnout, which demonstrated to the Review Group the keenness and motivation of these participants.

25. It was mentioned that COPD patients previously had access to exercise on prescription at the Dolphin Centre. The Review Group felt the Head of Culture and Physical Activities Development Manager should be requested to look into how exercise on prescription had worked at the Dolphin Centre and whether they could provide the Breathe Easy Exercise Group a place at the Dolphin Centre.

26. We noted that most of the participants of the exercise group had not smoked in their lives, highlighting to us that smoking is not the only cause of COPD.

Improving Access to Psychological Therapies (IAPT Service)

27. Members met with Officers from Tees Esk and Wear Valleys NHS Foundation Trust regarding the psychological therapies for those suffering with COPD. The Officers highlighted that they had secured funding to conduct a pathfinder project for those suffering with Long Term Conditions which led to the Collaborative Care Model being introduced. The model provides tools such as Cognitive Behavioural Therapies (CBT) applicable to patients that suffer COPD.

28. This Review Group identified that people with COPD suffering from depression and anxiety are at risk of impairment being far greater, as the onset of disability is associated with depression. Depression and anxiety can exacerbate physical symptoms such as pain and breathlessness. We identified that Panic Disorder was also common with COPD patients.

29. Interventions outlined at the meeting included educating patients about COPD, teaching patients to differentiate between symptoms of the condition, panic and anxiety by introducing techniques such as distraction, problem solving, undertaking placebo experiments and behavioural activation.

30. The IAPT Service also offers ‘Talking Changes’, which is a programme designed to support people with depression, stress, anxiety and deliver support to patients with Long Term Conditions such as COPD. Patients can self-refer or be referred by a Community Nurse. The exclusion criterion is that a patient cannot be from secondary care and must not suffer from Bi-Polar or Psychosis.

31. The Department of Health is working towards having mental health on par with physical health. Officers added that as a result of this all IAPT service staff will

become alternatively trained so that they all manage Long Term Conditions. This indicates a move towards integrated working.

32. The High Intensity Therapist and the Senior Therapist emphasised that they were keen to work with GPs and asked for the Group, where possible, to encourage GPs to liaise with this service.

Work Place Health Promotion

33. Councillor Newall met with Vicky Waterson, the Health Improvement Manager from County Durham and Darlington NHS Foundation Trust, and reported back to the Review Group on work place initiatives.

34. The Health Improvement Manager stated that there is no specific work on COPD, but that COPD is included in the preventative agenda through smoking prevention, clean air and FRESH. Staff are sent questionnaires to determine work place issues, however the questionnaires do not highlight COPD or smoking as concerns. The issues arising were stress, muscular pains and work life balance.

35. As part of the work place promotion and Health Workplace Initiative, employers are encouraged to develop their own Smoking Policy.

36. We received information from Debbie Large, the Council's Health and Well Being Advisor,, who informed this Group that the Council promoted Stoptober, in October 2012, which encouraged smokers to give up smoking for 28 days and provided information on smoking cessation support services.

37. This year a smoking cessation adviser attended Vicarage Road and talked to groups of staff, such as those in Street Scene, about giving up smoking and the help and support available. This group of staff are traditionally considered as 'hard to reach' as they do not have access to PC's and the intranet and the site visits were seen to be inclusive and accessible.

Finalising with Dr Penney

38. The final Meeting held by this Review Group involved meeting with both the GP and Nurse Respiratory Lead in order to finalise the wording for Councillors' Ward newsletters and to sum up the COPD project. The wording is attached as **Appendix 3.**

39. This Review Group noted the Health Trainer Service in Darlington conducts smoking cessation services on a one to one basis and is a fairly inclusive programme that incorporates diet and exercise.

40. Officers assured this Review Group that Breathe Easy is part of the COPD pathway. Nurses have a common template in practices and are able to signpost patients to such groups and would highlight to patients that such activities would bring patients a social element, interacting with people of similar conditions.

41. Members were pleased to note that COPD can be picked up when attending for a routine GP appointment through identifying symptoms such as breathing difficulties and questions around smoking.

42. Patients with smoking or respiratory health problems will undertake a respiratory screening test. The test is also part of the cardio vascular screening process. All Practices have access to the screening process.

43. Members of this Review Group discussed possible introduction of lung tests within pharmacies. There are many pharmacies in Darlington and tend to be located centrally in wards thereby easily accessible. By offering respiratory tests this would encourage people to become more conscious and alert to their lung health.

44. The GP and Nurse Respiratory Leads emphasised to us that the young people could be the next generation of COPD sufferers, and it is therefore important to emphasise the dangers of smoking and work on prevention for young people.

Conclusions

45. COPD is not seen as a high profile disease and therefore can remain undetected until the later years of a person's life, by then the COPD condition has progressed. Early detection can mean an individual can maintain good quality of life and have the necessary tools and support to manage the condition without detrimental progression.

46. Whilst recognising that COPD is prevalent in all Wards in the Borough, there are links to deprivation and health inequalities associated with the wider determinants of health.

47. Raising the awareness of COPD is extremely important for early detection, evidence suggests that some individuals will not seek help or perceive that symptoms such as breathlessness are due to smoking and age and consequently do not seek further help or diagnosis, by raising the profile of COPD more individuals would seek help.

48. Where patients are diagnosed with COPD, support is available and patients will be referred to activities and organisations such as Breathe Easy, however the provision is limited. Members would like to see support groups such as this available in the community setting.

49. In addition, psychological support is available to teach patients how to manage their condition, through CBT, exercises, education on the conditions, distinguishing exacerbation from panic and combating depression.

50. GPs are screening for COPD and are doing so actively with those who have a history of smoking and respiratory problems.

51. In addition, plain packaging should be supported to stop marketing initiatives being targeted to young people.

52. COPD can be prevented through smoking cessation and specialist smoking services, but more focus should also be given to improving the environment and clean air.

53. This Review Group will continue to support and promote smoking cessation services (particularly to young people) to encourage people to stop smoking, and have noted that the Health Trainer Service is credible in this as can provide one to one support.

Recommendations

54. It is recommended :-

(a) that the Director of Public Health continues to highlight the issue of COPD and the importance of prevention in Darlington;

(b) that the wording provided by Dr Penney be circulated to all Members encouraging them to feature an article in their Ward Newsletters and Darlington Together;

(c) that under the new public health responsibility this Council continues to commission, promote, support and offer prevention services and give consideration to the wider determinants such as environmental issues and clean air, specialist services and smoking cessation;

(d) that the issue of underage smoking and prevention be referred to the Chair of the Children and Young Peoples Scrutiny Committee;

(e) that this Council continue to promote and support the '7 Steps' DVD already promoted on the Council's website with Health Care Professionals;

(f) that support be given to the Long Term Conditions Task in supporting the work of the Long Term Conditions Task and Finish Review Group, regarding use of Council owned buildings to bring care closer to home and offering health services in the community and that consideration be given to contacting community groups such as the Breathe Easy Exercise Group to discuss bringing services more central and accessible to the wider community;

(g) that options be explored by GPs to work with the IAPT Service as part of the COPD pathway of care;

(h) that general awareness of COPD be promoted through partnership working including the British Lung Foundation;

(i) that further consideration be given to lung tests being carried out in community settings;

(j) that GPs be encouraged to identify symptoms of COPD during routine appointments and bench mark the disease prevalence against National Standards;

(k) that promotion and support be focussed on areas of greatest need and acknowledge the link between deprivation and COPD;

(l) that this piece of work be revisited in 12 months' time to monitor progress of recommendations; and

(m) that Officers be thanked for their contribution to this piece of work and that this report be shared with wider health partners.

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

APPENDIX 1(a)

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

10th January 2013

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

Apologies: Councillors S Richmond and J Taylor

Officers: Neneh Binning, Democratic Officer-Health, Democratic Services, Sue Evison, 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.

Possible ways forward

- Look at the impact on residents 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);

- School Agenda – raising no smoking profiles with school, alike the sex education and family planning which is already discussed in schools

Actions

a) That the information gathered at the meeting be noted.

b) That Terms of Reference be drafted incorporating discussion from this meeting and the possible ways forward be investigated further.

APPENDIX 1(b)

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

16th January 2013

Present: Councillors: Newall (in chair), Macnab, 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.

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

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

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

APPENDIX 1(c)

VISIT TO BREATH EASY EXERCISE CLASS BOXFIT GYM
13th February 2013

Attendance: Councillors Newall, E.A. Richmond and S. Richmond.

Barbara Dent: Qualified fitness instructor (BLF Active) and Nurse.

Purpose : To investigate the provision of exercise and support for COPD patients and their carers in Darlington.

Breath Easy: Support Group network of British Lung Foundation for people living with lung conditions.

Breath Easy Exercise Class:

- Self funded
- Established 3 years
- Meets on Wednesdays except for the third Wednesday when the there is a Breath Easy meeting at the Premier Inn, Morton Park
- Members pay £3.00 per session /carers £1.00
- Members have a variety of conditions and a range of impairment
- Attendance is voluntary and there are between 30 and 40 participants
- The class provides exercise and support for people with lung conditions and their carers

Members of the exercise group gave details of the many benefits:

- Every one we spoke to was very enthusiastic about the benefits
- Confidence building and motivating
- Physical benefits
- Improvement in mental health
- Self help
- Mutual support
- The exercises are fun and there is no discrimination

Examples of patient stories:

- An elderly man first attended in a wheel chair and now can work unaided
- A member of the group waiting for a lung transplant has now moved on to join the regular gym

The exercise class is not part of the COPD pathway although Barbara Dent does work with Dr Foden at DMH and the Respiratory Specialist Nurses and is building up relationships with GP's and Practice Nurses. There is no formal involvement of the local COPD team.

Members were made most welcome and took part in and thoroughly enjoyed the exercises:

- Zumba warm up
- Twelve different exercises of with participants doing a couple of minutes on each e.g. Dumb bells, Exercise balls,Step, Balance, and Coordination

- Some sedentary exercises such as leg lifts

There were some concerns and criticism from members of the exercise class:

- Poor experience at the Pulse Suite at the Dolphin Centre
- No specialist support there at the time
- Expertise is required to provide exercise for people with lung conditions
- There was no group work there at the time
- Limited privacy at the Dolphin Centre
- This was some time ago and there have been significant changes there since then and Members felt that the use of Dolphin Centre should be explored
- Members of the Group would ideally like more than one session per week
- They would like a more central location
- BoxFit Gym is undergoing alterations and it may be necessary to relocate any way
- The room in which the class took place was cold which could have been due to the alterations going at the time

Members thanked the exercise group for their warm welcome and for being very frank in our discussions.
It was agreed that we would include a report of our visit and our findings in our final report on COPD and would recommend that a possible relocation to the Dolphin Centre should be investigated and progressed if possible.
We also felt that the provision of this sort of service should be part of the COPD pathway in view of the many obvious benefits.

Councillor Newall

APPENDIX 1(d)

Work Place Health Promotion – Obesity and COPD

Meeting with Vicky Waterson

21st February 2013

Councillors: Newall (Chair of COPD Task and Finish Review Group) and Regan (Chair of Obesity Task and Finish Review Group)

Officers: Neneh Binning, Democratic Officer – Health, Democratic Services and Vicky Waterson, Health Improvement Manager, County Durham and Darlington NHS Foundation Trust

Lead Members from both CPOD and Obesity Task and Finish Review Groups met with Ms Waterson and this is the extract pertaining to COPD.

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

The Chair of the COPD Task and Finish Review Group updated the Health Improvement Manager that the review group had been meeting clinicians to determine services for those suffering with COPD.

The Health Improvement Manager outlined that there was not specific work on COPD, but that COPD is included in the preventative agenda through preventing smoking and FRESH.

In terms of workplace initiatives around smoking, the arrangements are flexible for the workplace and initial staff questionnaires. However the common topics arising from the questionnaires were:

- Stress / work life balance
- Food and weight management
- Physical activity

It is apparent from such questionnaires that there is less focus on disease, more so issues such as muscular pains.

2. Healthy Living Pharmacies

The Trust has been recently commissioned to develop community pharmacies into healthy living centre's that will promote healthy living and wellbeing and support people with Long Term Conditions.

In 2011 the Healthy living programme was rolled out as part of a national pathfinder programme supported by the pharmacy organisations and the Department of Health.

The scheme is currently in pilot stage with 27 pharmacies across County Durham and Darlington keen to be involved. Pharmacies already work with GP's such as repeat prescriptions, and counter service which noted can reduce admissions to hospitals.

The issue in debate is whether there should be a separate framework for County Durham and Darlington or whether the same services should be commissioned.

The benefits of pharmacies are that there are many of them in various areas across Darlington and often located near a GP Surgery. There positioning in the community would enable them to serve the needs of the area well.

With investment in the Pharmaceutical Association, the Trust has been able to deliver leadership training, allowing counter staff from pharmacies to advance in health training. The result of the programme will be gathered and brought back to committee at a later date.

Actions

(a) That the notes of the meeting be circulated to Vicky Waterman for approval
(b) That the notes be sent to Members of the COPD Task and Finish Review. Group.

APPENDIX 1(e)

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

26th February 2013

Councillors: Newall (in the Chair); Francis, Macnab, E. A. Richmond, S. Richmond and H. Scott.

Apologies: Councillors Donoghue and J. Taylor.

Officers: Neneh Binning, Democratic Services, Allison Bell, Senior Therapist and Susan McGowan, High Intensity Therapist, Tees Esk and Wear Valley Foundation Trust

County Durham and Darlington: Improving Access to Psychological Therapies (IAPT) Services

The Senior Therapist outlined to Members the background to the IAPT service. IAPT started in 2006 and by 2010 had two hubs in Belmont and Bishop Auckland. Staff were trained primarily to deliver Cognitive Behaviour Therapies (CBT) and now cover a variety of therapies.

Therapies were used with patients who were highly motivated and were classed as low risk. The crisis team would intervene with patients of higher risks.

The IAPT service delivers guidance, self-help tools, computerised CBT, education courses, Brief Interpersonal Therapies, all adhering to NICE Guidelines.

In December 2011, all IAPT services were invited to bid for national funding to deliver the IAPT Pathfinder Project for those suffering with Long Term Conditions. The aim of the project was to enhance identification, improve screening and assessment of Long Term Conditions, deliver collaborative care, and improve support and supervision processes.

The key features of the Collaborative Care Model were:

- Proactive follow up of patients
- Engaging patients with psychological and pharmacological treatments
- Monitoring patient progress
- Taking action where treatment was unsuccessful
- Regular planned feedback
- Telephone support for unexpected changes

Members were informed that the Collaborative Care is enhanced communication by multi skilled professions and involves shared decision making, shared decision making, gathering and giving information and reporting data.

Following discussion in supervision patients can be stepped up directly into Talking Changes. Patients must have a long term condition such as COPD, Coronary Heart Disease or Diabetes. These patients can only be referred by Community Nurses. The exclusion criteria is patients should not be from secondary care, have psychosis or bi-polar disorder. Patients can also self-refer.

Members queried whether the service was in demand, to which the Senior Therapist highlighted that there are 8-10 service therapists with full caseloads plus a waiting list which work was being done to tackle.

The High Intensity Therapist talked Members through CBT in relation to COPD. It was identified that :

- Where depression, anxiety and physical disorder are present then impairment is far greater
- Onset of disability is associated to depression
- Depression and anxiety can exacerbate physical symptoms such as pain and breathlessness
- Panic disorder is more common with COPD patients
- Patients need to understand that their treatment is designed to prevent condition from becoming worse and they will not get back what they have lost to COPD already

The High Intensity Therapist also outlined that physical symptoms which are caused by anxiety can be shortness of breath, panic, sweating, nausea, poor sleeping, poor concentration and muscular tension By identifying the distinction, hospital admissions can be avoided.

The interventions outlined were:

- Pyscho education about COPD, anxiety, depression, sleep and diet
- Learning to differentiate between symptoms
- Relaxation and breathing exercises
- Distraction
- Problem solving
- Challenging beliefs
- Placebo experiments
- Exercise
- Behavioural activation

Members queried whether there was much interaction with GPs, to which they were informed that more work could be done to engage GPs. The Trust had worked with GP surgeries in Durham and found that time for training and workload was constrained.

Members commented on the reduction of respiratory nurses at Dr Piper House and were informed that County Durham had trained 4 nurses who do have a busy workload.

The Senior Therapist added that the pilot was a path finder exercise, there may be a possibility of securing funding for phase 2, which 14 pathfinder sites will have to bid to be accepted, not all sites will go through to phase 2. National funding has been limited until the end of March 2013.

Members were informed that under a national incentive, the Department of Health do not want a fragmented Mental and Physical Health pathway, and are promoting collaborative working. All IAPT services will become alternatively trained to manage long term conditions and work is underway with Teesside University to deliver such training programmes.

The Senior Therapist highlighted that they will maintain the link and supervision of patients on the pilot and keep up the contacts the service has built.

Update on the Breathe Easy Exercise Class and Group

Councillors Newall, S Richmond and H Scott, updated Members on the Breathe Easy Exercise Group they had attended and highlighted that the exercise group helped patients with a variety of conditions and enabled the patients to build confidence and become motivated.

The Exercise Group was run by Barbara Dent and was self-funded outside of the NHS. There were 12 exercises around the room which were varied and interesting.

Patients raised the point that they had been referred to the Dolphin Centre but preferred the Breath Easy Exercise Group, would ideally want the class twice a week.

Members were informed that the Local Authority could help through providing accommodation and Members agreed to recommend the group to be looked at.

In relation to the Breath Easy Group meeting the Councillors had attended the Annual General Meeting and it was highlighted that the event was well attended by patients with a variety of conditions.

Members discussed that further clarification was much needed on the definition of COPD from Dr Penney.

Actions

a) Recommend in report that IAPT service would like to engage with GPs and Practice Nurses in training
b) Include the psychological element in the final report
c) The Chair of the Task and Finish Review Group will circulate notes on the Breathe Easy Exercise Group
d) Clarification of terminology from Dr Penney.

APPENDIX 1 (f)

Chronic Obstructive Pulmonary Disease Task and Finish Review Group

7th March 2013

Present: Councillors, Newall (in Chair), Francis, E. A. Richmond, Macnab and J. Taylor.

Apologies: Councillors Donoghue, S. Richmond and H. Scott.

Officers: Neneh Binning, Democratic Services, Claire Adams, Respiratory Nurse Lead, Dr Basil Penney, GP Respiratory Lead, Darlington Clinical Commissioning Group.

Summing up COPD

The Chair of the COPD Task and Finish Review Group outlined the purpose of conducting the review work. Members then reviewed the wording sent by the GP Respiratory lead (previously circulated) designed to be circulated in Ward Newsletters.

Members pointed out that the wording was good and wanted to highlight the headings. Members questioned the exact figures of those with COPD. The Respiratory Nurse Lead, pointed out nationally the figure was 900,000 with 2 million to find, and in Darlington this would be a few hundred.

Members queried the new electronic cigarettes in operation and comments were made that some airlines were allowing the usage of them. The GP Respiratory Lead added that at the moment it is unknown how harmful the electronic cigarettes are, however evidence suggests they provide a nicotine hit. Members commented that it seems to be a backwards step and wondered what would happen if people started using electronic cigarettes in public place.

The Chair highlighted the importance of smoking cessation groups to tackle the early onset of COPD and added that it should be highlighted in ward newsletters how many smoking cessation services are available in Darlington. The GP Respiratory Lead pointed out that people can underestimate how addictive nicotine can be.

The Respiratory Nurse Lead pointed out that all smoking cessation services would provide similar programmes and are more advanced as the staff would be trained in Cognitive Behavioural Therapies and would be able to visit people in their homes

Comments were made that the Health Trainer Service in Darlington conducts smoking cessation services on a 1 to 1 basis similar to a personal trainer, and points service users in the right direction, the service is fairly inclusive and incorporates dietary and exercise.

The Chair informed officers of the group attendance to Breathe Easy Exercise Group and highlighted how wonderful the activity was and how it benefited service users. The Chair queried how the group fits into the COPD pathway. The GP Respiratory Lead outlined that the nurses in practice would signpost patients to such groups and highlighted such activity would bring patients a social element.

Member's inquired whether the community was aware of respiratory conditions. The GP Respiratory Lead did acknowledge that for years COPD had not been as high profile as conditions such as asthma, and pointed out that some patients associated breathlessness with age or smoking and did not realise that it was a problem with the lung functioning.

Members briefly discussed sleep apnoea and the GP Respiratory Lead informed Members of a pilot that was being set up with the British Lung Foundation to raise public awareness and teaching clinicians to be aware of Chronic Sleep Apnoea. The Pilot will promote referrals. The backing of such pilot is that it can be a public health issue as treatment for sleep apnoea can prevent some people falling asleep whilst driving.

Conversation moved to young people and smoking. The GP Respiratory Lead emphasised the importance of work being done to deter young people from smoking as they will be the next generation of COPD. The Respiratory Nurse Lead commented that packaging was glamorised to target young people. Comments were made that plain packaging alike Australia should be heavily supported.

The Chair advised officers to go to the council website and watch the video '7 Steps' that a group of students have made on smoking, and discussed that this video be further promoted in Darlington.

Members discussed occupational risk factors as being the cause of COPD in addition to smoking; The Respiratory Nurse Lead pointed out that some people will think symptoms are normal and put up with the symptoms, when they should be coming forward so that COPD can be managed early.

The GP Respiratory Lead explained the lung age test, which can be used as a tool to motivate people to stop smoking and highlighted the strong between the condition and social deprivation. Those with smoking or respiratory health history will undertake a respiratory test and all practices have access to the test. The test works in comparison to cardio vascular screening.

Members queried how easy could the condition be picked up especially when patients visit surgeries for other problems. The GP Respiratory and Nurse Respiratory Leads explained that there are common questions such as asking the patient whether they smoke and also from body language for instance if the patient is displaying signs of breathlessness.

Members questioned how effective the stop smoking tools on the commercial market were. The Respiratory Nurse Lead stated it was down to the individual's motivation to give up and that people were more 4 times likely to give up smoking with support and medication.

Members queried whether respiratory nurses were being cut. The GP Respiratory Lead explained that the Darlington Respiratory team pushed for the presence of community respiratory nurses many years ago and had 2 ½ posts the nurses fall under the acute trust and he was not aware of any cuts being made as the role of the nurses were important.

The Officers and Members concluded that going forward COPD awareness needs to be raised and in particular alerting to the younger generation the risks of smoking. Members recognised how pleased commissioners were with Members were taking interest in the condition

That the following issues highlighted below be formulated into recommendations:

1. Ask Public Health to include a piece of work on COPD in Darlington Together and raise profile in ward newsletters.
2. Continue to promote smoking cessation services.
3. Refer certain aspects of this project to Children and Young Peoples Committee as there is a concern for young people and smoking, there is a need for educating those young people.
4. Promote the 7 steps DVD
5. Barbara Dents details to be forwarded to Emma Reah, in relation to the Breathe Easy Exercise Group.
6. Raising awareness in conjunction with the British Lung Foundation.
7. Discussing the possibility of a lung test being conducted in more wide spread areas, i.e. pharmacies.

<u>Actions</u>

a) That the notes of the meeting be compiled and circulated
b) That the final report be written and include the recommendations made.
c) That the final report be circulated to Members and Officers.

Appendix 2

TERMS OF REFERENCE

Title: COPD **Start Date:** January 2013 **End Date:** 31st March 2013

Scrutiny: Health and Partnerships Scrutiny Committee

PURPOSE/AIM	RESOURCE
To enable Members to consider the services, mechanisms, pathways and information available for people with COPD, which is one of Darlington's largest killers.	Democratic Services NHS County Durham and Darlington Foundation Trust NHS County Durham and Darlington Darlington Clinical Commissioning Group Breathe Easy Group Tees Esk and Wear Valley Foundation Trust GOLD Age UK Darlington LINk
PROCESS	**OUTCOME**
1. To receive briefings from relevant Officers regarding the work currently being undertaken in Darlington to combat COPD 2. To meet with voluntary sector organisations- visit to Breathe Easy Group at Morton PARK, Darlington organised by Lisa Wells, and attend a fitness class for COPD patients organised by Barbara Dent at Box Fit Gym 3. To arrange a meeting with Lee Mac from the NHS County Durham and Darlington Foundation Trust, to discuss workplace health promotion. 4. To meet with Alison Bell, Lead for Psychological Therapies and Long Term care, and discuss links of the IAPT service and COPD. 5. To look into Palliative Care for patients suffering with COPD. 6. To establish from Catherine Parker, whether smoking will be included in the Social Norms Survey. 7. To establish smoking and the EU from information provided by Dianne Woodall	1. To establish the services available in Darlington for those suffering with COPD 2. To establish shortfall in services, if any and identify any gaps in services and assess whether services could be better utilised or specifically targeted. 3. To influence commissioning services and make recommendations to the Darlington Clinical Commissioning Group and Public Health. 4. To raise awareness of COPD symptoms and causes in Councillor Newsletters. 5. To target specific Wards where there is a high prevalence of COPD patients. 6. To encourage the community to visit GPs to seek early detection and or treatment of COPD.

8. To scrutinise any specific aspect of COPD. 9. Members to advice on further reporting/involvement requirements.	

COUNCILLOR ……
(TO BE SIGNED BY MEMBER OR SCRUTINY COMMITTEE REQUESTING TOPIC)

CHAIR ……..
(TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

Appendix 3

COPD

COPD stands for Chronic Obstructive Pulmonary Disease. COPD is a broad term that covers several lung conditions including chronic bronchitis and emphysema.
COPD is characterised by airflow obstruction or limitation. The airflow obstruction is usually progressive, not fully reversible (unlike asthma) and does not change markedly over several months. It is treatable, but not curable; early diagnosis and treatment can markedly slow decline in lung function and hence lengthen the period in which someone can enjoy an active life.

For many years this condition has been poorly recognised and detected but a lot of work from groups such as the British Lung Foundation have raised the profile of COPD and it culminated in the publication of a National Strategy for COPD and Asthma in 2011.

Why is it important?

In England around 23,000 people die from COPD each year. In the UK around 835,000 are currently diagnosed but an estimated 2.2 million are unaware that they have this condition. It is the second highest cause of hospital admission in the UK. In Darlington there are nearly 2,500 thousand patients identified as having COPD but it is estimated that there are hundreds more who are unaware that they have it.

What is the cause of COPD?

COPD usually develops because of damage to the lungs from breathing in harmful substances (such as cigarette smoke or less commonly inhaled dusts and gases in the work place).
Current and ex-smokers are most at risk of contracting COPD. We can add to the group of people who have been exposed to inhaled dusts and gases in the work place ; those who have an inherited genetic component that leads to an early onset of emphysema ; and those who have previously been diagnosed with asthma. Occasionally COPD may be the result of poor lung development in children or damaged caused by infections in childhood which affect lung growth and development.
For the majority of people however, COPD is caused by smoking.

At present most people are diagnosed with COPD when the disease has reached a late stage. If people with COPD can be reached whilst the disease is still in its early stages its progression can be slowed with appropriate management and care.

What should I look out for as signs of possible COPD?
Many people who have the disease in the milder early stages dismiss the symptoms as an inevitable sign of becoming out of shape, getting older or think it's just a smoker's cough.

Symptoms to look out for are easy to spot

If you are a current or an ex-smoker aged over 35 and have one or more symptoms such as a cough that has lasted a long time often coughing phlegm or catarrh, then you may be developing COPD. If you are starting to get out of breath on exertion that you could have managed more easily the previous year then you may be developing COPD.

If you have any of these symptoms, then it's time to arrange for a check-up with your GP.

How is the diagnosis made?

After seeing your doctor who will examine you he may order a spirometry test. This involves blowing in to a machine and it can measure if you have narrow airways. Further tests may also be carried out by your GP including a chest x-ray

What can be done to treat this disease?

Stopping smoking is the single most important piece of advice. If you stop smoking in the early stages of the disease it will make a huge difference. While damage already done cannot be reversed, stopping smoking prevents the disease from worsening. Its never too late to stop smoking at any stage of the disease. No other treatment may be needed if the disease is in the early stage or symptoms are mild.
For those with more severe disease, inhaled therapy can help to ease some of the symptom and reduce the risk of flare ups of their condition while they develop wheeze and breathlessness often associated with a chest infection. For those with more disabling breathlessness a programme of pulmonary rehabilitation can also be of benefit.

Key Messages

1. COPD is treatable but not curable. Early diagnosis and treatment can markedly slow the decline and lung function and hence lengthen the period in which a patient can enjoy an active life.

2. **Listen to your lungs**. If you are a smoker or ex-smoker over the age of 35 and have a cough that's lasting longer than your pay packet or have a cough with phlegm or spit and are aware of being more short of breath or breathless than previously then you should contact your GP for a check up.

3. If you are a smoker the NHS provides free help and advice for people having difficulty in stopping smoking. Medication such as patches and tablets can be prescribed and counseling offered. The best way to stop smoking is with a combination of support and treatments from a trained stop smoking advisor You should see your GP or practice nurse for further advice or contact the local Smoking Cessation Service directly :Tel Number -08000113405