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# **NHS Wirral CCG**

# **Inhale CCG Profiles**

# Introduction

Respiratory disease is the third biggest killer in the UK after heart disease and cancer; 1 in 50 adults has COPD and 1 in 14 has asthma. Although there is increasing evidence that using data can drive improvements in quality of care and outcome, and there is a lot of data available for respiratory disease, it is not readily drawn into one place.

INHALE is the first single source of shared, accessible, actionable data on respiratory disease. It shows clinical variation, trends in disease patterns and quality of care, drawing on a wide range of relevant datasets for COPD and asthma which are available from the NHS and elsewhere.

The information presented in these profiles is also available as an interactive atlas which can be accessed from the homepage (click 'home' at the top of the page)

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# Benchmarking

The CCG is benchmarked against the national figure, the Commissiong Board Region and the Office for National Statistics (ONS) Clusters. ONS Clusters for CCGs are derived from LA data by Yorkshire and Humber PHO. Source: Spend and Outcomes Tool (SPOT).

NHS Wirral CCG lies within North of England Commissioning Region and is classified as a member of the 'ONS Cluster: Industrial Hinterlands'.

	NHS Wirral CCG
Reported prevalence of COPD (%): Significance (England) (2011)	significantly worse
Expected prevalence of COPD %: Significance (England) (2011)	significantly worse
Late Diagnosis - Observed/Expected prevalence ratio: Significance (England) (2011)	not significantly different
COPD08: % of patients with COPD who have had influenza imm in the preceding 1 September to 31 March: Significance (England) (2011)	not significantly different
COPD10: The percentage of patients with COPD with a record of FeV1 in the previous 15 months: Significance (England) (2011)	significantly worse
COPD13: assessed using MRC dyspnoea score last 15 months: Significance (England) (2011)	not significantly different
COPD15: % patients with COPD confirmed by spirometry.: Significance (England) (2011)	not significantly different
COPD emergency admissions per 1,000 population: Significance (England) (2011)	significantly worse
Mean Length of Stay in Hospital for COPD related admissions (days): Significance (England) (2011)	not significantly different
COPD admissions per 100 patients on disease register: Significance (England) (2010)	not significantly different
Emergency COPD Admissions per 100 Patients on Disease Register: Significance (England) (2010)	not significantly different
COPD admissions per 1,000 population: Significance (England) (2011)	significantly worse
Under 75 mortality rate from respiratory disease DSR per 100,000: Significance (England) (2011)	significantly worse
COPD emergency readmissions (30 days): Significance (England) (2011)	not significantly different

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# Key messages

- In NHS Wirral CCG there were 7549 people recorded as having COPD on the GP register.
- The recorded prevalence of COPD as a proportion of the total number of people with COPD in NHS Wirral CCG is 2.3%. This is lower than the average for the ONS Cluster: Industrial Hinterlands, and higher than North of England Commissioning Region average.
- The reported prevalence in NHS Wirral CCG is significantly worse than the England average of 1.7%.
- The recorded prevalence of COPD as a proportion of the estimated prevalence of COPD is 0.55. This is lower than the ONS Cluster: Industrial Hinterlands and lower than the North of England Commissioning Region average.
- In comparison with England, the ratio of reported/expected prevalence of COPD is lower than the England average.
- In NHS Wirral CCG, the under 75 mortality rate from respiratory disease is 38.3 per 100,000.
- In 2011, there were 129 deaths in Under 75s as a result of respiratory diease.
- In NHS Wirral CCG, 23.3% of patients were re-admitted in an emergency within 30 days of discharge of a COPD admission. This is higher than the Cluster average of 22.0% and higher than the Commissioning Board Region (22.1%). NHS Wirral CCG has higher re-admissions than the England average of 21.2%.

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# **COPD Prevalence**

Prevalence is the frequency of existing cases of a condition or disease. A major source of prevalence estimates is the quality and outcomes framework (QOF) which provides data about the number of people with a range of problems including COPD and asthma. The prevalence of COPD is the number of people recorded on GP COPD registers as a percentage of the total number of people registered with practices. (For more detail see http://www.qof.ic.nhs.uk/).

The recorded prevalence of COPD varies from 1.7% to 14.7% between the GP practices with the lowest and highest prevalences. The prevalence of recorded COPD has been increasing – this is likely to be due to better recording and detection of cases rather

### In NHS Wirral CCG the prevalence of recorded COPD is:

### Compared to England:

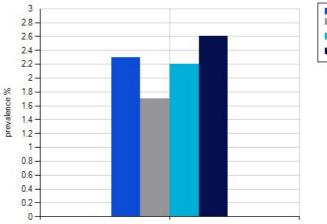
- · significantly worse than the England average.
- · ranked 176 of the 211 CCGs in England.

# Compared to Commissioning Board Region:

- higher than the average for the North of England Commissioning Region.
- · ranked 40 out of 68 CCGs within the Region.

#### Compared to Peers within ONS Cluster:

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 4 out of 17 amongst peers within the ONS Cluster.



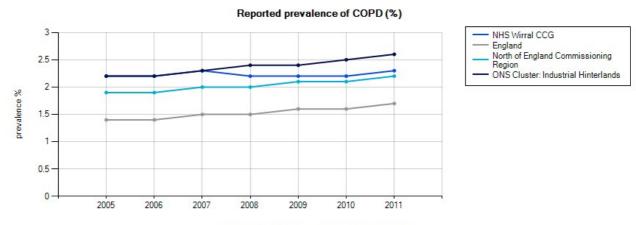


Reported prevalence of COPD (%), 2011

	NHS Wirral CCG	England	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
Reported prevalence of COPD (%) (2011)	2.3%	1.7%	2.2%	2.6%

# Trends in Reported Prevalence of COPD % - NHS Wirral CCG

The chart below shows current trends in the reported prevalence of COPD in NHS Wirral CCG in comparison with the ONS Cluster: Industrial Hinterlands and the North of England Commissioning Region average .



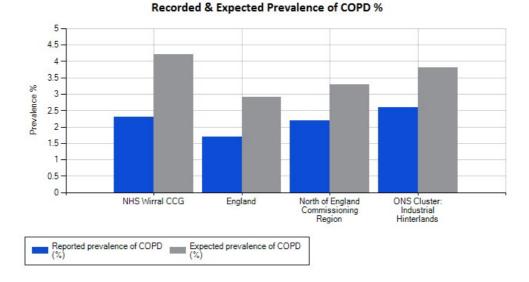
Source: The Information Centre. QOF

# **COPD Expected Prevalence**

There is considerable evidence that COPD is under-diagnosed and under-recorded. For this reason people have conducted studies to try and estimate the extent of under-diagnosis and developed statistical models which can be used to generate expected numbers of people with COPD based on population characteristics. Comparing the figures obtained in this way with the recorded figures expresses that only about 50% of potential cases of COPD area estimated. Potter case detection is important in

nigures suggests that only about 00% of potential cases of COPD area actually diagnosed, better case detection is important in encouraging smoking cessations, follow-up and appropriate treatment and immunisation.

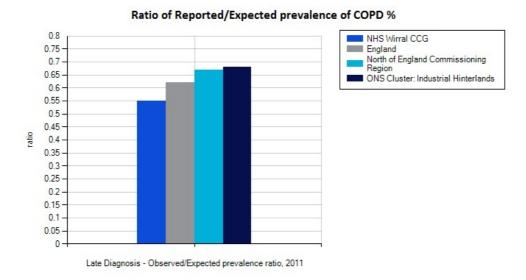
The gap between recorded and expected prevalence is a measure of the degree of under-diagnosis of COPD.



Source: Reported Prevalence: Information Centre. QOF. Estimated Prevalence: Eastern Region Public Health Observatory (ERPHO)

### Late diagnosis of COPD

The chart below shows the reported prevalence of COPD as a proportion of the expected prevalence.



# • The recorded prevalence of COPD as a proportion of the estimated prevalence of COPD is 0.55. This is lower than the ONS Cluster: Industrial Hinterlands and lower than the North of England Commissioning Region average.

• In comparison with England, the ratio of reported/expected prevalence of COPD is lower than the England average.

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# Clinical management and achievement - QOF COPD indicators

# Clinical management and achievement - QOF COPD indicators

In this section we look at the achievement against the following QOF COPD clinical indicators for NHS Wirral CCG, the ONS Cluster, Commissioning Board and England:

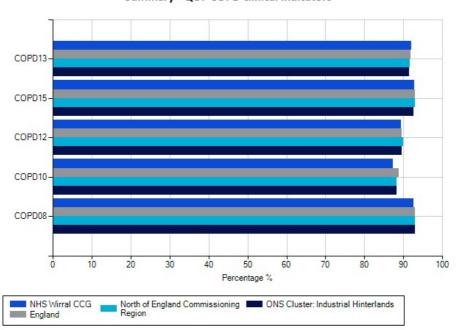
### **Definitions:**

- COPD08:- % of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March.
- COPD10:- % of patients with COPD with a record of FEV1 in the preceding 15 months.
- COPD13:- % of patients with COPD who have had a review, undertaken by a healthcare professional, including as assessment of

preatmessness using the IVIKC dysphoea score in the preceding 15 months.

• COPD15:- % of all patients with COPD diagnosed after 1 April 2011 in whom the diagnosis has been confirmed by post bronchodilator spirometry.

Note: The QOF indicators described in this profile do not include patients who are 'excluded' from the indicators in the denominator. Patients can be excluded from QOF if they are unsuitable or ineligible for the care described in an indicator.



Summary - QOF COPD clinical indicators

Source: The Information Centre. QOF

### Influenza immunisation

In this section we look at the QOF indicator COPD08 which is the percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March.

In NHS Wirral CCG the percentage of patients with COPD who have had influenza immunisation in the preceding 1 September to 31 March.:

# Compared to England:

- · not significantly different than the England average.
- ranked 142 of the 211 CCGs in England.

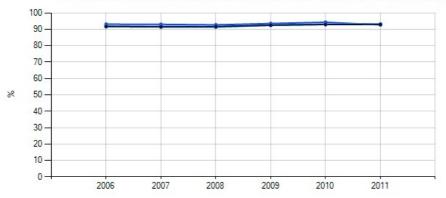
# Compared to Commissioning Board Region:

- lower than the average for the North of England Commissioning Region.
- · ranked 44 out of 68 CCGs within the Region.

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- ranked 12 out of 17 amongst peers within the ONS Cluster.

	Wirral CCG		North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD08: % of patients with COPD who have had influenza imm in the preceding 1 September to 31 March (2011)	92.7%	93.1%	93.0%	93.0%

#### COPD08: % of patients with COPD who have had influenza imm in the preceding 1 September to 31 March



NHS Wirral CCG
 England
 North of England Commissioning
 Region
 ONS Cluster: Industrial Hinterlands

Source: The Information Centre. QOF

### FEV1 checks for patients with COPD

COPD is a progressive condition, which means it gets worse as time goes on. FEV1 checks for patients with COPD help with management of the disease. The QOF indicator COPD10 is the percentage of patients with COPD with a record of FEV1 in the preceding 15 months.

# Compared to England:

- · significantly worse than the England average.
- · ranked 160 of the 211 CCGs in England.

### Compared to Commissioning Board Region:

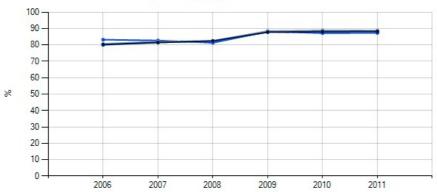
- lower than the average for the North of England Commissioning Region.
- ranked 53 out of 68 CCGs within the Region.

### Compared to Peers within ONS Cluster:

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- ranked 13 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	5 Tab	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
© COPD10: The percentage of patients with COPD with a record of FeV1 in the previous 15 months (2011)	87.3%	88.8%	88.3%	88.2%

 $COPD10: The \, percentage \, of \, patients \, with \, COPD \, with \, a \, record \, of \, FeV1 \, in \, the \, previous \, 15 \, months$ 



NHS Wirral CCG
 England
 North of England Commissioning
 Region
 ONS Cluster: Industrial Hinterlands

Source: The Information Centre. QOF

### Assessment of COPD with MRC dysponea score

Patients can be graded in terms of severity using the MRC dyspnoea score. This indicator measures the proportion of people who have a record of a score. Unfortunately QOF data does not publish the proportion of patients with different scores so we can't tell if the severity of cases varies between areas. Scoring can help tailor treatment, identify more severe case for more active management.

- · not significantly different than the England average.
- ranked 111 of the 211 CCGs in England.

# Compared to Commissioning Board Region:

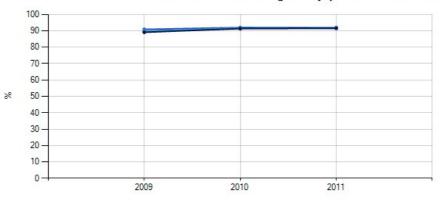
- higher than the average for the North of England Commissioning Region.
- · ranked 37 out of 68 CCGs within the Region.

#### Compared to Peers within ONS Cluster:

- · higher than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 9 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	England	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD13: assessed using MRC dyspnoea score last 15 months (2011)	92.0%	91.8%	91.7%	91.5%

#### COPD13: assessed using MRC dyspnoea score last 15 months



NHS Wirral CCG
 England
 North of England Commissioning
Region
 ONS Cluster: Industrial Hinterlands

Source: The Information Centre. QOF

# Diagnosis of COPD confirmed by spirometry

Although COPD is often diagnosed on clinical grounds, it can only be accurately diagnosed by measuring the function of the lungs using a technique known as spirometry. Using the QOF data we can see what proportion of patients have a confirmed diagnosis.

# Compared to England:

- · not significantly different than the England average.
- ranked 130 of the 211 CCGs in England.

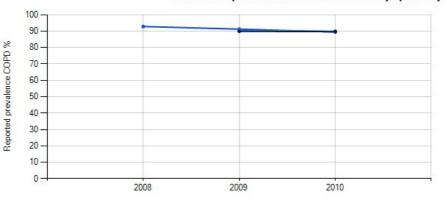
# Compared to Commissioning Board Region:

- · lower than the average for the North of England Commissioning Region.
- ranked 45 out of 68 CCGs within the Region.

- higher than average for the ONS Cluster: Industrial Hinterlands .
- ranked 9 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	1000	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD15: % patients with COPD confirmed by spirometry. (2011)	92.8%	93.0%	93.0%	92.7%

#### COPD12: % patients with COPD confirmed by spirometry.



NHS Wirral CCG
 England
 North of England Commissioning Region
 ONS Cluster: Industrial Hinterlands

Source: The Information Centre. QOF

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# Hospital admissions for COPD (per 100 patients on the COPD register)

This is a crude rate of the number of all admissions (day case and inpatient) for COPD, per 100 patients on the practice COPD register.

Similar to the admission rate per 1000 population, a relatively low admission rate per 100 patients on the COPD register can reflect effective management in primary or community care, the providers' thresholds for admission and the levels of bed availability, and may suggest tighter criteria for referring patients for secondary care which could mean that there are some patients who should be admitted but are not. Unlike the admission rate per 1000 population, this indicator is less likely to be influenced by the asthma prevalence levels.

A high admission rate per 100 patients on the COPD register may reflect; less effective management in primary or community care, lower thresholds for admission by the provider, or a higher level of inappropriate referrals (some patients who are admitted may not have needed admission.)

In NHS Wirral CCG Hospital admissions for COPD (per 100 patients on the COPD register) are:

# Compared to England:

- not significantly different than the England average.
- · ranked 107 of the 211 CCGs in England.

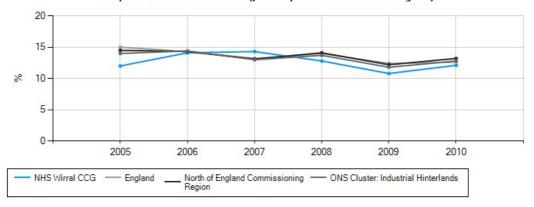
### Compared to Commissioning Board Region:

- · lower than the average for the North of England Commissioning Region.
- ranked 28 out of 68 CCGs within the Region.

- lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 8 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG		North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD admissions per 100 patients on disease register (2010)	12.1%	12.6%	13.2%	12.8%

#### Hospital admissions for COPD (per 100 patients on the COPD register)



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# COPD Hospital admissions per 1000 population

This is a crude rate of the number of all hospital admissions (day case and inpatient) for COPD, per 1000 population (based on the GP list data). A relatively low admission rate can reflect a lower level of asthma morbidity in the population, which may be related to socio-economic or demographic factors. It may also imply effective primary or community care management of the condition which reduces the risk of episodes requiring hospital admission. Admission rates may be affected by the providers' thresholds for admission and bed availability. Finally, the referring organisation's policy or practice in referring patients for COPD secondary care may mean that there are some patients who should be admitted but are not.

Similarly, a high admission rate may reflect: high levels of COPD morbidity, less effective management in primary or community care, lower thresholds for admission by the provider, or a higher level of inappropriate referrals (some patients who are admitted may not have needed admission.)

#### In NHS Wirral CCG Hospital admissions for COPD (per 1000 population) are:

### Compared to England:

- · significantly worse than the England average.
- · ranked 184 of the 211 CCGs in England.

# Compared to Commissioning Board Region:

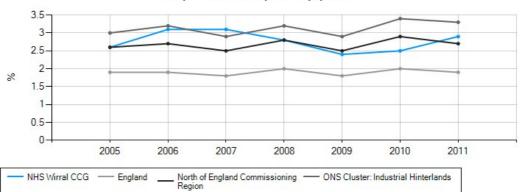
- higher than the average for the North of England Commissioning Region.
- ranked 42 out of 68 CCGs within the Region.

### Compared to Peers within ONS Cluster:

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 6 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	England	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD admissions per 1,000 population (2011)	3.0%	2.0%	2.8%	3.4%

#### Hospital admissions per 1000 population



# Emergency admissions for COPD (per 100 patients on COPD register)

This is a crude rate of the number of emergency admissions for COPD, per 100 patients on the practice COPD register.

#### In NHS Wirral CCG emergency admissions for COPD (per 100 patients on COPD register) are:

### Compared to England:

- · not significantly different than the England average.
- ranked 122 of the 211 CCGs in England.

### Compared to Commissioning Board Region:

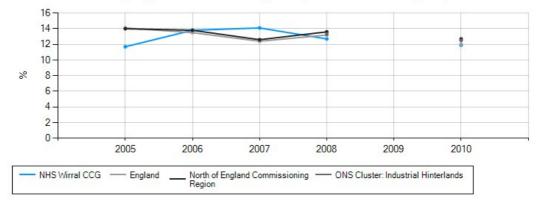
- · lower than the average for the North of England Commissioning Region.
- · ranked 29 out of 68 CCGs within the Region.

### Compared to Peers within ONS Cluster:

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 9 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	85-63	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
Emergency COPD Admissions per 100 Patients on Disease Register (2010)	11.9%	12.0%	12.7%	12.5%

# Emergency admissions for COPD (per 100 patients on the COPD register)



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# Emergency admissions for COPD (per 1000 population)

Emergency admission rates may be affected by the same factors as overall admission rates; the effectiveness of primary care management, provider thresholds for admission and bed availability, In the case of emergency admissions per 1000 population, the COPD prevalence in the population may be reflected in the admission rate, and in the case of emergency admissions per 100 patients on the register, the accuracy of the case register may affect the denominator and hence the rate.

Emergency admission rates may reflect the population in the area; people from lower socio-economic groups are at higher risk, as are very young people and older people. Unsurprisingly, they also reflect disease prevalence in the population. Location and ethnicity may also influence emergency asthma admissions; urban patients are more likely to be admitted for asthma than rural patients, and people living close to A&E departments also have higher rates of admission. South Asian and black patients have higher asthma admission rates than white patients. (Purdy, 2010, >a href="http://www.kingsfund.org.uk/sites/files/kf/Avoiding-Hospital-Admissions-Sarah-Purdy-December2010.pdf)"

# In NHS Wirral CCG emergency admissions for COPD are:

# Compared to England:

- · significantly worse than the England average.
- · ranked 188 of the 211 CCGs in England.

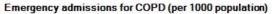
#### Compared to Commissioning Board Region:

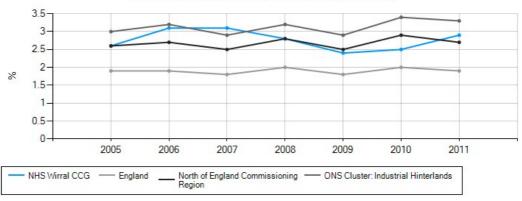
- higher than the average for the North of England Commissioning Region.
- ranked 45 out of 68 CCGs within the Region.

#### Compared to Peers within ONS Cluster:

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 7 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	30-20	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
OCOPD emergency admissions per 1,000 population (2011)	2.9%	1.9%	2.7%	3.3%





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# Average cost per hospital admission related to COPD

Average cost of admission may reflect the case mix in the area, with high costs possibly reflecting a complex case mix. However, admissions costs should be considered alongside the rate of admissions per 100 patients on the COPD register.

If costs are low and there is a relatively high rate of admissions, this may suggest a low threshold for admissions on the part of providers. Higher admissions with lower costs may also suggest a high rate of inappropriate referrals (patients are admitted who don't really need to be). If costs are low and the rate of admissions is also low, this suggests good post discharge support and effective discharge planning.

In areas where the average cost of admissions is high and there is a relatively low rate of admissions, this may suggest a high threshold for admissions on the part of the provider, and a low level of inappropriate referrals (with the associated risk that some patients should be admitted but are not). If costs are high and admissions are high as well, this may suggest a lack of effective discharge support and planning. It may also reflect a lack of good primary care of COPD.

#### In NHS Wirral CCG the average cost per hospital admission related to COPD are:

# Compared to England:

- · lower than the England average.
- · ranked 8 of the 211 CCGs in England.

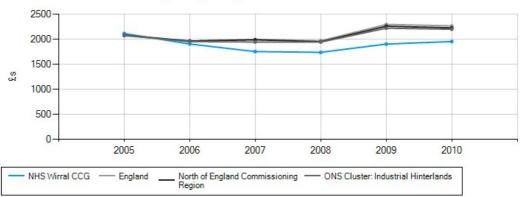
# Compared to Commissioning Board Region:

- lower than the average for the North of England Commissioning Region.
- · ranked 5 out of 68 CCGs within the Region.

- · lower than average for the ONS Cluster: Industrial Hinterlands .
- ranked 1 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	England	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
Average cost per hospital admission related to COPD (£s) (2010)	1955.5	2268.6	2228.7	2200.8





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# Average cost per emergency admission related to COPD

Average cost of admission may reflect the case mix in the area, with high costs possibly reflecting a complex case mix. However, admissions costs should be considered alongside the rate of admissions per 100 patients on the COPD register.

If costs are low and there is a relatively high rate of admissions, this may suggest a low threshold for admissions on the part of providers. Higher admissions with lower costs may also suggest a high rate of inappropriate referrals (patients are admitted who don't really need to be). If costs are low and the rate of admissions is also low, this suggests good post discharge support and effective discharge planning.

In areas where the average cost of admissions is high and there is a relatively low rate of admissions, this may suggest a high threshold for admissions on the part of the provider, and a low level of inappropriate referrals (with the associated risk that some patients should be admitted but are not). If costs are high and admissions are high as well, this may suggest a lack of effective discharge support and planning. It may also reflect a lack of good primary care of COPD.

# In NHS Wirral CCG the average cost per emergency admission related to COPD are:

# Compared to England:

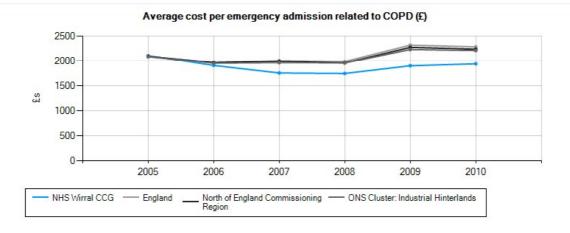
- · lower than the England average.
- · ranked 6 of the 211 CCGs in England.

#### Compared to Commissioning Board Region:

- · lower than the average for the North of England Commissioning Region.
- ranked 4 out of 68 CCGs within the Region.

- lower than average for the ONS Cluster: Industrial Hinterlands .
- · ranked 1 out of 17 amongst peers within the ONS Cluster.

	NHS Wirral CCG	England	North of England Commissioning Region	ONS Cluster: Industrial Hinterlands
② Average cost per emergency hospital admission related to COPD (£s) (2010)	1941.9	2288.1	2241.7	2214.2



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# Under 75 mortality rate from respiratory disease

Deaths under 75 are usually called premature. Respiratory disease is the third biggest cause of premature mortality after cancer and cardiovascular disease. Within respiratory disease deaths, COPD and pneumonia are the commonest causes.

In NHS Wirral CCG the under 75 mortality rate from respiratory disease is 38.3 per 100,000. This is higher than the national rate of 27.3 per 100,000.

In 2011, there were 129 deaths in Under 75s as a result of respiratory diease.

40 NHS Wirral CCG England 35 North of England Commissioning ONS Cluster: Industrial Hinterlands 30 **JSR** per 100,000 25 20 15 10 0 Under 75 mortality rate from respiratory disease DSR per 100 000 2011

Under 75 mortality rate from respiratory disease DSR per 100,000, 2011

Source: The NHS Indicator Portal (https://indicators.ic.nhs.uk/)

Definition: Directly age and sex standardised mortality rate from respiratory disease for people aged under 75 in the respective calendar year per 100,000 CCG population.

	Under 75 mortality rate from respiratory disease DSR per 100,000 (2011)	National Rank (out of 211 CCGs) (2011)	Ocommissioning Board Rank (2011)	
NHS Wirral CCG	38.3	29	23 out of 68	
England	27.3			
North of England Commissioning Region				
ONS Cluster: Industrial Hinterlands				

Note: blank indicates data not currently available

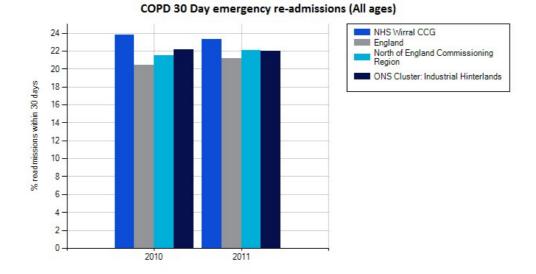
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# **COPD** readmissions

COPD patients are often admitted as emergency cases and about 20% are readmitted within 30 days of discharge following a previous admission. This rate is rising and varies considerably between areas.

The chart below shows the percentage of patients re-admitted in an emergency within 30 days of discharge of a COPD admission.

In NHS Wirral CCG, 23.3% of patients were re-admitted in an emergency within 30 days of discharge of a COPD admission. This is higher than the Cluster average of 22.0% and higher than the Commissioning Board Region (22.1%). NHS Wirral CCG has higher re-admissions than the England average of 21.2%.



Source: East Midlands Quality Observatory (EMQO). Numerator: Number of patients re-admitted in an emergency within 30 days of discharge of a COPD admission. Denominator: Number of patients discharged after a COPD admission.

COPD readmissions					
	©COPD 30 Day emergency readmissions (All ages) (2011)	Rank within ONS Cluster (2011)	Rank within Commissioning Board (2011)	National Rank (2011)	
NHS Wirral CCG	23.3	15 out of 17	52 out of 68	162	
England	21.2				
North of England Commissioning Region	22.1				
ONS Cluster: Industrial Hinterlands	22.0				

Source: East Midlands Quality Observatory (EMQO)

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