

**Cross Cutting: Education of staff, patients and communities. Our Manchester – working collaboratively / asset based approach / system wide solutions**

The interventions	Improved COPD detection	COPD Best practice management	Optimisation of Asthma management	Smoking cessation	Holistic approach management of respiratory disease / Supported self management	End of Life identification and management
<b>The opportunities</b>	<p>Late diagnosis has a substantial impact on symptom control, quality of life, clinical outcome and cost. Undiagnosed people receive inappropriate or inadequate treatment.</p> <p>835,000 people currently diagnosed with COPD in the UK and an estimated 2,200,000 people with COPD who remain undiagnosed, (equivalent to 13% of the population of England aged 35 and over)</p>	<p>To ensure that people with COPD, across all social groups, receive safe and effective care, which minimises progression, enhances recovery and promotes independence.</p> <p>A Virtual clinic model aimed at promoting best prescribing practice showed that 10 practices demonstrated savings in prescribing. It also demonstrated savings in non elective admission costs.</p> <p>Currently there is variance of £10m spend on respiratory diseases as compared to the top 5 CCG peers (a high percentage is identified as emergency admissions)</p>	<p>Prompt and accurate diagnosis, shared decision making regarding treatment, and on-going support / enablement reduces the need for unscheduled health care and risk of death</p> <p>In 2016/17, there were 704 emergency admissions for children with a primary diagnosis of asthma. This represented a cost of £530k. Analysis shows the most ‘at risk’ group were children between the ages of 3 and 11, with over 76% of admissions falling within this age group.</p>	<p>To reduce the number of people who develop COPD by ensuring they are aware of the importance of good lung health and well-being, with risk factors understood, avoided or minimised, and proactively address health inequalities</p> <p>Engage with Tobacco Control Strategy</p>	<p>Early detection of lung cancer</p> <p>40% of people with COPD also have heart disease, and significant numbers have depression and/or anxiety disorder.</p> <p>Engage with British Lung Foundation and establish Breathe Easy groups across Manchester.</p> <p>Air Quality / GM Air Quality Action Plan / Clean Air Day evaluation report / No Idle Zones</p>	<p>To enhance quality of life for people with COPD, across all social groups, with a positive, enabling, experience of care and support right through to the end of life.</p> <p>Education programme to identify when COPD patients are approaching the last year of life.</p> <p>MCIP Lung Health Check (screening) programme.</p>
<b>The Evidence</b>	<p>Early intervention reduces mortality and morbidity</p> <p>Men aged 20-64 employed in unskilled manual occupations in England and Wales are around fourteen times more likely to die from COPD than men employed in professional roles,</p> <p>COPD accounts for a large proportion of the gap in life expectancy - with the worst health and deprivation and the average – around 8% of the gap for men and 12% of the gap for women</p>	<p>Premature mortality from COPD in the UK was almost twice as high as the European average in 2008.</p> <p>COPD kills about 25,000 people a year in England and Wales. Recent figures showed that COPD accounted for 4.8% of all deaths in England between 2007 and 2009.</p> <p>Manchester spends over £6m more on non-elective admissions than their Right Care peers.</p>	<p>25% of Disability Adjusted Life Years (DALYS) are attributable to risk factors common to respiratory disease.</p> <p>Manchester spends almost £3m more on prescribing than their Right Care peers.</p> <p>Manchester is the highest in the country for asthma non-elective spend.</p>	<p>Smoking is the primary cause of preventable morbidity and premature death, accounting for over 80,000 deaths in England in 2009, and kills about half of all lifetime users</p> <p>Right Care data shows that South Manchester has the highest percentage of people aged 18+ who are self-reported occasional or regular smokers.</p> <p>Smoking is the major preventable risk factor for COPD.</p>	<p>c. 90% of people with severe COPD were unable to participate in socially important activities such as gardening, two-thirds were unable to take a holiday because of their disease and one-third had disabling breathlessness</p> <p>Breathe Easy groups provide support, advice and guidance for people living with a long term lung condition. To educate people to manage their condition and improve their quality of life both mentally (reduces isolation) and physically.</p> <p>Known pollution ‘hot spots’ in Manchester . 20 schools and nurseries in Manchester in areas where the level of air pollution is above legal limits (which is still above safe levels).</p>	<p>Reduce under 75 mortality rate from respiratory diseases considered preventable from 47 per 100,000 in 2012-14 to 44 per 100,000 in 2020-22 (compared with an expected level of 50 per 100,000). Achievement will result in 168 fewer early deaths from respiratory disease considered preventable compared with the projected level.</p> <p>People dying from a respiratory disease are less likely to die in their own home than the population as a whole. 69.5% of deaths from respiratory disease occurred in a hospital compared with just 19.1% in the deceased's own home. (In total, 26.4% of all deaths occurred in the deceased's own home).</p>
<b>The Risk Condition</b>	COPD / Lung Cancer	COPD & Asthma	COPD & Asthma	Smoking	Multiple Long Term Conditions	COPD
<b>The Outcomes</b>	<ul style="list-style-type: none"> <li>Reduce mortality associated with COPD( improved life expectancy)</li> <li>Increased prevalence in line with expected numbers.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in the number of non-elective admissions for respiratory disease</li> </ul>	<ul style="list-style-type: none"> <li>Medicines Optimisation</li> <li>Reduction in the numbers of Unscheduled admissions</li> <li>Improved School attendance with asthma as a reason for absence</li> </ul>	<ul style="list-style-type: none"> <li>More people supported to quit smoking</li> <li>Reduce smoking prevalence in Manchester to 15% or less by 2020/21 (current rate is 22.7%)</li> </ul>	<ul style="list-style-type: none"> <li>Increased uptake of Flu pneumococcal vaccination</li> <li>Improved Enablement scores ( patient experience)</li> <li>Reduction in the percentage of lung cancers diagnosed at a late stage</li> <li>Reduced social isolation</li> </ul>	<ul style="list-style-type: none"> <li>People die in their preferred place of care.</li> <li>Increased number of patients on the Palliative Care Register</li> <li>Reduction in number of hospital admissions within the last year of life</li> </ul>
<p><b>Primary Care Management / Community Care Management / Respiratory Steering Groups (all partners) / Education / Information Technology / Data Dashboards / Communication &amp; Engagement</b></p>						

