5.1 Chronic Obstructive Pulmonary Disease

**Introduction**

Chronic obstructive pulmonary disease (COPD) is defined as a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible. The disease is predominantly caused by smoking.

**Background**

COPD is the UK’s fifth biggest killer disease, the second largest cause of emergency admission to hospital and one of the most costly inpatient conditions treated by the NHS. It is estimated that 3.4 million people in the UK have COPD. Primary care data, based on the Quality and Outcomes Framework (QOF) for GPs, estimates the prevalence of COPD in the registered population as 2.2% (approximately 13,200) in Lanarkshire compared to 2.0% for Scotland.

There were nearly 2,000 emergency admissions to Lanarkshire hospitals as a result of COPD in 2011. Table 5.1.1 gives a summary of the emergency admissions to Lanarkshire hospitals in the last six years, which suggests an increase in prevalence over this time period.

**Table 5.1.1** Emergency admissions to Lanarkshire acute hospitals, Lanarkshire residents with a principal diagnosis of COPD, 2006–2011

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monklands Hospital</td>
<td>588</td>
<td>579</td>
<td>665</td>
<td>768</td>
<td>824</td>
<td>757</td>
</tr>
<tr>
<td>Hairmyres Hospital</td>
<td>482</td>
<td>460</td>
<td>519</td>
<td>545</td>
<td>497</td>
<td>526</td>
</tr>
<tr>
<td>Wishaw General Hospital</td>
<td>523</td>
<td>581</td>
<td>599</td>
<td>565</td>
<td>575</td>
<td>674</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1593</td>
<td>1620</td>
<td>1783</td>
<td>1878</td>
<td>1896</td>
<td>1957</td>
</tr>
</tbody>
</table>

Source: ISD linked data

A number of initiatives are being undertaken in Lanarkshire to improve the quality of care for COPD patients and include those described below.

**COPD Anticipatory Care Project**

This project encourages a proactive approach to the management of patients with COPD across GP practices. Self-management education in the form of a written action plan has been shown to improve outcomes for COPD. The project aims to improve quality of care for patients with COPD by providing a robust method to help guide COPD annual reviews in accordance with NHS Lanarkshire’s COPD Guidelines for Primary Care.

**COPD Volunteer Support Service**

This service builds on the successful model that was developed for heart failure patients in partnership by Chest Heart and Stroke Scotland and NHS Lanarkshire. The COPD project aims to provide very socially isolated and/or housebound patients with volunteer befrienders in order to enhance the quality of their life and, in time, build their confidence to a level that they can start to go out again and participate in support groups either clinical or social.
Web-based pulmonary rehabilitation research proposal
The Respiratory Managed Clinical Network (MCN), in collaboration with the University of Glasgow, is developing a research proposal to explore the viability of a web-based pulmonary rehabilitation programme. The study will investigate the clinical benefits of offering an option to complete the programme within their home environment and aims to add a self-management and educational component in the future to ensure a holistic approach.

Key Points

• COPD is a long-term condition that affects a large number of people and is a significant cause of emergency admissions.
• COPD is a preventable illness and it is important to focus on prevention strategies to reduce the incidence of the disease and enhance self-management.
• The Respiratory MCN coordinates a number of initiatives to improve the quality of care for COPD patients.

Priorities for Action

• Ensure distribution of self-management plans as part of the Anticipatory Care Project.
• Monitor the impact of the COPD Volunteer Support Service model in enhancing self-management.
• Evaluate the effectiveness of the web-based pulmonary rehabilitation programme in facilitating patients to participate and complete the programme.

References


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5.2 Assault Injury Surveillance

NHS Lanarkshire has been working in partnership with the Scottish Government’s Violence Reduction Unit to develop assault injury surveillance. Data regarding injuries sustained by people who have been assaulted and who attend one of the three emergency departments in Lanarkshire is collected and collated. Patient identifying details are removed from the collated data, and summary information is shared with Police Scotland. This adds to the intelligence base upon which Police Scotland makes decisions about prevention initiatives, which are part of community policing programmes, and the deployment of resources to reduce the likelihood of further assaults taking place.

During 2012, 2,168 patients attended the emergency departments at Hairmyres, Monklands and Wishaw General Hospitals and gave a history that their injury had been sustained as a result of violence. Of these, 88 patients were identified as having made a previous, similar attendance within the preceding 12 months. Approximately 80% of injuries were assessed as being superficial, but there were 21 stab wounds and one patient had a bullet wound. In 1,502 (69%) of the 2,168 attendances, the violence that led to the injury had not been reported to the police. Crimes of serious violence peak between 8pm and 2am and occur predominantly over the weekend. Alcohol continues to be a prominent factor in violent assaults.

Seventy-five per cent of those sustaining injuries were male and 25% were female. The age group with the highest attendance was 16- to 25-year-olds. No weapon was used in 47% of incidents. Knives were reported as the weapon used in 7% of incidents. Alcohol was recorded as being involved in 42% of cases.

Over half of the violent assaults were recorded as having taken place outside. Eleven per cent of attacks occurred within licensed premises, 22% within residential dwellings, 13% within the home of the person who was assaulted and 9% within someone else’s home.

The person who had attacked the patient was recorded as unknown in 38% of cases, as a stranger in 23%, as a friend or acquaintance in 20% and a family member in 4% of cases. Forty seven females and 43 males sought emergency care following assault by a family member who was not a partner or ex-partner. Of these 90 incidents, 31% had been reported to the police. Domestic abuse accounted for 6% of recorded incidents and 113 patients were female and 17 were male.

The consequences of physical violence may be physical, psychological and social, and can have short-, medium- and long-term impact. The development of assault injury surveillance is enabling NHS Lanarkshire to work in partnership with the Violence Reduction Unit and with a range of partner organisations across Lanarkshire involved in public protection including North and South Lanarkshire Councils, and representatives of voluntary sector groups which are seeking to reduce violence and its impact. Monthly reports of injuries are being used to influence short-term policing resource decisions and also longer-term public health work to address the causes of violence.
An evaluation of the Lanarkshire Assault Injury Surveillance Project has been undertaken. This highlighted the need for additional project management. Funding has been identified which will be used during 2013/14 to support data collection in emergency departments. This aims to achieve greater engagement with public health stakeholders in Lanarkshire whose remit includes violence reduction and to inform the establishment of assault injury surveillance in other NHS board areas.

Key Points

• In 2012, 2,168 patients attended NHS Lanarkshire emergency departments because of an injury resulting from violence.
• Of these patients, 69% had not reported the violence that led to the injury to the police.
• Alcohol continues to be a prominent factor in violent assaults.

Priorities for Action

• Provide ongoing support for the collection of assault injury data in Lanarkshire.
• Continue to work closely with the Violence Reduction Unit and Police Scotland to inform policing activities in Lanarkshire and to support assault injury surveillance in other NHS board areas.
• Further develop joint working with partners in Lanarkshire whose remit includes violence reduction.

References

1 Violence Reduction Unit website. About the VRU.
2 Violence Reduction Unit website. Injury surveillance.
3 Violence Prevention Alliance website. Building global commitment to violence prevention.
6 Medics against violence website. www.medicsagainstviolence.co.uk (accessed 30 June 2013).

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5.3 Detecting Cancer Early

The *Detect Cancer Early* programme was driven by the finding that Scotland compares poorly with the rest of Europe in terms of cancer survival in the first year after diagnosis. It aims to improve NHS Scotland cancer outcomes by diagnosing and treating the disease at an earlier stage.

The main objectives of the programme are as follows:

- To increase the proportion of people with stage 1 disease at diagnosis.
- To improve informed consent and participation in national cancer screening programmes and ensure that screening services have sufficient capacity to meet the anticipated increase in those choosing to take part.
- To raise the public’s awareness of the national cancer screening programmes and also the early signs and symptoms of cancer to encourage them to seek help earlier.
- To work with GPs to promote referral or investigation at the earliest reasonable opportunity for patients who may be showing a suspicion of cancer.
- To ensure that imaging, diagnostic departments and treatment centres are prepared for an increase in the number of patients with early disease requiring treatment.

The generic *Detect Cancer Early* campaign was launched in February 2012 and was followed by tumour-specific campaigns for breast cancer in September 2012 and bowel cancer in February 2013.

The breast cancer campaign included a much publicised television advert starring the actress Elaine C Smith along with posters and leaflets distributed throughout the community. NHS Lanarkshire’s breast cancer nurses and health improvement staff also participated in a series of highly successful road shows across Lanarkshire which helped to raise awareness of the signs and symptoms of early breast cancer. Work is ongoing to assess the impact of the campaign on the proportion of women presenting with early stage breast cancer.

The bowel cancer campaign focused on maximising uptake of bowel screening with a TV advert accompanied by radio, newspaper and other press coverage. Other components included the launch of self-referral for bowel screening beyond the age of 75. As with the breast campaign, roadshows were held within Lanarkshire and supported by health improvement staff, colorectal specialist nursing staff and bowel screening champions. Impact upon local services is being monitored closely.

The lung cancer campaign will take place later in 2013.

**DON’T GET SCARED, GET CHECKED.**

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*Health Services*
Key Points

• The Detect Cancer Early programme aims to improve cancer outcomes in Scotland by diagnosing and treating the disease at an earlier stage.
• Breast, bowel and lung cancer have been prioritised in the first instance.

Priorities for Action

• Improve uptake of breast, bowel and cervical screening in NHS Lanarkshire, particularly in areas of socio-economic deprivation which have the lowest uptake.
• Ensure that both primary and acute care have the capacity to respond to an increase in the number of patients presenting with symptoms of concern.
• Raise awareness amongst NHS Lanarkshire’s population regarding symptoms of cancer and the importance of seeking help at an early stage.

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5.4 Child Health Surveillance 27–30 Month Review

The health and happiness of children in Scotland is one of the Scottish Government’s overriding priorities. As part of this, there is a focus on the earliest years of a child’s life as building the foundations for health and wellbeing later in life. This stems from the recognition that the first few years of life are crucial to a child’s development in that this is when the neurodevelopmental connections for attachment and emotional capacity form.

This policy aim was laid out in the Early Years Framework which is the national strategy focussing on early intervention for children in the most deprived areas of Scotland with the aim of improving their outcomes later in life.¹

The Scottish Child Health Surveillance Programme supports this by reviewing all children in Scotland to ensure that they achieve their health and development potential.² As part of this, parents in Lanarkshire are invited to take their child to see their GP and Public Health Nurse (PHN) to discuss their child’s development when a baby reaches 6–8 weeks of age. Recently, the Scottish Government has initiated an additional universal child health surveillance check to be carried out at around 27–30 months of age with the aim of promoting strong early child development, parenting and wider family wellbeing.

NHS Lanarkshire is currently designing a service to support the new 27–30 month child development review which will focus on social/emotional and language/cognitive development. PHNs have been trained in the use of a special developmental tool which will help them assess these areas. In addition, the Getting it Right for Every Child (GIRFEC) approach will provide an overall framework for the 27–30 month review which will ensure that the child’s needs are met within the holistic context of the family and wider environment.³ GIRFEC is a national programme which promotes integrated working to ensure that Scotland’s children and young people meet the wellbeing indicators of being safe, healthy, active, nurtured, achieving, respected, responsible and included. PHNs will assess children’s wellbeing in all of these areas and provide age-appropriate health promotion advice (including the promotion of child healthy weight). Where need for support is identified, the PHN will facilitate early access to effective interventions such as behavioural support, parenting assistance or speech and language therapy.
Key Points

• A new 27–30 month child health surveillance review has been implemented within NHS Lanarkshire as of 1 June 2013.
• A service review process is currently being designed to support this with clinics being locally arranged.
• Parents receive an invitation for their child to attend at around 30 months of age.

Priorities for Action

As the service is implemented, NHS Lanarkshire will:
• Explore solutions to address staff training needs that are identified.
• Develop clear local clinical pathways for children who need additional support, ensuring that relevant services (parenting support, community paediatrics) have adequate capacity to meet anticipated need.
• Keep parents and clinicians informed of the relevant service changes and provide feedback from the Scottish Child Health Surveillance Programme.

References


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