

JSNA Blackpool

Joint Strategic Needs Assessment

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Chronic obstructive pulmonary disease (COPD)



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Introduction

Chronic obstructive pulmonary disease (COPD) is a type of obstructive lung disease characterised by chronically poor airflow. COPD typically worsens over time; the main symptoms include shortness of breath, cough, and sputum production. **Tobacco smoking** is the most common cause of COPD, with a number of other factors such as air pollution and genetics playing a smaller role. COPD is a serious lung disease for which smoking is the biggest preventable risk factor. Smokers can often dismiss the early signs of COPD as a 'smoker's cough', but if they continue smoking and the condition worsens, it can greatly impact on their quality of life. Early detection and abstinence from smoking can reduce or prevent damage to the lungs.

Facts and figures

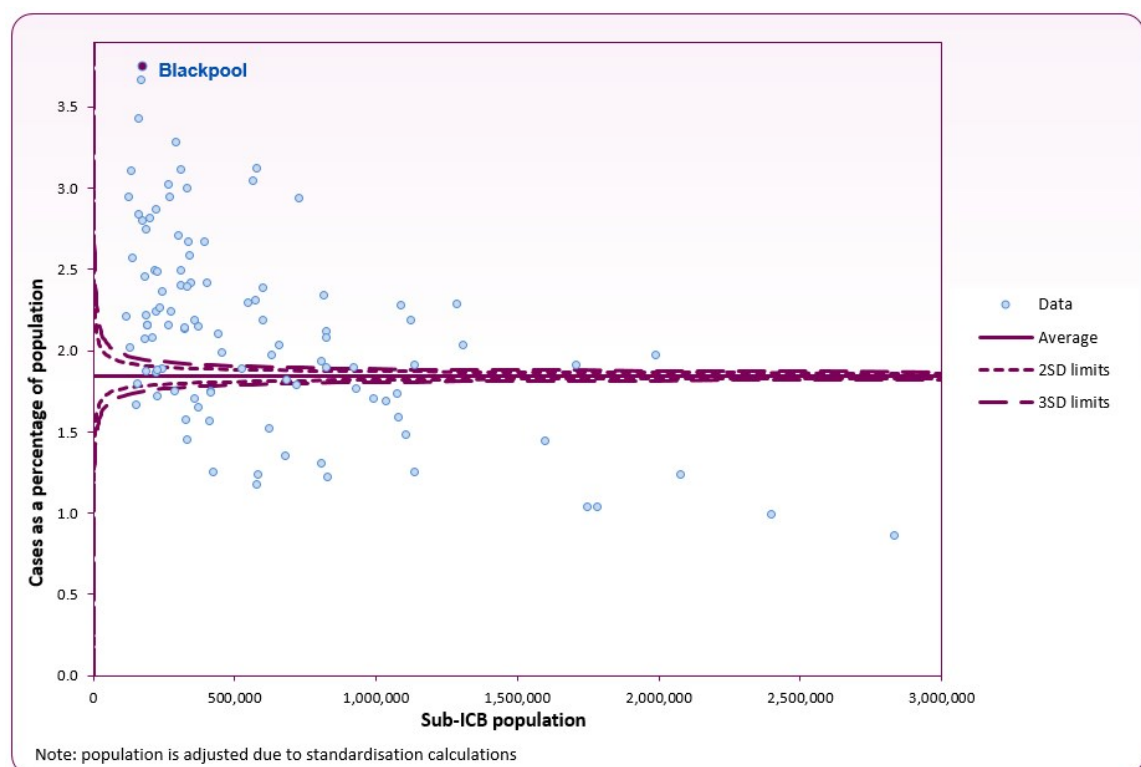
Prevalence of COPD

For further information regarding the source of QOF prevalence data and its limitations please see the [note on QOF data](#) page.

In 2022/23 6,645 people (all ages) in the Blackpool ICB sub-location (formerly NHS Blackpool CCG) were identified as living with COPD.¹ This equates to 3.7% of the population, which is significantly higher than England (1.8%). It is likely this is an under-estimate of prevalence across the authority.

Blackpool's sub-location is shown as a purple maker in figure 1, with all other sub-locations across England shown in blue. Blackpool has the highest rate of COPD in England.

Figure 1 - COPD prevalence funnel plot analysis at sub-ICB level (2022/23 QOF)



Source: Quality Outcomes Framework (QOF)

Hospital activity

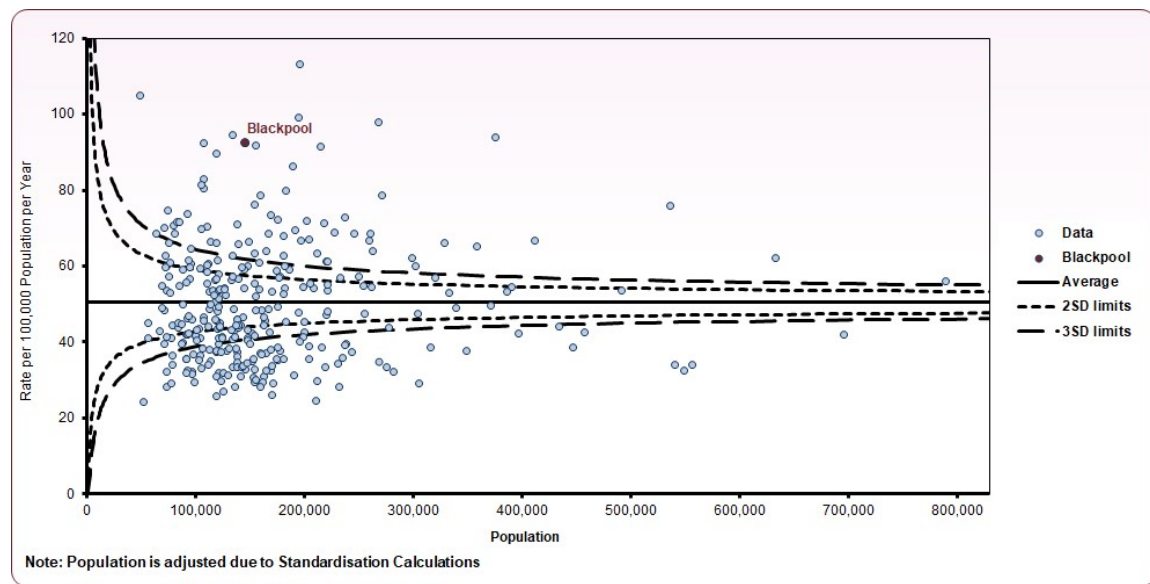
In the period 2013/14 to 2020/21, each year there were an average of 706 emergency admissions due to COPD for Blackpool's GP registered population (all ages). The 2020/21 rate of 208.0 (per 100,000 registered population) was 55% higher than the national rate of 133.5 per 100,000. The rate for both England and Blackpool have fallen from the 2019/20 values.²

There may be a number of reasons for this reduction in admissions: patients may have been deterred from seeking help during the pandemic, lockdown measures may have reduced exposure to pollutants and other respiratory viruses, and patients admitted to hospital may not have had COPD recorded as their primary diagnosis (for example, where the primary diagnosis was COVID-19).³

Mortality from COPD

Between 2017 and 2019 there were 405 deaths in Blackpool where COPD was the primary cause, an average of 135 deaths each year. The directly standardised mortality rate (per 100,000 population) is calculated to allow comparison between geographies of different population sizes and with different gender and age make ups. Figure 2 shows that the rate of mortality caused by COPD, is significantly higher in Blackpool (92.4 per 100,000) than the national average of 50.4 per 100,000. Please note, the three charts below cannot be updated to incorporate more recent data at present. This is due to the revised official population estimates (based on the Census 2021) not being available to recreate the mortality trends. Once these are published, the charts will be updated.

Figure 2 - mortality from COPD, persons, 2017-19 - lower tier local authorities



Source: PHE, Local Tobacco Profiles

Figure 3 shows the annual trend in mortality from COPD, comparing Blackpool to England.⁴ While there is fluctuation in the Blackpool rate due to the relatively small numbers of deaths where COPD is recorded as a primary cause, the mortality rate in Blackpool has been significantly higher than the England rate over the period reported. There was an overall increasing trend in Blackpool's COPD mortality rate between 2007 and 2018, whilst the national trend was stable. In COVID-19 affected 2020 the national mortality rate fell, possibly in part due to reduced transmission of viruses and exposure to pollutants over this period. However, this is not evident at the local level, where relatively low numbers can lead to higher year-on-year variability in the data.

Figure 3 - Trend in COPD mortality 2001 to 2020 (all ages), Blackpool and England

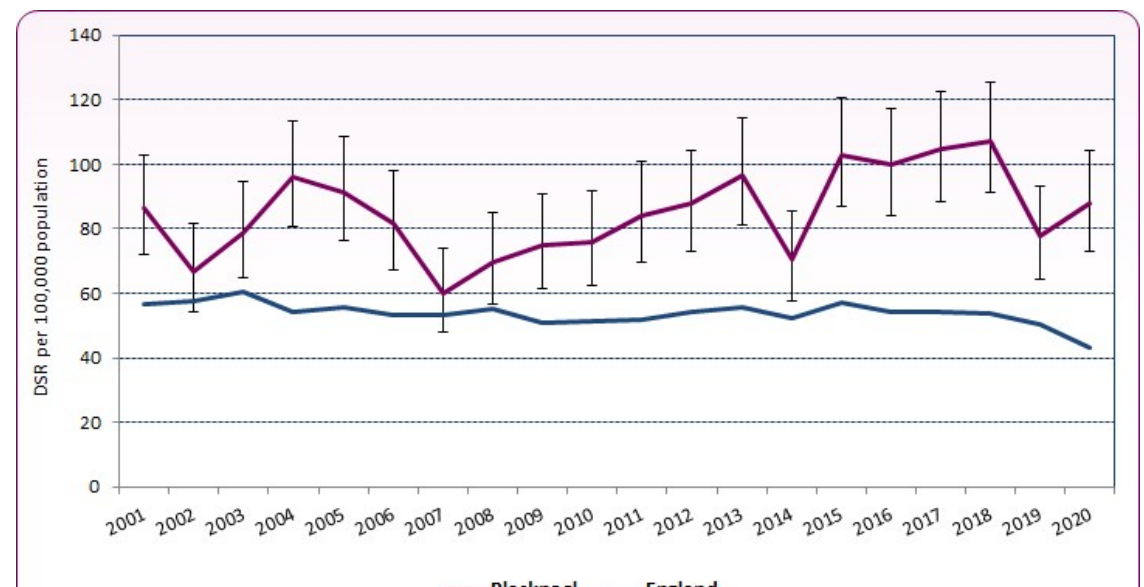
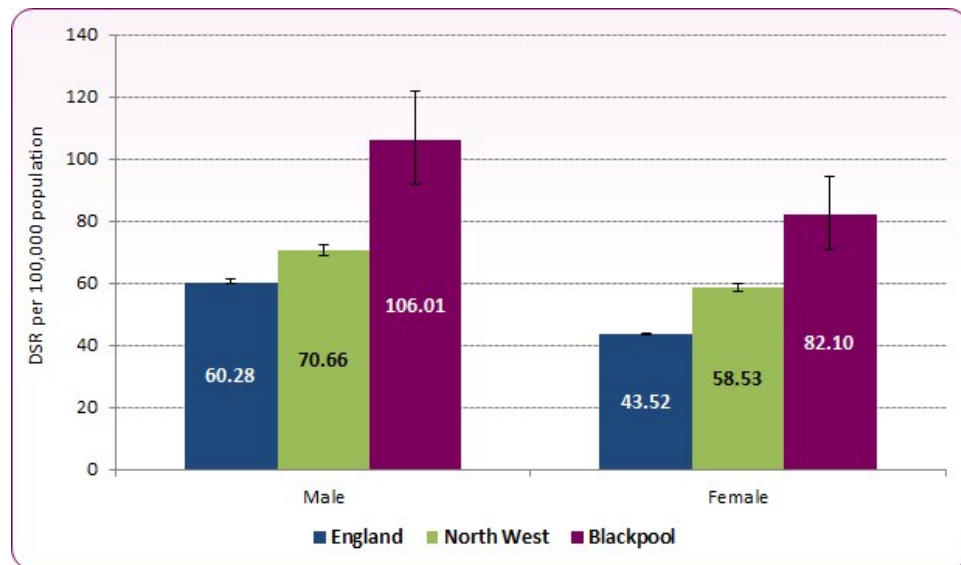


Figure 4 shows the difference in mortality rates from COPD for males and females. It can be seen that while Blackpool does have significantly higher mortality rates than the England average, the rates are 20% to 40% higher in males than females at the local and national level.

Figure 4 - Mortality from COPD, males and females, England, the North West and Blackpool, 2017-19 (pre-Covid-19)



Source: PHE, Local Tobacco Profiles

National and local strategies (current best practices)

- [An Outcomes Strategy for People with Chronic Obstructive Pulmonary Disease \(COPD\) and Asthma in England](#) (Department of Health, 2011)
- NICE guidance [CG101] [Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) covers diagnosing and managing chronic obstructive pulmonary disease or COPD (which includes emphysema and chronic bronchitis).
- [NHS RightCare Pathway: COPD](#) defines the core components of an optimal service for people with COPD.
- [Enhancing quality of life for people with long-term conditions](#) (NHS Outcomes Framework, 2011/12)

Risk factors

Smoking is the main cause of COPD and is thought to be responsible for around 90% of cases. The lining of the airways becomes inflamed and permanently damaged by smoking and this damage cannot be reversed. Up to 25% of smokers develop COPD. Exposure to other people's smoke through passive smoking increases the risk of COPD.⁵

[1] Office for Health Improvement & Disparities, [Respiratory Disease profile](#).

[2] OHID, Respiratory Disease profile.

[3] Nuffield Trust (2021) [Emergency admissions for asthma and COPD during Covid-19](#).

[4] Annual rates are reported here because 3-year rates do not accurately show some the changes in mortality rates taking place during the Covid-19 pandemic. Because of this OHID currently only updates annual mortality statistics in its public health profiles.

[5] NHS Choices, [chronic obstructive pulmonary disease](#).

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