The state of COPD in the UK

Speak Up for COPD*

- **4.2 million people** affected.[1i]
- **40% rise in prevalence** by 2030.[2]
- **Second leading cause** of emergency hospital admissions.[2]
- **£1.7 billion** cost to the NHS every year,[3ii] rising to £2.5 billion by 2030.[2]
- **Four times higher mortality rate** from COPD in areas of higher deprivation.[4iii]
- **More than two thirds** of people with COPD have to reduce work or stop working altogether.[5i]

[i]2021 data [ii]2019 data [iii]2021–23 data

COPD is a highly debilitating and often fatal lung disease[6]

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, is the third leading cause of death worldwide (excluding COVID-19).[1] It deteriorates people's lung function – restricting their airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.[6] The severity of the disease increases as it progresses and people with COPD can experience flare-ups that, when severe, require emergency hospital admission.[6] However, appropriate care can improve lung health and quality of life for people with COPD.[6]

Challenges

Identifying it early

Some people wait more than ten years for a COPD diagnosis.[7] Diagnostic delays are in part due to limited access to spirometry (a globally recommended diagnostic test[6]), which has not recovered since COVID-19.[8]

Facilitating access to care

There is a 'postcode lottery' for access to care: the care people receive is often determined by where they live.[8 9]

Facilitating access to care

Only 37% of eligible people with COPD are referred to pulmonary rehabilitation[iv] (a globally recommended comprehensive intervention to improve the physical and mental wellbeing of people with respiratory disease[6]).

[iv]2021–22 data

'Pulmonary rehabilitation is a fundamental intervention that can really alter the outcomes for people with COPD almost more than any other, yet it's only provided for a minority of eligible people.'

– Prof. Tom Wilkinson, University of Southampton and National Respiratory Audit Programme

Living with COPD: Peter's story

Peter is 74 and had an active lifestyle until he started to experience bouts of breathlessness in his 40s. He was initially diagnosed with asthma, but after six months without any improvement, an X-ray indicated that he could have COPD. He was referred to a local chest clinic, where staff could more closely manage and monitor his disease. The clinic's support has allowed Peter to remain as active, independent and healthy as possible.

AstraZeneca · COPD Foundation · fip · Global Allergy & Airways Patient Platform · International Federation on Ageing · Roche · sanofi · REGENERON

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How is COPD being prioritised?

National policies

Overall status: **good**

COPD is featured in health strategies, frameworks and respiratory plans in England, Scotland and Wales.[10-13]

Clinical guidance

Overall status: **good**

The National Institute for Health and Care Excellence (NICE) has COPD guidelines[14] and quality standards for England and Wales.[15]

Data collection

Overall status: **good**

The National Respiratory Audit Programme collects COPD data on primary and secondary care, and pulmonary rehabilitation, in England and Wales.[16] Data on COPD in England is also captured by the Office for National Statistics and the Office for Health Improvement and Disparities 'Fingertips' database.[4 17]

Case studies

A pilot of targeted lung health checks aimed at screening for lung cancer[18 19] in Manchester found that 31% of the people tested were living with undiagnosed COPD.

NICE's COPD quality standard recommends that everyone receive follow-up within 72 hours of hospital discharge.[15] However, implementation is inconsistent across the country.[8]

Policymakers must take action to:

expand timely access to certified spirometry training to clinicians, nurses and qualified healthcare professionals, to improve accurate and early diagnosis of COPD

provide dedicated resources to address the disproportionate burden of COPD among people living in areas of higher deprivation

offer appropriate incentives to healthcare professionals to ensure that all people with COPD receive guideline-recommended and proactive care in order to reduce their risk of flare-ups and hospital admissions.

Contributors

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Professor Tom Wilkinson, University of Southampton and National Respiratory Audit Programme

References

1. Global Burden of Disease Collaborative Network. 2024. *Global Burden of Disease Study 2021 (GBD 2021)*. Institute for Health Metrics and Evaluation (IHME)
2. NHS England. https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/respiratory-digital-playbook/digital-service-to-manage-high-risk-chronic-obstructive-pulmonary-disease-copd-patients/ [Accessed 19/08/24]
3. Asthma + Lung UK. 2023. *Investing in breath: Reducing the economic cost of lung conditions through increased research and innovation*. Asthma + Lung UK
4. Office for National Statistics. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/inequalitiesinmortalityinvolvingcommonphysicalhealthconditionsengland/21march2021to31january2023 [Accessed 19/08/24]
5. British Lung Foundation. 2021. *Failing on the fundamentals: Insights from those living with chronic obstructive pulmonary disease around the UK*. Asthma + Lung UK
6. Global Initiative for Chronic Obstructive Lung Disease. 2024. *Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease*. GOLD
7. Asthma + Lung UK. 2022. *COPD in the UK. Delayed diagnosis and unequal care*. Asthma + Lung UK
8. Hurst J. 2024. Interview [Video conference]. 03/04/24
9. NHS England. https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/ [Accessed 19/08/24]
10. NHS. 2019. *NHS Long Term Plan*. NHS
11. Welsh Government. *Public Health Respiratory Framework 2023 to 2024*. Welsh Government
12. Scottish Government. 2021. *Respiratory Care Action Plan 2021 – 2026*. Scottish Government
13. Department of Health and Social Care (UK). https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/major-conditions-strategy-case-for-change-and-our-strategic-framework--2 [Accessed 19/08/24]
14. National Institute for Health and Care Excellence (NICE). 2019. *Chronic obstructive pulmonary disease in over 16s: diagnosis and management*. NICE
15. National Institute for Health and Care Excellence (NICE). 2023. *Chronic obstructive pulmonary disease in adults: quality standards*. NICE
16. Royal College of Physicians. https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/ [Accessed 19/08/24]
17. Office for Health Improvement & Disparities. https://fingertips.phe.org.uk/profile/respiratory-disease/data [Accessed 19/08/24]
18. Manchester University NHS Foundation Trust. 2022. *Expanding lung cancer screening in Greater Manchester*. Manchester University NHS Foundation Trust

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