UK NATIONAL SCREENING COMMITTEE

Screening for Chronic Obstructive Pulmonary Disease (COPD)

21 November 2013

Aim

1. To agree the UK National Screening Committee's (UK NSC) formal policy position on Chronic Obstructive Pulmonary Disease.

Background

2. A review of screening for COPD against the UK NSC criteria was carried out in April 2012 by Sally Cartwright.

3. An NSC policy review has not previously been conducted on COPD.

4. This current review focusses on research since 2006

5. There has been an increasing focus on COPD at a national level. The Department of Health published *An Outcomes Strategy for Chronic Obstructive Pulmonary Disease and Asthma in England* in 2011 laying out the government's approach to tackling the growing burden of these respiratory problems.

6. NICE guidance was published in 2010 and been updated on the management of COPD in adults in primary and secondary care providing useful, up-to-date evidence on the diagnosis and management of the disease.

7. For the US Preventive Services Task Force (USPSTF), a summary of the evidence around screening for COPD using spirometry was produced in April 2008 allowing the USPSF to issue a statement on the subject. In this statement, the USPTF does not recommend screening for COPD.

Consultation

8. A public consultation on the screening review took place between 26th April and 26th July 2013. Five responses to the consultation were received. These are attached in Annex A.

Conclusion

9. Analysis of the evidence for a screening programme for COPD against the National Screening Centre Criteria indicates that a screening programme for COPD is not recommended at this time. The key reasons for this are as follows:

- No RCTs have been conducted on screening for COPD
- The evidence on outcomes of treatments and interventions for early stage COPD are still limited
- The evidence regarding whether spirometry prompts people to quit smoking is inconclusive
- Challenges still exist with the test options for a population-wide screening programme
- Current prevention activity including the national COPD and tobacco strategies are yet to be fully implemented

- Cost-effective evidence does exist for case-finding symptomatic individuals with more developed COPD and this should continue

Recommendation

10. The UK NSC is asked to agree the policy position on screening for COPD.

A national screening programme to screen for COPD is not recommended.

Annex A

UK National Screening Committee

Chronic Obstructive Pulmonary Disease - an evidence review

Consultation comments

There were five responses which are shown below:

BRITISH GERIATRICS SOCIETY
SPECIALIST MEDICAL SOCIETY FOR BETTER HEALTH IN OLD AGE

31 St John's Square, London EC1M 4DN, England
Email: general.information@bgs.org.uk
Website: www.bgs.org.uk

Patron: H.R.H. The Prince of Wales

The UK NSC policy on Chronic Obstructive Pulmonary Disease (currently at consultation stage: 2013)

This consultation document has been drafted at a very high standard. The format follows the test questions posed by the UK NSC when considering the merits of any proposed programme. The evidence taken into account has been scrupulously selected, carefully analysed and weighed up objectively.

The overall conclusion is that a screening programme for COPD is not justified. The reasons for that recommendation have been logically and clearly presented. The author has reached the only conclusion that can be supported for the population as a whole. Further, in older and frailer patients, the difficulties with disease definition, the potential for false positive findings from spirometry and the uncertainty of the outcomes from intervention are

accentuated. This is partly due to the effects of ageing on airway and lung parenchymal compliance, and partly due to the lack of trial evidence in very old patients and those with complex co-morbidities.

The BGS endorses the conclusions of the document and joins the call for better research in the field.

Prepared on behalf of the Society by Professor S.C. Allen (July 2013)

Supplementary note: The British Geriatrics Society (BGS) was founded in 1947 for "the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons, the holding of meetings and the publication and distribution of the results of research". Today, the BGS is a professional association of doctors practising geriatric medicine, old age psychiatrists, general practitioners, nurses, therapists, scientists and others with a particular interest in the medical care of older people and in promoting better health in old age. It has over 2,500 members worldwide and is the only society in the UK offering specialist medical expertise in the wide range of health care needs of older people.

The BGS strives to promote better understanding of the health care needs of older people. It shares examples of best practice to ensure that older people are treated with dignity and respect and that wherever possible, older people live healthy, independent lives.

Dr Nigel Masters, General Practitioner, Highfield Surgery has sent the following comment:

Dear Sir,

We have been using case finding and screening for COPD in our practice since 2007. I agree with the draft report findings but wish to stress some everyday problems that we encountered at the coalface of primary care .

Firstly the lack of numeric smoking recording on UK general practice computer systems(ie years smoked as a number and pack years as a number both easily visible on prevention screens) is a major impediment to managing smoking related disease . Read code descriptors e.g. ex-smoker 10 cigs a day are used at present and this does not allow easy searches and thus help to case find patients who have heavy smoking histories . As a result of problems with numerate recording on the GP computer systems my practice nurse and I created the smoking pack year calculator so that all patients could be given a pack year number . www.smokingpackyears.com . We used 15 pack years as a cut off for screening but 15 years smoked is easier but difficult to record on the computer systems. Recently Emis Web and other main suppliers are using the read code ' total time taken' as 'years smoked' as there is no official Read code item ' years smoked' . It should be appreciated that such numerate recording of smoking can help to target at risk smokers from other smoking diseases such as lung cancer. Clinically smoking histories are best collected in general practice and can be very useful for hospital teams.

We did not use COPD screening questionaires as we considered them unreliable and time consuming .

In the last few years we have been using a simple COPD screener to record an FEV1 value and if it less than 90% predicted refer for formal in practice full spirometry. This is used after obtaining the detailed numeric smoking information.

Thank you for reading this short email.

Yours faithfully,
Nigel Masters.

Dr Nigel Masters
General Practitioner
Highfield Surgery
Surgery Tel: [redacted]

Do we need a National COPD Screening Programme?

Association of Respiratory Nurse Specialists

Response to Consultation

July 2013

Whilst ARNS remains committed to raising the profile of lung disease and thus ensuring consistent and comprehensive access to care for patients and their families, the issue of screening holds several dilemmas. Screening can be a useful strategy to detect COPD early thus facilitating early treatment & intervention, yet many issues in practice still need to be resolved before such a screening programme could be considered effective. In this respect ARNS supports the expert review.

A primary concern would be the current employment of fixed ratio FEV_1/FVC <70% in place of LLN (Lower Levels of Normal) to diagnose obstructive lung disease. The potential under and over diagnosis in the young and the elderly would need to be addressed in a screening programme.

Secondly there is currently an over-reliance on FEV_1 as a marker for disease severity. FEV_1 has been shown to have no correlation with health related quality of life and does not give justice to the complexity of COPD as a disease spectrum.

A third issue concerns training of healthcare professionals and the assurance of quality controlled spirometry. Evidence suggests that much spirometry performed in primary care is of poor quality and provision of training is inconsistent, with a poor uptake. Access to quality assured standardised spirometry therefore will depend on access to high quality benchmarked training with clear standards and national policies to ensure the validity of a large scale screening programme.

Finally those responsible for interpreting and diagnosing lung disease need to be proficient in understanding the complexities of the disease and the impact on individuals and carers. Again standards of care and access to resources have been found to be widely variable throughout the UK.

To summarise, whilst ARNS applauds the effort to improve recognition, early diagnosis and treatment for all individuals with COPD, these unresolved issues need to be addressed and the expert review does address some of these issues. A national screening programme, reliant on spirometry, could be seen to condone the current approach of a 'one size fits all' lung function based diagnosis and assessment for COPD. ARNS feels a movement towards a more comprehensive strategy of an individualised approach to multiple, clinically relevant aspects of disease management

based on symptoms and assessment of future risk, will be more beneficial to current and future patients. In order to achieve this full implementation of current guidelines and strategies needs to be a priority.

About ARNS

The Association of Respiratory Nurse Specialists (ARNS) was established in 1997 as a nursing forum for respiratory nurse specialists and now has over 1000 members across the UK. It mission is to promote a higher level of respiratory nursing practice through leadership, education and professional development. ARNS also works to influence the direction of respiratory nursing care.

For more information, please visit www.arns.co.uk

Contact: info@arns.co.uk

There was also a comment from Jo Hurd, Clinical Fellow Quality Improvement, Wessex Deanery.

Dear team,
Please see below a response that a GP asked me to forward on to you in reply to the question: Do we need a national screening programme for COPD?

Essentailly my view is NO
I am the only Southampton GP with >6% recognition of COPD cases and I am pretty sure that the milder cases would not benefit from anything other than NO SMOKING advice - which of course every patient should have every day.
Other interventions can wait until the patient is symptomatic
There is a case for earlier diagnosis but this isn't screening. Other lung conditions deserve attention (ILD, Asthma, mixed/overlapping diagnoses)
Drug companies will have a different view; 'Missing millions' = missing BILLIONS to them

Best Wishes,
Jo

Jo Hurd

Clinical Fellow Quality Improvement,
Wessex Deanery.

Respiratory Network Champion,
South Central.

Lee Hough, Advanced Practitioner and Nurse Manager at White Rose Surgery sent in this comment:

Dear Sir/Madam
I have read with interest, your consultation document and discussions on the need for a national screening programme for COPD.
Since 2011 at the White Rose Surgery in Pontefract, West Yorkshire, we have been proactively screening all 40yrs+ smokers and ex smokers for COPD with spirometry. If they are found to be positive a reversibility test is also done with a full blood count and a chest xray. This has significantly raised our Qof register levels of diagnosed COPD and we are finding that approximately a third of the patients screened have an element of airways obstruction that wasn't diagnosed before. I am more than happy to share the figures if needed or if this helps you. Non of this has been published as it is something we are doing for our patients "off our own back". We also did a 12 month follow up to highlight which smokers had quit since being diagnosed and although this is obviously an on going process, we are finding that 20% are now classed as ex smokers.
Please don't hesitate to contact me for any further info if needed.
Thanks
Lee Hough

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