





Air Quality as a Non-Communicable Disease: a primary care perspective

10:45

Phil Evans











Joining Forces to Improve Air Quality and Health

Basic Concepts

Air Quality as a Non-Communicable Disease: a primary care perspective

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https://www.nihr.ac.uk/explore-nihr/support/clinical-research-network.htm









This talk:

- What is a NCD ?
- What is primary care?
- How does air quality impact on primary care ?
- How can primary care impact on NCDs and air quality?
- Some examples of interventions
- Research opportunities







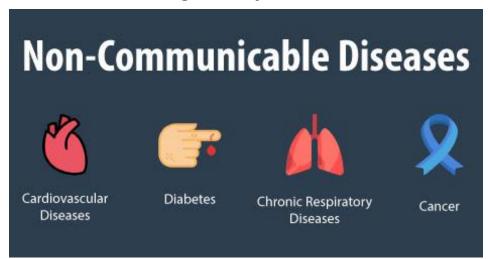




Non-communicable disease

Key fact (WHO, 2018)

Noncommunicable diseases (NCDs) kill **41 million people** each year, equivalent to **71%** of all deaths globally.



Met Office NCDs and air quality









- Globally, 23% of all deaths could be prevented through healthier environments
- Nearly two thirds of the 12.6 million deaths caused by the environment each year are due to NCDs
- Ambient and household air pollution caused, respectively, **2.8 and 3.7 million** NCD deaths from ischaemic heart disease (IHD), stroke, chronic obstructive pulmonary disease (COPD) and lung cancer in 2012

Worldwide, almost **one third of the cardiovascular** disease burden is attributable to ambient and household air pollution (13% and 17% respectively), second-hand tobacco smoke (3%) and exposure to lead (2%)

• Globally, 29% of COPD deaths are attributable to household air pollution, 8% ambient and 11% in workplaces

Early life exposure to environmental risks, such as chemicals and air pollutants, might increase NCD risk throughout the life course









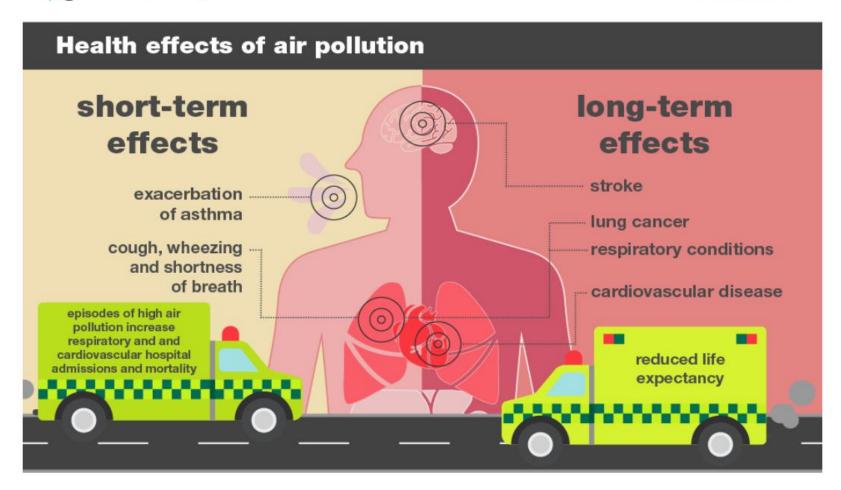


NOT JUST MORTALITY – MORBIDITY

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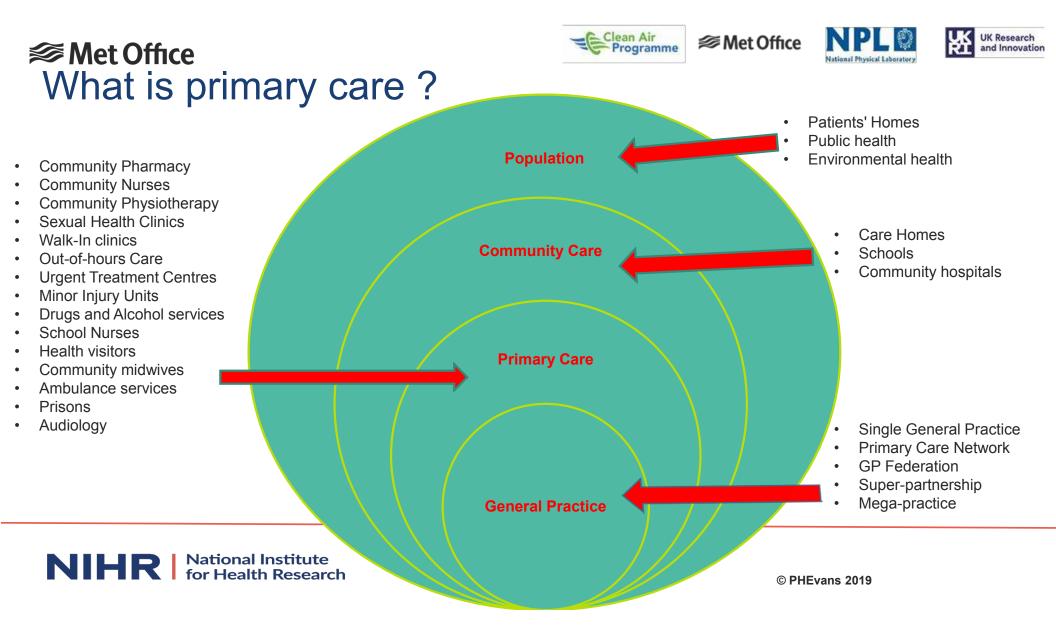




St Leonard's Practice, Exeter

















What is the general practice big picture?

- England had 7012 open and active practices (Dec 2018)
- 308 million estimated appointments last year in these practices (NHS Digital)
- > 1 million appointments every working day
- Average consultation length is 12.2 minutes (Kings Fund, 2016)
- Average consultation rate = **5.16** per patient per year (2013/14) (Hobbs et al, 2016)
- 14% increase in GP workload between 2007 and 2013 (Hobbs et al, 2016)
- Average 2.5 problems per GP consultation (Salisbury et al, 2013)







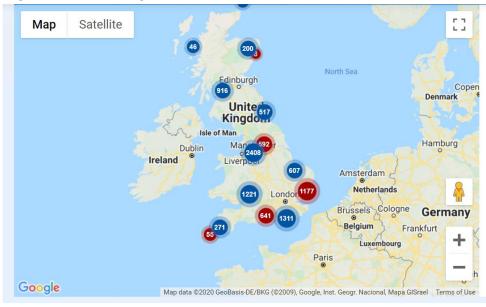






"2,220 GP practices (1/3) are in areas where air pollution is above the World Health Organisation's limit for fine particulate matter (PM2.5)"









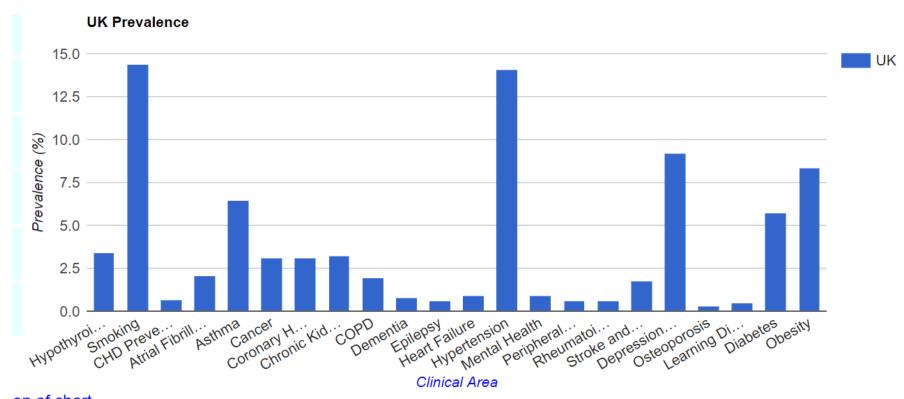








Common conditions in primary care (QOF 2020)



−on of chart













Unique characteristics of primary care

- Expert generalists
- NCDs are core
- First contact, continuous, coordinated care (Starfield)
- Cradle to grave i.e. life course
- Care for the vulnerable (old and young)
- Regular contact
- Family doctors (and household)

Primary care and air quality

Respiratory:

- Wheezy kids
- Asthma
- COPD
- Hay fever

Cardiovascular:

- Coronary heart disease / stroke/ TIA
- Heart failure

Cancer

Diabetes









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Primary care and air quality - "red flags"

The patient **history**:

- Recurrent disease
- Chronic disease
- Changing disease
- Excess prescriptions e.g. salbutamol scripts ¹
- Poor school attendance
- Frequent GP attendance
- Home visits observation



1. Sofianopolou et al, 2013

Met Office ■









How does primary care manage possible "cases"?

Often Practice Nurse/Health visitor & GP

- Health promotion advice
- Smoking advice / intervention
- Referral to Council re Housing assessment
- Health Visitor home visit
- Social prescribing

NICE guidance:

- Indoor air quality at home (January 2020)
- Air pollution: outdoor air quality and health (June 2017)











Using strengths of primary care to combat air pollution

- Relationship-based care (GP and Nurse)
- Continuity of care and mortality (Pereira Gray et al, 2018)
- Life course care
- Whole family care
- Repeated contact (5 a year)
- Care irrespective of SE class
- Chronic disease ANNUAL Review e.g. Asthma, COPD











Primary care and air quality: making it happen

- Education / awareness raising
- Identification / attribution
- Measurement of air quality cf. BP
- Feedback to patients
- Intervention / home visits
- Primary care / public health interventions to be designed and tested















Research potential and collaboration

NIHR (National Institute for Health Research)

- NIHR e.g. Health Protection Research Units (HPRUs)
- Biomedical Research Centres (BRCs) e.g. Kings
- NIHR Clinical Research Network (CRN): Public health / Primary care / Social care /Hospital specialist care
- Big data e.g. CPRD, NHS Digital
- Public health research funding (NIHR PHR Programme)

- "Small data" at practice level e.g. consultation numbers/ prescriptions
- "Big data": e.g. Clinical Practice Research Datalink (CPRD) – 50 million patients (https://www.cprd.com/)



Thank you for listening

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