

**PCRS briefing document**

**National Respiratory Strategies – the NHS Long term plan and Lung Health Taskforce 5 year plan**

Background

Respiratory disease has been out of the limelight at national level for many years, in contrast to cancer, heart disease, diabetes, stroke and mental health, which have consistently been priorities for the last 20 years or so. After the Chief Medical Officer for England highlighted high levels of morbidity and mortality from COPD in his annual report in 2004, work started to develop a national strategy to improve outcomes from COPD and a respiratory team was established in the Department of Health to do this in 2008. Their work expanded over the next few years to encompass asthma, oxygen services, pneumonia and sleep apnoea until the group was disbanded in 2013 in the midst of a major reorganisation and the creation of NHS Commissioning. Their major output was ‘An Outcomes strategy for COPD and asthma in England’[[1]](#footnote-1), alongside a suite of related respiratory documents. However, the reorganisation at the centre, and change of government meant that this quickly became obsolete within a matter of months after publication. Since 2013 therefore, it has been NHS RightCare (which diagnoses issues based on examining unwarranted variation, develops solutions and delivers improvements for systems and populations) which has driven any national respiratory focused work, particularly on system-wide pathways for COPD[[2]](#footnote-2) (completed), and asthma and pneumonia (in development).

In 2017, the British Lung Foundation invited respiratory stakeholders to form a group to pull together a plan for improving respiratory care in the UK and the Lung Health Taskforce was born. The intention was to describe the scale of the problem – suboptimal and late diagnosis, high morbidity and suboptimal control, high mortality, inequitable distribution of services such as, for severe asthma and pulmonary rehabilitation - in a way that would lead to a national programme to improve respiratory outcomes. 2018 saw a concerted effort from 30 organisations representing voluntary and professional groups to identify the key areas for action to improve the lot of people with respiratory disease. They published their 5 year plan[[3]](#footnote-3) in December 2018, after gathering evidence on the areas in need of attention under the headings - prevention, diagnosis, treatment, life with a lung condition, end of life care and the workforce.

Meanwhile, NHS England had started to pay attention to data showing poor respiratory outcomes in England compared to other developed countries, high numbers of respiratory admissions causing winter pressures, and that deprivation levels were associated with rising deaths from respiratory disease. When the NHS launched its Long term plan in January 2019[[4]](#footnote-4), respiratory disease was up there alongside heart disease and cancer as a new priority for national attention. A respiratory chapter identified some key areas in respiratory disease to be addressed if outcomes are to improve.

We therefore found ourselves at the start of 2019 with a Lung health taskforce 5 year plan (LHTF) and a respiratory chapter in the NHS Long term plan (LTP). The former was wide ranging and covered many aspects of respiratory disease and the provision of services, while the latter focused attention on some key areas, and took into account where there might be synergies with other disease areas such as heart disease. Though driven by different agendas, and having gone through different processes of development, we believe that the two together can work towards increasing the focus on respiratory disease nationally.

We have committed to supporting the implementation of both initiatives. Fortunately the LTP came out in time for the LHTF to shape its implementation plans around the areas of respiratory disease highlighted in the LTP, so we are expecting synergy and collaboration across the two pieces of work.

In brief –

LHTF 5 year plan: December 2018 - 30 organisations involved, independent of government. Wide-ranging across all respiratory disease. Covers whole of UK.

NHS Long term plan – respiratory chapter: January 2019 – developed by NHS England. Focused on some key areas for improvement, and joining up across heart disease where appropriate. England only.

Outline of content of both plans

* **Lung Health Taskforce 5 year plan**

Having convened a working group made up of member organisations, the BLF identified key areas and put out calls for evidence of what was known to work to improve those areas. These key areas were prevention, diagnosis, treatment, life with a lung condition, end of life care and the workforce. The British Lung Foundation’s Patient Think Tank played a key role in reviewing and prioritising the recommendations.

The resulting report was arranged around the key areas and included 39 recommendations for actions to address these areas, arranged under subheadings of the 5 areas.

* Prevention – smoking, air quality, occupational lung disease, flu vaccination
* Diagnosis – right care- right time, diagnosis and managing asthma, identifying people
* Treatment – best practice surgery, the right medication, oxygen therapy, emotional support and well-being
* Living with a lung condition – supporting patients and families, treatments that don’t use drugs, helping pharmacists to help patients
* End of life – giving patients choice, improving healthcare professional awareness, joining up services
* Workforce – we need a plan, staff numbers

The LHTF is now taking the work forward under 4 headings – diagnosis, medicines management, pulmonary rehabilitation and data tracking – with working groups drawn from the stakeholder groups and industry partners. PCRS is supporting this work on implementing the recommendations. Key recommendations from our point of view include:

* All health care professionals should be trained in offering very brief advice on smoking cessation
* A clear patient pathway with services for timely, accurate and complete diagnosis should be created for all people with breathlessness and other respiratory symptoms
* A formal referral system should be developed to enable community pharmacists to refer people directly to general practice
* A single consistent guideline should be developed for diagnosis and management of asthma
* Targeted case-finding should be introduced for people who have symptoms suggestive of COPD in general practice with follow-up care and services
* All health care professionals working with respiratory patients should be trained and upskilled in inhaler use and technique to ensure patients take their medication correctly
* Every person with lung disease should have a personalised care and support plan.
* Access to pulmonary rehabilitation should be improved so that every person with an MRC breathlessness score of grade 2 has the opportunity to complete, a programme
* The use of non-pharmacological treatments for breathlessness and cough should be expanded
* All health care professionals should be able to offer basic end of life care advice.
* **NHS Long term plan – respiratory content**

In contrast the NHS LTP is a more comprehensive and longer term plan which is seeking to take forward and further develop some of the initiatives started in the Five year forward view (2014). Alongside improvements in clinical care, there are proposals for prevention and addressing health inequalities, structural change to relieve pressure on the acute sector, patient engagement, digitally-enabled care, and workforce planning.

The chapter on priority disease areas includes the usual suspects – heart disease, cancer, diabetes, stroke, mental health - and respiratory disease. The planning of the respiratory element was undertaken by a group looking at respiratory disease and heart disease together, so looking for synergies in areas such as diagnosis and nonpharmacological treatment options was made easier.

While there is chapter containing the most important areas for quality improvement in respiratory disease, respiratory issues crop up in other places than the respiratory chapter – A&E attendances and admissions for asthma, treating tobacco dependency, shared responsibility for health, smart inhalers. However the respiratory chapter is where some firm proposals emerge. The key areas highlighted for action are:

* Improving diagnosis
* Expansion of pulmonary rehab – and the potential for joint services with cardiovascular
* Optimising use of medication
* Identifying and managing pneumonia in a way that minimises impact on patients and acute sector

These areas are consistent with several key areas which PCRS has already been working on: improving diagnosis; better training for HCPs in respiratory; better access to and availability of PR; more respiratory care to be provided outside hospitals; increased patient education and activity/exercise support from diagnosis; increased support for patients to maximise benefits of inhalers and medication; a focus on the symptoms of respiratory disease at diagnosis – e.g. breathlessness; more engagement of healthcare professionals in treating tobacco dependency.

PCRS has a seat at the table on the Respiratory delivery board, and will seek engagement with the working groups on specific topics which flow from this.

While the respiratory element of the LTP is considerably more restricted in its scope than the LHTF plan, there is overlap in certain areas, and it is heartening that the LHTF is focusing their initial efforts in diagnosis and pulmonary rehabilitation.

PCRS response/position:

1. We welcome both plans as a way of getting a higher profile for respiratory disease, and action to improve outcomes for respiratory patients driven from the centre, across the country. While the LTP may have more ‘clout’, it is open to rapid change at political level, so we believe there is value in also having the LHTF plan which is broader and less vulnerable to political change, although it has no statutory standing and no budget behind it.
2. We celebrate the inclusion of respiratory disease as a priority disease area in the LTP, but also recognise that there is a way to go in getting recognition for respiratory as the ‘new arrival’ as a disease area. We will press for this disadvantage to be addressed by NHSE.
3. We encourage collaboration and synergies to be exploited between the two wherever possible, and also with the work of RCP on the National Audit for COPD and asthma, NICE, NHS RightCare.
4. We welcome the widespread adoption of any evidence-based approaches to respiratory diagnosis and management, including non-pharmacological and digital interventions, and new technology, such as smart inhalers. We could not support a shift in resource from underused but high value treatments such as vaccination, tobacco dependence treatment and pulmonary rehabilitation to ‘the new and shiny’ unless it genuinely helps address low uptake of these effective treatments or where robust evidence shows equivalence to deliver what people living with respiratory disease want.
5. The plans include several areas which have been priority areas for us for some time, and we hope that inclusion in these plans will help to drive them forward at a greater pace.
6. We will support the implementation of the plans where we have expertise to offer, and as resources allow, while acknowledging that neither has a significant budget for implementation, and therefore rely on the goodwill of the respiratory community.
7. We will support our members and the respiratory interested community to encourage the respiratory content of the national plans to be cascaded to local level plans.
8. There has been chronic under-resourcing of training in respiratory disease management in primary care for many years – not just for diagnostics, but for all aspects of management, both in basic training and continuing medical education – for pharmacists, allied health professionals, nurses and doctors. The plans need to address this issue and seek appropriate resources for upskilling the workforce, particularly in the context of the commitment to resource adequately the Primary Care Networks with multidisciplinary teams.
9. We would like to see more explicit recognition of the need for healthcare organisations and professionals to treat tobacco dependency as a long term condition alongside – not as a substitute for - the LA led smoking cessation services. And also of the key role of transferring patients from hospital care to primary care in the Ottawa model.
10. We welcome the drive for supported self care, including education and the commitment to provision of better physical activity opportunities right from the point of diagnosis.
11. Avoiding waste and achieving value through responsible prescribing of medication is as much about patient choice and involvement as clinician education, and we support the optimal use of resources to achieve the best quality of life for the patient that is possible.

References, links and quotes:

Lung health task force plan <https://www.blf.org.uk/taskforce/plan>

The NHS Long term plan <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Blog by Noel Baxter on NHSE website January 2019 accessed 13.3.19 <https://www.longtermplan.nhs.uk/blog/focussing-on-respiratory-disease/>

Blog – extended version by Noel Baxter on PCRS website accessed 13.3.19 <https://www.pcrs-uk.org/news/long-term-plan-offers-much-needed-focus-respiratory-disease>

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Approved by PCRS Executive committee policy lead: 15.4.19

1. An Outcomes strategy for COPD and asthma in England 2011 accessed 12.3.19 <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216139/dh_128428.pdf> [↑](#footnote-ref-1)
2. NHS RightCare COPD pathway accessed 14.3.19 <https://www.england.nhs.uk/rightcare/products/pathways/chronic-obstructive-pulmonary-disease-copd-pathway/> [↑](#footnote-ref-2)
3. Our Five year plan December 2018 Lung Health Taskforce accessed 13.3.19 <https://www.blf.org.uk/taskforce/plan> [↑](#footnote-ref-3)
4. The NHS Long term plan Jan 2019 NHS England Accessed 13.3.19 <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf> [↑](#footnote-ref-4)