

BTS 4-POINT PLAN - REDUCING RESPIRATORY PRESSURE ON THE NHS IN WINTER



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Society

Writing in the British Journal of Hospital Medicine (1), Dr Jon Bennett, Chair of the Board of Trustees of the British Thoracic Society, has called on the Government and NHS to 'break the winter cycle' and look beyond short-term national funding injections to reduce future Winter Pressures.

The Society believes that the NHS Long Term Plan contains some key clinical policies to help address the problem – but urgent action is required (2).

The Society has agreed a broad 4-point plan to help reduce respiratory pressures on the NHS in the Winter:

1. Strengthen prevention activity to reduce the number of people experiencing respiratory infections in Winter and reduce the number of people with pre-existing lung disease having flare-ups of their condition that need admission to hospital.

This would include:

- A national plan to diagnose lung disease earlier
- Ensuring patients being discharged from hospital with respiratory diseases such as pneumonia and COPD have a thorough assessment - including a review of their medication and inhaler technique to promote better self-management of their condition
- Greater access to highly cost-effective treatments such as stop smoking support and pulmonary rehabilitation which can increase quality of life for people with respiratory disease and help prevent future hospital admissions
- Continued promotion of 'flu jabs to health professionals and high-risk groups – with a key focus on increasing the number of people in some higher risk groups getting vaccinated
- Continued investment in public awareness campaigns on how to cope with winter illness

2. Urgent action to address the current shortages in the NHS lung specialist workforce

Approximately 4 in 10 hospitals in England had at least one vacant respiratory consultant post in 2018 (a situation which has persisted for at least 2 years) (2). One key problem is that the UK respiratory specialty training programme is not training enough doctors to meet increasing demand. BTS is calling for an additional 100 respiratory speciality training posts to be created over the next 5 years (3, 4) – and a 'national summit' with NHS England and partners to address workforce deficiencies across the sector.

3. Scale best practice in lung teams working across NHS to help treat patients closer to home

A number of local areas across England have formed integrated lung teams which operate across the whole of the NHS and care systems. But they do not exist across the country. Studies show that joined up care has delivered both health and economic benefits – including faster access (in some areas within 2hrs) to specialist respiratory expertise in the community, vital changes to patient medication & treatments, and reductions in hospital admissions (5, 6, 7, 8, 9).

The Society believes NHS England should provide a vision and plan on how good integrated respiratory practice will be scaled and shared across the NHS.

4. Invest in targeted respiratory research

In 2014, the UK government spent around

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£28 million on respiratory research (10). Twice as much was spent on cardiovascular disease research (£56 million), and over three times as much (£103 million) was spent on research into cancer. If spending by charities is analysed, the gap is much wider. 30% of charity medical research spend in the UK is allocated to cancer, 10% for cardiovascular disease, with less than 2% on respiratory disease.

But despite the national lack of funding – the UK has strong world-leading research teams who are shaping new technology, treatments and ways of delivering services that could help improve patient outcomes and reduce severe flare-ups of disease.

The Society is calling on Government and research bodies across all sectors to agree a target for spend on respiratory research - equivalent to 1% of the economic burden of respiratory disease (£11 billion) - £110 million a year (11). An appropriate allocation of research funding should be linked to delivery of key national goals – including reducing premature mortality.

Dr Jonathan Bennett, said:

“Nearly every Winter the NHS struggles to cope with a surge of people with lung disease being admitted to hospital through A&E. This surge is to some extent predictable as cold weather can weaken the immune system and make us more prone to viruses that circulate.

Short term NHS funding injections are welcome & NHS staff work valiantly to treat the major increase in demand. However, we really need a more proactive, long term and co-ordinated plan that works across all parts of the NHS to prevent serious lung illness happening in the first place.

This should have a major focus on prevention,

education and workforce policies.”

View the datafact sheet here

References

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