A focus on respiratory disease for England

Bronwen Thompson discusses the respiratory long-term plan for England with **Professor Mike Morgan,** *National Clinical Director for Respiratory Disease at NHS England*

Professor Morgan has a smile on his face. During 5 years as National Clinical Director for Respiratory Disease at NHS England (NHSE), he has seen the introduction of a range of initiatives designed to improve respiratory care. The National COPD Audit has been established and asthma has been added this year. NHS RightCare has produced CCG level data on respiratory disease outcomes and expenditure and has developed the 'COPD pathway', showing what evidence-based care looks like right across the system from prevention to end of life. A collaborative tuberculosis strategy bridges public health and the NHS to address growing levels of tuberculosis. Significant improvements in rationalising specialised services for respiratory disease have also come to fruition. Then there have been breathlessness and cough campaigns.

> **"There are pressures around winter admissions and the penny has finally dropped that respiratory is the major cause of the rise in winter admissions – they effectively double in winter."**

However, the profile of respiratory disease has just taken a huge leap forward. Professor Morgan is smiling because respiratory disease has just been included in the list of priority disease areas for the NHS long-term plan in England. The Five Year Forward View was published in 2014, and is the plan that has been guiding changes in the NHS for the last 4 years. This set in motion a series of initiatives focused on exploring new ways of working in order that the NHS is able to meet the challenges of the 21st century. In primary care we have seen a move towards delivering care at scale, and practices collaborating in federations and clusters. We have also seen a greater emphasis on integration of planning and service provision across traditional boundaries in health and social care.

> **"Respiratory disease stands out as an area where inequality is most overt. You are five times more likely to die from respiratory disease if you are in an impoverished area compared with being in a less impoverished area."**

So now is the time for a new longer-term plan to build on the Five Year Forward View. And now is the time for a focus on improving respiratory disease outcomes across England. "Respiratory disease has been attracting attention both locally and nationally. At a local level, CCGs are seeing high admission rates for respiratory conditions and costly care, so it has become a significant priority. They are also recognising that respiratory problems are playing a significant part in winter pressures. Improving the care of people with respiratory disease could help to ease the burden on the health service in the times when it is under greatest pressure."

Professor Morgan also points out that there are increasing concerns in NHSE about inequalities for people with respiratory disease. The gap in mortality rates between the least deprived and

> **"Enabling primary care to do better is going to be a major theme because everyone is realising that the burden on primary care is intolerable at present and it is not able to deliver what we expect of it."**

most deprived has widened by 20% over the last 15 years. "The death rate for respiratory disease in the poorest decile has risen by 14%. And in the most affluent decile it has fallen by 5%, so you are five times more likely to die from respiratory disease if you are in an impoverished area compared to a less impoverished area."

> **"Let's start pulmonary rehabilitation at the point of diagnosis, not leave it until later – why wait? Encourage a healthier lifestyle and being active right from the beginning."**

International comparisons also show England in a poor light, with mortality rates from respiratory disease higher than many other countries in Western Europe. In 2010 the UK was ranked among the worst out of 27 member countries of the Organisation for Economic Co-operation and Development (OECD) on outcomes related to respiratory disease.

So a planning group with input from the respiratory community was convened under the chairmanship of NHSE National Medical Director Professor Stephen Powis to explore how a national plan could address some of the key areas for improvement in respiratory disease. The national plan expects to address issues at various stages of respiratory disease. The planning group have focused on several themes:

- Prevention – including flu immunisation, pollution, physical inactivity and tobacco dependency
- Early detection and accurate diagnosis – case finding, diagnostic hubs, early specialist involvement to support diagnosis
- Optimal treatment – including empowerment and education to self-manage, expansion of pulmonary rehabilitation, optimising medication (economic prescribing, better training and usage of inhalers, better use of pharmacists)
- Acute care – risk assessment of patients with pneumonia and other steps in line with the published Winter Pressures Guide.

Professor Morgan highlighted a key difference between primary and secondary care – that primary care considers the population they are responsible for and takes a proactive approach towards identifying the more vulnerable and high risk. "There needs to be much more integrated thinking and integrated working. Specialist integrated care physicians can play a key role here, but in general we also need more vertical integration of services, and for the care provided to be stratified according to the needs of distinct groups of patients. Other specialties are good at this and have a tiered approach to care so that a patient has access to the level of care most appropriate for them."

Professor Morgan also reflects on the conundrum of determining the kind of skills and approach that is needed to drive improvements in care. "Patients want specialists, but the system needs generalists. We need to think more about how patients present – with symptoms, not a diagnosis. So why don't we have more breathlessness clinics run by generalists? Once there is a clear diagnosis, then they can be referred to appropriate specialists if required – but let's put more effort into getting the diagnosis right in the first place." Another reason that a more generalist approach will become increasingly appropriate is the rise in patients with multimorbidity and frailty which will accompany the increase in numbers of older people.

There are obvious challenges for commissioning too. "Currently commissioning for primary care services and secondary care fall to different individuals – in an ideal world we would just be operating in a single service, with commissioning across pathways of care. We need to build on the innovative approaches being trialled following the Five Year Forward View which cut through traditional boundaries and focus on the patient journey, not NHS structures."

> **"Admission rates for COPD and asthma in England are twice as high as they are in France – and it's hard to know why that should be."**

So what does all this mean for primary care? Most of the respiratory themes under discussion in the long-term plan fall squarely into the remit of primary care, and NHSE acknowledges that the majority of respiratory care takes place in primary care, so this balance is entirely appropriate. Recent guidelines have focused on the importance of improving diagnostic accuracy. Strengthening the assessment of competence to undertake and interpret spirometry, and putting the National Register for spirometry on a firmer footing is just one initiative that is already underway. So this long-term plan will build on some existing initiatives but also introduce new ones. The plan may include case finding in COPD and a more structured education programme for patients with respiratory disease, for example.

Strategies and plans don't in themselves make any difference. They have to be implemented to make a difference. The long-term plan will facilitate change and provide a focus and a direction for respiratory disease. But, ultimately, patients will only notice a difference if the people they have contact with in the NHS are doing something differently. And this will rely on the engagement of the respiratory interested community. We need to be active champions for respiratory patients. Then not only will Professor Morgan have a smile on his face, but respiratory patients will too.