BTS/PCRS Joint Position Statement



Integrated Respiratory Care

November 2026

Why this statement is needed

There is a strong commitment from the British Thoracic Society (BTS) and Primary Care Respiratory Society (PCRS) to identify opportunities to support those delivering integrated respiratory care and to showcase that planned, properly funded and evaluated integrated solutions can drive improvements in the care of patients.

We value the importance of:

- integration between primary, community and secondary care
- integration of respiratory care with other long-term conditions
- integration of both physical and mental health, housing and social care
- integration within neighbourhood-level multidisciplinary teams, as articulated in the 2025 NHS England 10 Year Health Plan: Fit for the Future[1]

This statement is not intended to be a guidance document or a review of the literature on integrated care. Its contents are applicable to all four UK nations.

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Audience

The audience for this statement is all healthcare professionals, in all settings, working in or interested in respiratory medicine, and those who are involved with planning and commissioning respiratory services, including those now working within integrated health and social care and/or neighbourhood teams/systems across England, Northern Ireland, Scotland and Wales.

Definitions

Integrated respiratory care is focused on delivering proactive patient-centred care, coordinated by multi-professional teams with suitable clinical leadership.[2]

Integrated Neighbourhood Teams (INTs, England) are multidisciplinary teams that bring together primary care professionals, community teams allied health professionals (AHPs), mental health clinicians, adult social care staff and voluntary, community and social enterprise partners to deliver coordinated holistic care within a defined community. Respiratory professionals have a vital role to play within INTs.

Comparable teams/structures within the devolved nations include:

Scotland

- Health and Social Care Partnerships, Localities and GP clusters
- Integrated Joint Boards (IJBs)
- Locality hubs or integrated community health centres

Northern Ireland

- Neighbourhood Model for Health and Wellbeing, which has established 17 Integrated Neighbourhood Teams
- Local multidisciplinary community treatment and care centres

Wales

- Local Cluster Collaboratives (LCCs)
- Community Health Hubs

There should be an ambition that integrated respiratory care actively integrates with other relevant long-term conditions, consistent with the Neighbourhood Health model.

Ambition

Integrated care adds value in terms of the patient's experience and the involvement of the multi-professional team; it is the right and most logical way to deliver high-quality seamless care. The NHS England Recovery and Transformation Programme Pathway, produced by the NHSE Outpatient Recovery and Transformation Programme, provides an end-to-end standardised approach informed by best practice.[3] This pathway aligns to the respiratory Getting it Right First Time (GIRFT) Programme, BTS and PCRS.

Both BTS and PCRS are committed to supporting integrated community-based respiratory care that helps people stay well and live independently, reducing avoidable hospital admissions in line with the 2025 NHS England 10 Year Health Plan.[1] They advocate a whole-person approach to respiratory care, delivered through neighbourhood-based services, to improve patient experience, outcomes and equitable access to diagnosis, treatment and follow-up, particularly for communities with the greatest need. They also support workforce recruitment and retention models that ensure sufficient multidisciplinary respiratory expertise within neighbourhood health structures, while actively engaging in the development of Neighbourhood Health Centres (NHCs) and Single Neighbourhood Provider contracts to embed respiratory services within local communities. In addition, they will continue to emphasise the importance of integrated respiratory care to Integrated Care Boards (ICBs) as their strategic commissioning role evolves.

National policy and commissioning structures

There is a strong commitment to an integrated whole-person approach to healthcare across the four nations of the UK. The 2025 NHS England 10 Year Health Plan, the Neighbourhood Health Framework (March 2026),[1,4] and equivalents across devolved nations increasingly place neighbourhood and community-based care at the heart of health system transformation.

England

The NHS England 10 Year Health Plan sets out a fundamental shift in the way healthcare is delivered, placing Neighbourhood Health Services at the centre of NHS reform and moving care away from hospitals into community-based settings.[1]

The Plan promotes a preventative model in which care is delivered digitally where appropriate, at home whenever possible, through NHCs when needed, and in hospitals only when necessary. Integrated Neighbourhood Teams (INTs),[3] bringing together professionals from primary care, community services, mental health, social care and the voluntary sector, will be the key delivery mechanism for this approach, with allied health professionals and respiratory specialists playing an important role. Supported by the National Neighbourhood Health Implementation Programme (NNHIP)[5] and the

Neighbourhood Health Framework,[4] new NHCs, provider contract models and strengthened community services, including Community Diagnostic Centres (CDCs),[6] will help deliver more integrated, proactive and preventative care closer to home.[7]

At the same time, ICBs are evolving into strategic commissioners focused on outcomes, prevention and reducing health inequalities, while wider structural changes, including the integration of NHS England into the Department of Health and Social Care by 2027,[1] will reshape national NHS leadership and governance. For respiratory services, these developments present significant opportunities to embed specialist care within neighbourhood settings, improve access to diagnosis and treatment, and reduce avoidable hospital admissions for people living with long-term respiratory conditions.

Wales

There is a strong commitment in Wales to foster increased collaboration between social services, health, housing and the third and independent sector.

A Healthier Wales: Our Plan for Health and Social Care (2018) outlined the ambition for health and social care services to work collaboratively to plan and deliver care around the needs of the population.

The Integrated Care Fund (ICF) is a Welsh Government-funded prevention programme supporting the most vulnerable people. An impact evaluation was published in 2022.[9]

National Strategy Clinical Network for Respiratory Conditions (2023) which aims to improve the quality, safety, sustainability and outcomes of NHS services within respiratory care, positioned between operational service delivery in health boards and the formulation of policy and strategy in Welsh Government.[10]

Breathlessness hub which connects respiratory, cardiac and physiotherapy services with primary care.

Scotland

Public Bodies (Joint Working) Act 2014 The Public Bodies (Joint Working) (Scotland) Act 2014 provides the statutory framework for integration between health and social care in Scotland.[11] There are 31 integration authorities: 30 Integration Joint Boards and one lead-agency arrangement in Highland. Integration authorities work through Health and Social Care Partnerships alongside NHS Boards, local authorities, primary care, community services and the third sector to plan and deliver integrated services responsive to local population needs.

Health boards and local authorities within Scotland are required to establish integrated partnership arrangements. Two models of integration are available to choose from:

- **Lead Agency**: functions and resources delegated between health boards and local authorities.
- **Integration Joint Board (IJB)**: functions and resources delegated by health board and local authority to a Body Corporate.

What is integration? A short guide to integration of health and social care services in Scotland.[12]

Service Renewal Framework

In June 2025 the Cabinet Secretary for Health and Social Care launched the Service Renewal Framework (SRF).[13] The SRF was published as one of three major strategic documents underpinning the Scottish Government's approach to the renewal and reform of health and social care services. Together with the Operational Improvement Plan[14] and Population Health Framework,[15] it forms part of the wider Health and Social Care Reform Portfolio.

The SRF sets out a ten-year strategic vision for how we will reform to ensure that we have a sustainable health and social care system, given the growing scale of demand that it faces. It is a long-term plan to make health and social care services more sustainable, effective and person-led, moving from reactive care to proactive support, from hospital corridors to community settings, and from siloed systems to integrated pathways.

If we are to achieve this ten-year renewal of health and social care, it is critical that we shift the balance of care, with acute settings reserved for the most critical care and, wherever possible, care delivered as close to home as possible. This is not a new priority; rather, it builds on our longstanding commitment to deliver the right care in the right place at the right time. It places the human right for every person to live independently in their community squarely in the centre.

To support this work, a Reform Oversight Board and Programme Board for the SRF have been established.

Population Health Framework

Scotland's Population Health Framework (PHF) was published on 17 June 2025. It sets out a cross-government and cross-sector approach to improving population health over the coming decade, with a focus on prevention.

The Framework aims to improve life expectancy, while reducing the life expectancy gap between the most deprived 20% of areas and the national average, by 2035, through

addressing the key social, economic and environmental drivers of health and ensuring equitable access to health and care services.

This supports the Health and Social Care Vision – a Scotland where people live longer, healthier and more fulfilling lives – outlined by the Cabinet Secretary for Health and Social Care in June 2024.[16] It is one of three core reform products which seek to improve health and ensure the long-term sustainability of health and care services in Scotland.

The PHF aligns with the King's Fund Population Health Pillars[17] and Sir Michael Marmot's principles for health equity.[18] It is structured around five key drivers of health and wellbeing:

- **Prevention Focused System** – strengthening collective accountability for population health outcomes and inequalities
- **Social and Economic Factors** – improving the social and economic factors that support better health and reduce inequalities
- **Places and Communities** – creating healthy and sustainable places by working in and with communities
- **Enabling Healthy Living** – develop supportive environments that promote health and wellbeing and reduce health harming activities
- **Equitable Health and Care** – foster a health and social care system that delivers equity, prevention and early intervention.

PHF delivery is overseen by a cross-system PHF Programme Board.

Northern Ireland

Health and Wellbeing 2026: Delivering Together, the 10-year plan published in 2016, set out the vision for Area Integrated Partnership Boards (AIPBs) and a drive to change culture to improve the experience of patients, staff and the wider population through collaborative responsibility for planning and delivering care.[19]

Workforce

Currently, respiratory care is predominantly delivered by primary care where there is a large variation in standards and training of staff. Respiratory care is best delivered by a multi-professional team, with patients being seen by the right person, at the right time, in the right place. High quality integrated respiratory care requires a skilled team with appropriate competencies and necessary access to training and education.

There are currently insufficient numbers of healthcare professionals from across disciplines to deliver integrated respiratory services. Integrated respiratory care that is well planned and resourced offers the opportunity to challenge traditional ways of working and to best utilise the available workforce.

The 2025 NHS England 10 Year Health Plan sets out ambitions to: develop advanced practice models for nurses, midwives and AHPs, particularly in neighbourhood settings; create 2000 more nursing apprenticeships over three years; embed a culture of lifelong learning with 'skills escalators' for career progression; and ensure every member of NHS staff has a personalised career coaching and development plan by 2035.[1,20]

A refreshed NHS Workforce Plan, aligned to the 2025 NHS England 10 Year Health Plan, is expected to follow. It will build on the 2023 Long Term Workforce Plan's ambitions to grow recruitment, enhance training, build broader teams and harness technology.

The BTS publication 'A Respiratory Workforce for the Future' (2022) highlighted additional staffing needed across respiratory medicine to deliver patient-centred care.[21] This remains highly relevant as neighbourhood-level respiratory services are developed.

Integrated care roles often contribute to varied career pathways which can aid retention across professions. Those with an interest in multimorbidity, complexity and personalised care – common in primary care and community settings – are particularly well-suited to neighbourhood health roles with generalist clinicians. Respiratory professionals from secondary care also have an important role in building the capability of neighbourhood teams and providing expertise in community clinics, as well as supervising diagnostic centres etc.

Education and training

Healthcare professionals are increasingly working as part of multi-professional, cross-boundary teams and support and education is needed to encourage all to recognise the inherent benefits of this model, particularly as neighbourhood health structures mature.

Access to high-quality funded education and training, along with opportunities for placement-based learning, is vital for all members of the team. This includes opportunities to experience working within INTs in community and primary care settings.

PCRS encourages a bidirectional education and training approach, what can respiratory specialists and primary care generalists with a respiratory interest learn from each other? The PCRS document "Fit to Care: Key knowledge, skills and training for clinicians providing respiratory care" provides guidance on the skills, knowledge and training required by healthcare professionals in primary or community care settings.[22]

Integrated care is included in the medical curriculum but without defined qualifications or specific learning objectives. It is important that trainees are offered flexible opportunities to experience integrated and neighbourhood care, and that education for those based primarily in secondary care facilitates a strong understanding of community and primary care settings.

It is important to offer professionals clear career pathways and opportunities for professional development. Relevant resources include:

- NHS Leadership Academy – support for integrated care system development[23]
- Health Education and Improvement Wales Integrated Care Compendium[24]
- NHS Education for Scotland: You as a collaborative leader[25]

Data as a lever for change

Population data are vital to ensure that cross-boundary care is appropriately designed and evaluated. The 2025 NHS England 10 Year Health Plan places strong emphasis on data-led analytical approaches to inform proactive care management.[1] All relevant staff, whether in primary, secondary or tertiary care, need to be able to interpret data by patient population, locality and provider.

The Neighbourhood Health Framework (2026)[4] and NHS operational planning guidance require systems to use data to segment and risk-stratify populations, with a particular focus on those with multiple long-term conditions and rising risk. Respiratory professionals should actively engage with these population health management approaches to ensure respiratory disease, including chronic obstructive pulmonary disease (COPD), asthma and sleep disorders, is appropriately represented in local datasets and commissioning decisions.

CDCs generate valuable diagnostic data that should be integrated into local population health dashboards. Digital social care records, GP system integration and shared care records are key enablers of effective neighbourhood working.

The GIRFT report provided detailed information on respiratory services and highlighted areas for improvement through innovative practice.[26]

Virtual wards and remote monitoring are a growing component of community respiratory care. By March 2025 there were approximately 12,825 virtual ward beds in England. Respiratory virtual wards, particularly for COPD and acute respiratory exacerbations, are well-evidenced and align directly with the neighbourhood health agenda.

For many Trusts virtual ward beds have been identified as a clinical priority and the only way that they can increase bed numbers without significant financial investment. Early adoption of an integrated approach to delivering these extra beds embedding them in integrated care is key to success.

Ensuring the success of an integrated respiratory system, pathway or modality

Build relationships

- Address the needs of local patient populations, reduce bureaucracy and maximise local and national priorities, including the neighbourhood health agenda.
- Engage with patients, carers and the public.
- Engage with relevant statutory or enabling bodies such as an ICB, local authority or INT lead.
- Seek to connect respiratory services to INTs and local NHCs planning where possible.

Identify funds

- Specific funding may be available e.g. for integrated care roles, pathway management, equipment for diagnostics and information management.
- Well-planned and funded software and technology solutions, including NHS App integration, shared care records and remote monitoring, are essential enablers.
- The NHS Medium Term Planning Framework (2026–2029) commits £29 billion in real-terms spending growth; ICBs should be engaged to ensure respiratory services are appropriately prioritised.[7]

Establish clear identified goals

- Identify and prioritise patient-focused outcomes and ways to address them.
- Build a clear business case including local population data, aligned with ICB strategic commissioning priorities and the neighbourhood health outcomes framework.

- Start with small achievable projects to demonstrate success, maintain momentum and engage people.
- Use data collection (audit or quality improvement projects) to build the evidence base for integrated respiratory care.

Build the right team

- Passionate and enthusiastic leadership is respected by all parts of the system. It is the person and values that matter more than the professional role.
- Think about the skill sets required in the team, rather than just recruiting specific professions. Respiratory professionals should proactively seek to connect with INT leads and neighbourhood health centre development.
- Learn from and upskill all members of the team e.g. occupational therapist, palliative care, psychologists, mental health, social prescribers.

Actively deliver the pathway

- A provider network that actively wants the pathway or specific modality, for example a primary care network or INT that wants a diagnostic service and actively refers people appropriately, while also receiving back any actions in a timely and receptive manner.
- Ensure that all who need to can see, use and share the same data, using shared care record infrastructure where available.
- Align respiratory pathway delivery with the six core components of the Neighbourhood Health Framework.[4]

Joint roles and responsibilities

Each organisation has, and will retain, its own range of initiatives and resources to support various elements of integrated service provision. Both organisations wish to do more to share best practice and support pathways by which integration can be achieved successfully.

- BTS and PCRS are committed to championing the respiratory workforce, from all provider sectors, highlighting innovative practice that helps to recruit, support and retain professionals from all backgrounds, including within INTs and NHCs.
- Together we will continue to support evidence-based, whole-person solutions that drive improvements in the care of respiratory patients, aligned with the ambitions of the 2025 NHS England 10 Year Health Plan and the Neighbourhood Health agenda.[1,4]
- We will commit to ensure our relevant education and clinical programme workstreams prioritise and embed integrated delivery models, including competencies relevant to neighbourhood-level working.
- We will actively engage with the NNHIP[5] and advocate for respiratory conditions to be appropriately represented in Neighbourhood Health commissioning and workforce planning.

Conclusion

BTS and PCRS are committed to helping drive forward more effective integrated service provision. Together we can reach a wider audience to share tools and resources, reduce duplication and provide a consistent approach.

The 2025 NHS England 10 Year Health Plan and the associated Neighbourhood Health Framework (2026) represent the most significant structural shift in NHS delivery in a generation.[1,4] The ambition to create a Neighbourhood Health service, characterised by multi-professional INTs, NHCs and a fundamental 'left shift' of activity from hospitals to communities, is wholly aligned with BTS and PCRS values.

For respiratory patients, who carry a disproportionate burden of long-term illness and preventable admissions, this shift offers a major opportunity. We call on respiratory professionals across primary, community and secondary care to engage actively with neighbourhood health structures in their local areas, and on commissioners to ensure respiratory disease is prioritised within the new neighbourhood health architecture.

We will work together to support initiatives where care pathways become so seamless that patients are unaware of boundaries between all healthcare providers.

Resources and further information

British Thoracic Society (BTS) (https://www.brit-thoracic.org.uk/) provides a comprehensive range of resources to support the full multi-professional respiratory workforce. Key areas include:

- Education and events (Summer and Winter Meetings and Short courses)
- Clinical resources (including our Guidelines, Quality Standards, Clinical Statements and Audits)
- Working in respiratory
- Research

The BTS platform Respiratory Futures (www.respiratoryfutures.org.uk) hosts a wide range of information to support respiratory integrated care. Programme areas include:

- Real-world examples that highlight respiratory integrated care systems and modalities
- Workforce case studies
- Links to information for patients and carers
- Links to national data sources
- Resources relating to Neighbourhood Health and Integrated Neighbourhood Teams.

Primary Care Respiratory Society (PCRS) (https://www.pcrs-uk.org/) provides a breadth of information, guidance and resources to support primary care healthcare professionals in delivering high-quality evidence-based respiratory care. In 2026, this includes the launch of a Blueprint for Neighbourhood Health in COPD: https://www.pcrs-uk.org/resource/current/blueprint-neighbourhood-health-copd.

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