

PCRS Position Statement



Serious concerns regarding the erosion of respiratory leadership and expertise across ICBs, regional and primary care networks

June 2026

Introduction

The Primary Care Respiratory Society UK (PCRS) is increasingly alarmed by the widespread and accelerating loss of respiratory leadership, expertise and strategic capacity across Integrated Care Boards (ICBs), regional NHS structures, and Primary Care Networks (PCNs). This erosion is occurring at the very time when national policy places unprecedented expectations on primary care and systems to transform and deliver high-quality respiratory care closer to home.

The cumulative loss of leadership at national, regional and PCN level is jeopardising respiratory service continuity, stalling innovation, weakening clinical governance, and driving further unwarranted variation in care across England.

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The PCRS wishes to highlight the following points:

1. Systemic loss of respiratory leadership across ICBs, regions and PCNs

Across England, there has been a marked and sustained reduction in dedicated respiratory clinical leadership roles, not only within ICBs but also at regional NHS team level and within PCNs. In many areas, previously established respiratory clinical leads, medicines optimisation roles, network roles, and strategic advisory posts, have been downgraded, merged, or removed entirely.

This widespread loss of respiratory leadership is already resulting in:

- Fragmented, inconsistent or poorly governed respiratory pathways
- Reduced strategic focus on long term respiratory disease prevention and management
- Diminished capacity to drive innovation or implement evidence based models of care at scale
- Weakening of clinical networks and multidisciplinary collaboration across primary and secondary care
- Loss of institutional memory, expertise and professional influence within commissioning and the transformation processes

Respiratory disease remains one of the leading causes of morbidity, mortality and health inequality in the UK. The absence of clear, authoritative respiratory leadership across ICBs, regions and PCNs therefore represents a serious and growing risk to population health and service sustainability.

This loss of senior clinical leadership further risks weakening one of the system's most important capabilities: the intelligent use of data to understand population health needs and reduce unwarranted variation in care. While access to high quality data is essential, it is only meaningful when interpreted through the lens of experienced specialist clinicians who can translate patterns, trends and anomalies into actionable insights for service improvement. Skilled clinical leaders within ICBs provide the expertise needed to understand what the data truly signifies for patient outcomes, clinical practice and required system change. Without this depth of clinical interpretation, data risks becoming a passive asset rather than a driver of informed decision making, targeted intervention and sustainable improvement across the population.

2. Loss of leadership is undermining respiratory innovation and transformation

Strong clinical leadership has historically been critical to advancing respiratory innovation, including:

- Community respiratory teams
- Integrated asthma and chronic obstructive pulmonary disease (COPD) pathways
- Diagnostic transformation programmes
- Digital and remote monitoring initiatives
- Prevention, early diagnosis and population health approaches

The current erosion of respiratory leadership is stalling these developments. Without visible and empowered respiratory champions at system and regional level, innovation becomes fragmented, reactive and highly dependent on individual local enthusiasm rather than coherent strategy. This risks reversing the progress made over the past decade, and limits the ability of systems to respond to increasing respiratory demand.

3. Increasing pressure on primary care without strategic respiratory oversight

The NHS 10-year Health Plan: Fit for the Future¹ places a strong emphasis on shifting respiratory care from hospital to community settings, with primary care and PCNs expected to deliver:

- Earlier diagnosis
- Proactive long term condition management
- Supported self management
- Prevention and risk factor modification
- Post exacerbation follow up and rehabilitation

However, this shift is taking place without clear respiratory leadership to plan, coordinate and oversee implementation. In many areas, PCNs are expected to deliver expanded respiratory services without access to specialist respiratory advice, system level planning or regional strategic support. This places both patients and clinicians at risk and undermines the sustainability of primary care delivery.

4. Mismatch between expectations, leadership and resources

Primary care teams are already operating under extreme workload pressure. The additional clinical, diagnostic and coordination demands of modern respiratory care – particularly for asthma, COPD, bronchiectasis and interstitial lung disease – require:

- Adequate and recurrent funding
- Protected clinical and leadership time
- Access to high quality diagnostics
- Skilled multidisciplinary support
- Clear and visible respiratory clinical leadership

In too many systems, these enabling conditions are absent. The loss of respiratory leads at ICB, regional and PCN level has widened the gap between national expectations and local delivery capability.

5. Growing variation and inequity in respiratory Care

PCRS is deeply concerned that the erosion of leadership is directly contributing to increasing variation between ICBs and regions in access to essential respiratory services, including:

- Quality assured spirometry and diagnostics
- Pulmonary rehabilitation and post exacerbation support
- Speech and language therapy for chronic cough and dysfunctional breathing
- Allergy testing and immunology services
- Specialist and community respiratory multidisciplinary teams

This variation exacerbates existing health inequalities, drives avoidable exacerbations and hospital admissions, and leads to poorer long term outcomes for people with respiratory disease.

6. Risk to quality, safety and equity of care

The combination of:

- loss of respiratory leadership at ICB, regional and PCN level
- rising expectations on primary care
- insufficient funding and workforce investment
- inadequate education, training and governance
- increasing variation in service availability creates a real and immediate risk that respiratory care in England will become less safe, less effective, less innovative and less equitable.

The PCRS call to action:

The PCRS urges national, regional and system healthcare leaders to take urgent action to protect and strengthen respiratory care by:

1. Reinstating and prioritising respiratory clinical leadership roles at ICB, regional and PCN level
2. Embedding respiratory expertise within commissioning, pathway design and transformation programmes
3. Investing in primary care respiratory education, training and workforce development
4. Ensuring any shift of care from hospital to community is matched with appropriate funding, diagnostics and infrastructure
5. Acting decisively to prevent further loss of respiratory leadership and reduce unwarranted variation in access to respiratory diagnostics, rehabilitation and specialist services

Summary

Respiratory disease remains a major driver of health inequality, unscheduled care and healthcare utilisation. While PCRS welcomes and values its seat at the table of the national Respiratory Transformation Partnership and recognises its ambition, we do not believe meaningful or sustainable transformation can be delivered at a time when respiratory leadership is being eroded across ICBs, regions and PCNs. Transformation requires empowered clinical leadership to design, drive and implement change locally and regionally. Without this, innovation will stall, variation will widen, and patient outcomes will continue to suffer.

PCRS remains committed to working with NHS England, regional teams, ICBs and professional bodies to rebuild respiratory leadership and to ensure that respiratory care is safe, effective, innovative and equitable for all patients.

PCRS has produced an accompanying press release for this statement. This can be accessed here: <https://www.pcrs-uk.org/news/warning-issued-pcrs-over-loss-respiratory-leadership-threatening-nhs-care-innovation-and>

Reference

1. NHS England. Fit for the Future: 10 year Health Plan for England. 2025. Available at: <https://www.england.nhs.uk/long-term-plan/>. Accessed May 2026.
2. Health Innovation Network, NHS England and Office for Life Sciences. Respiratory Transformation Partnership. 2026. Available at: <https://www.healthinnovationoxford.org/clinical-priorities/respiratory/the-respiratory-transformation-partnership/>. Accessed May 2026.