

Improving diagnosis and care

Levelling up lung health briefing

19 May 2022



The levelling up white paper acknowledged that, in order to improve healthy life expectancy by 2030, we need to drastically reduce the backlog in diagnosing patients. Without a speedy and accurate diagnosis, people cannot access treatment and support to manage their condition and live a full life.

Nowhere is this more evident than in lung health. Even before COVID-19, there was a significant underdiagnosis and often long delays between when patients would initially present with symptoms of asthma, COPD or other lung conditions and being diagnosed. Then, during the pandemic, basic diagnostic tests, such as spirometry, were halted due to fears about COVID-19 transmission. As a result, many people with lung conditions are missing out on the diagnosis and care they so desperately need.

Our COPD survey, *Failing on the fundamentals*, found that more than three quarters of people living with the deadly lung disease COPD did not receive the most basic level of care between 2019-20.¹ Diagnosis of COPD is incredibly poor, with almost 60% of those who have been diagnosed with COPD presenting with symptoms for over five years prior to diagnosis.² In addition, there are thought to be at least 1.3 million people across the country living with undiagnosed COPD.³ Without help their condition will only get worse.

This level of care has, unfortunately, become the norm across the board for lung conditions. Our most recent Asthma Survey found that in 2021 just 30% of patients were receiving basic asthma care.³ This means that an estimated 3.8 million people with asthma are not receiving the most basic care they need. Similarly, almost half (43.9%) of those patients admitted to hospital with an asthma attack had no follow up care provided at all.⁴

Without rapid action to improve the speed of diagnosis and ensure patients have access to care and the best treatments from day one, we will never level up lung health or increase healthy life expectancy.

The change we need to see

By 2030, we need three Community Diagnostic Centres (CDCs) per every one million of the population, equivalent to 160 CDCs.

This will improve speed, efficiency and effectiveness of tests for lung conditions, and ensure symptoms like breathlessness are treated with the seriousness that they require.

	By the end of 2022	By 2025	By 2027	By 2030
Access to care and improvement in diagnostics	<p>Commission Asthma + Lung UK to work with NHSE to offer care and support from point of diagnosis.</p> <p>Every ICS should publish a pre-diagnosis breathlessness pathway implementation plan by Autumn 2022 which outlines how they will implement the new pre-diagnosis breathlessness pathway, and how this will integrate with Community Diagnostic Centres once they are implemented in their local area.</p>	<p>100 Community Diagnostic Centres rolled out and staffed.</p> <p>Comprehensive and consistent local and national data collection on the time to diagnosis and time to start treatment and receive a support package for all major lung conditions.</p> <p>Advanced plans and funding for the next tranche of CDCs.</p> <p>90% of those who present with breathlessness receive the diagnosis and treatment they need within four weeks of presentation.</p> <p>75% of those with a respiratory diagnosis receive a written, co-developed, self-management plan.</p>	<p>Everyone who presents with breathlessness receives the diagnosis and treatment they need within six months of presentation.</p> <p>90% of those who are newly diagnosed with asthma and COPD receive information and support on the care and management of their condition at the point of diagnosis.</p> <p>75% of people with a long-term lung condition take up their annual flu jab, and all those eligible for a free flu jab prioritised for any future respiratory vaccines.</p> <p>Emergency admissions for lung conditions, for both adults and children, will have be reduced by 20% in the 20 worst affected areas through improving diagnosis and treatment and tackling the underlying causes of ill health.</p> <p>Everyone with a respiratory diagnosis receives a written, co-developed, self-management plan.</p> <p>Measures set out above reduce unplanned hospital admissions for COPD by 30% and visits to A&E for asthma by 40% each year.</p>	<p>Three Community Diagnostic Centres per one million of the population across England, equivalent to 160 CDCs.</p>

Point of diagnosis support

Most patients with a lung condition have very few options for support. Once diagnosed they are often left on their own to manage their symptoms, relying on helplines like the one run by Asthma + Lung UK in times of acute need.

The lack of support could be a key reason why 40.1% of respondents to our 2020 Annual Asthma Survey had uncontrolled asthma (equivalent to 2.17m people with asthma in the UK), with only 20.5% having fully controlled asthma.⁵ In addition, 60.6% of those living with COPD do not feel that they receive enough support and knowledge to manage their COPD post diagnosis, and only 42.2% remembered receiving written support materials to support their new diagnosis, despite the National Institute for Health and Care Excellence (NICE) specifying that all patients with COPD should receive this.⁶

This must change if we're to have any hope of improving the diagnostic backlog and increasing healthy life expectancy.

To have the biggest impact on helping patients, we need to be connected to patients at point of diagnosis. Asthma + Lung UK have a history of providing support to patients both through our helpline and our Breath Easy Groups.

Government should work with NHS England to commission Asthma + Lung UK to increase the capacity of our service provision so that we can provide support, care and guidance to patients as soon as they become aware that they have a lung condition. This way we can help them to manage their condition and live a full life. This will directly improve healthy life expectancy for all with a lung condition.

Community Diagnostic Centres

We welcome the government's commitment to deliver 100 Community Diagnostic Centres (CDCs) by 2025. These will help to bring diagnostic capacity into the community, making it easier for people to get diagnosed for lung conditions.

In order to ensure that everyone has access to these vital one-stop-shops in their community, we need at least 168 CDCs by 2030. This equates to three per million of the England population, in line with Sir Mike Richards' report into the value of CDCs.⁷ The roll-out of these CDCs should be prioritised in the top 20 worst affected areas for respiratory hospital admissions.⁸

We need to see a resumption of spirometry testing in order to improve diagnosis for COPD and other respiratory conditions. CDCs will play a huge role in this but we also need primary care to resume spirometry immediately in order to adequately reduce the diagnostic backlog as soon as possible.

All new CDCs, as well as GP surgeries and hospitals, should immediately begin to gather data on time of diagnosis and time of treatment, so that we can accurately measure our success of reducing the diagnostics backlog.

In addition, government should increase investment in respiratory research so we can find new and better diagnostic tests for lung conditions, in line with our asks on levelling up respiratory research.

Vaccines

COVID-19 has shown the importance of effective vaccinations. If we are going to protect people with a lung condition, they need to be prioritised for respiratory vaccines.

By 2027, we need to ensure at least 75% of people with a long-term lung condition take up their annual flu jab, and all those eligible for a free flu jab are prioritised in future for any respiratory vaccines.

References

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