# Respiratory Health in Kent and Medway

This briefing shows the situation for lung health in your integrated care system (ICS), and our recommendations on key actions to include in ICS plans to improve lung health at a local level. Lung disease remains the third biggest killer in the UK and outcomes for people with lung conditions have seen little improvement over the last ten years. Lung health is a clinical priority in the NHS Long Term Plan, and this is an area that will need significant attention and resources in each ICS.

One in five people are affected by a lung condition in the UK and lung disease could cost the UK £11 billion a year and making improvements in this area is crucial. We know that every ICS has a different mix of challenges and priorities, and each area will need its own approaches to obstacles for respiratory health. However, these recommendations are areas that we know are important to our members, clinicians, and patients.

The Taskforce for Lung Health is a collaboration of over 40 members made up of patients, healthcare professionals, charities and professional organisations working to improve lung health across the country. In 2018 the Taskforce published a five-year plan setting out our recommendations for the changes that need to be made. ICSs have a critical role to play in implementing these recommendations. Get in touch with us via Taskforce@asthmaandlung.org.uk for additional information on respiratory health in your ICS and for data sources.

In 2021/22, according to the quality and outcomes framework (QOF),

**6.1%**

of people registered in your ICS aged 6+ had been diagnosed with asthma and prescribed asthma medication in the past 12 months, compared to 6.5% for the whole of England.

**2.0%**

of people had been diagnosed with chronic obstructive pulmonary disease (COPD) in your ICS, compared to 1.9% for the whole of England. The actual prevalence of COPD is likely to be significantly higher than reported in QOF, however.

Poor respiratory health plays a key role in driving health inequalities, a crucial area of focus for the NHS.

In Kent and Medway, 15.9% of neighbourhoods were in the fifth most deprived of neighbourhoods nationally.

In your ICS, for the whole of 2020/21 there were

**11,910**

emergency admissions for respiratory disease, out of 407,719 emergency admissions for respiratory disease across England.

In August 2022, within your ICS,

**3,993**

people were on a waiting list for respiratory care meaning 203 people per 100,000 registered were waiting for respiratory care, compared to 280 per 100,000 across England.

Compared with before the COVID-19 pandemic

**63,500**

fewer respiratory secondary care elective appointments were estimated to have been attended between April 2020 and August 2022, across the whole of England.

## Diagnosis

Accurate and timely diagnosis is important in making sure people with respiratory conditions can access the care they need as soon as possible. A key part of diagnosis for lung conditions such as COPD is spirometry. Although this was paused throughout the pandemic, we have heard that restarting spirometry is progressing at different speeds throughout the country. Local areas need to be restarting spirometry services now.

Targeted Lung Health Checks for lung cancers are being delivered throughout the country. A significant percentage of cancers found are being found at stage 1 or 2, above what would be found nationally without interventions like this. These checks can help identify problems earlier, and as they are rolled out in more parts of the country they will be able to help more people.

### What you can do on diagnosis in your ICS

Ensure that spirometry is restarted and available to patients. Practical advice on restarting spirometry is available **here.** The North East and Yorkshire respiratory clinical network produced a **webinar here** on spirometry challenges in local areas.

Implement the pre-diagnosis breathlessness pathway guidance for patients presenting with chronic breathlessness, to improve care for patients.

## Workforce

The NHS must ensure that the respiratory workforce is supported to deliver the best care to patients with lung conditions.

In June 2022 there were 3,327 FTE doctors in Trusts in your ICS. Out of those, there were **3.0 FTE respiratory specialists per 100,000** people registered in your ICS, compared to 5.0 per 100,000 across England. Across the South East region, **there was a vacancy rate of 10.0%** for staff working in hospitals in June, compared to a vacancy rate of 9.7% across England.

In terms of general practice, there were **934 FTE GPs** in your ICS in August 2022, **736** of those were fully qualified. In addition, there were **515 nurses** and **61 pharmacists** (including pharmacy technicians and advanced pharmacist practitioners). The British Thoracic Society, one of the Taskforce's members, reports that **at least 200 higher respiratory specialist training places are urgently needed** across the country, as well as an expansion of respiratory nurses, physiologists, and pharmacists.

### What you can do on workforce in your ICS

Conduct a review of the respiratory workforce across organisations within your ICS, ensuring there is the right mix of skills to support people with lung conditions to account for current and anticipated demand.

Ensure any local workforce strategies identify and address staffing gaps within the respiratory workforce, details of which are available within the BTS workforce report **here**.

## Medicines Optimisation

Medicines optimisation ensures that patients have access to the best medicines and get the greatest benefit from them. Part of this is ensuring that patients using inhalers know how to use them properly. In a recent Taskforce survey, **three out of four respondents reported that they had not had an inhaler technique check in the past 12 months**.

In your ICS, in August 2022, **23.1% of patients were prescribed 6 or more short acting beta agonist (SABA) inhalers**, meaning they are potentially being overprescribed or overusing SABA reliever inhalers. This is compared to 24.3% across England.

Additionally, in August, **54.6% of people in your ICS were prescribed 5 or fewer inhaled corticosteroids,** compared to 52.9% across England. These patients could potentially be incentivised to use preventer inhalers more frequently. Improving uptake of preventer inhalers would help tackle inflammation from asthma in the long-term, improve condition management and reduce their chances of asthma attacks.

### What you can do to optimise medicines use in your ICS

Support community pharmacies to provide quality inhaler technique checks to support patients and the wider healthcare system.

We encourage all ICSs to implement the **AAC consensus pathway** for the management of uncontrolled asthma.

Work to reduce SABA overprescribing in your local area, the latest Asthma + Lung UK survey has detail on SABA overuse **here**.

Best practice inhaler prescribing has the potential to improve outcomes and achieve more sustainable prescribing. **Here is guidance** on doing this as part of the IIF incentives.