

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Iechyd, Gofal Cymdeithasol  
a Chwaraeon  
Ymchwiliad I wasanaethau Nyrsio  
Cymunedol a Nyrsio Adal  
HSCS(5) CDN09  
Ymateb gan British Lung Foundation

National Assembly for Wales  
Health, Social Care and Sport  
Committee  
Inquiry into Community and District  
Nursing services  
Evidence from British Lung Foundation

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1. Treatment of respiratory conditions has improved in Wales since the first Respiratory Health Delivery Plan in 2014. However, a Public Health Wales Observatory Report (2018), *Health and its determinants in Wales* found that the respiratory disease continues to place a huge burden on Wales.
2. 8% of the Welsh public, a higher proportion than the UK average, are living with a respiratory condition, contributing to around 16% of all deaths in Wales.
3. 70,000 people are living with COPD and 250,000 are living with asthma, which includes nearly 60,000 children.
4. Respiratory illness is twice as likely to be reported amongst individuals living in the most deprived communities (11% in the most deprived areas compared to 6% in the least deprived).
5. Chronic respiratory disease contributed to more than 16,000 years lived with a disability, nearly 31,500 years of life lost, and nearly 48,000 Disability-adjusted life years in Wales in 2016.
6. Projections suggest that there could be more than a 20 per cent increase in chronic, life limiting diseases by 2035.
7. Hospital and GP Admissions
  - 7.1 Admissions related to respiratory conditions have increased by 27% over the last five years.
  - 7.2 Emergency admissions have increased by 28% over the same time period.
  - 7.3 The number of readmissions within 30 days of discharge for respiratory conditions has increased by 35% in the last five years. This increases to 55% for pneumonia patients.
  - 7.4 The cost to the NHS per admission can be between £1,900 and £5,000 per patient each time.
  - 7.5 The table below demonstrates the annual increases in the number of emergency admissions by Local Health Board between 2012/13 and 2017/18.

LHB	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
ABMU	8,215	7,652	8,461	8,964	10,124	10,100
Aneurin Bevan	9,214	9,636	10,365	11,657	11,742	11,143
Betsi	10,939	10,022	11,341	11,952	12,290	13,443
Cardiff & Vale	6,437	6,921	6,985	8,013	8,162	8,189
Cwm Taf	5,764	6,041	6,256	6,617	6,946	7,225
Hywel Dda	5,657	5,199	5,720	6,053	6,512	5,994
Powys	1,617	1,634	1,794	1,915	2,018	2,180
Total	47,843	47,105	50,922	55,171	57,794	58,274

8. We therefore need to see greater investment in initiatives to reduce the risk of patients needing unnecessary and avoidable hospital admissions.

9. Community nursing support would ensure that more patients can access support, advice and care in the community, reducing the need for hospital admissions.

10. It also contributes to better self-management and self-referral as and when needed to more accessible community-based services. As noted above, with respiratory disease more prevalent in more deprived communities, access to localised services rather than DGHs would benefit those communities.

11. Equipping patients with the knowledge to identify symptoms of exacerbation and rapid use of antibiotics or corticosteroids, or both, can also reduce the need for those living with COPD or other conditions to visit their GP for care.

12. Integration and Referral

13. Pulmonary Rehabilitation

14. Pulmonary rehabilitation is an NHS run exercise and education programme specifically for people with a lung condition. PR is typically offered to those diagnosed with chronic obstructive pulmonary disease (COPD), however there is growing evidence that PR is cost effective for other chronic respiratory conditions such as interstitial lung disease (ILD), chronic asthma and bronchiectasis.

15. 'Gold standard' PR programmes give patients access to the range of professions, contains exercise and education and includes links with National Exercise Referral Scheme (NERS) professionals. This includes education on self-care, dietary advice, occupational therapy, psychology and social support.

- The range of support on offer is provided by a team of;
- Occupational Therapists
- Specialist Respiratory Nurses
- Dietician
- Pharmacist
- Psychologist

16. Unfortunately, not everyone is able to access appropriate exercise services such as this; in fact, just 1 in 10 people with chronic lung disease access PR in Wales. Referral rates also vary significantly between LHBs and GPs.

17. Community nursing would aid in improving awareness of and referral to initiatives such as Pulmonary Rehabilitation and the National Exercise Referral Service which are proven to have long-term benefits for self-management, isolation and loneliness, and slowing decline of the condition.

18. Referral to stop smoking services

19. Smoking causes over 80% of instances of COPD and lung cancer and causes or worsens all other respiratory conditions. However, no Health Board succeeded in achieving a major performance target; namely that 5% of all smokers are treated by a specialist service.

20. We want to see improved referral of those with a lung condition to specialist stop smoking services. Stopping smoking is important as it leads to improvements in COPD symptoms and delays disease progression. Stopping smoking at age 30 can lead to 10 years extra life expectancy, with quitting at age 60 leading to three more.

21. Improving access to community-based services through community nursing support may help to improve uptake with Help me Quit among respiratory patients and improve the rate of successful quit attempts.

22. Improving take-up of influenza vaccination

23. People with Chronic Obstructive Pulmonary Disease (COPD) and other chronic respiratory diseases are at increased risk of serious influenza related complications.

24. Vaccinations can reduce the number and severity of acute exacerbations in those with COPD, which in turn may reduce the chance of hospitalisation.

25. Despite this, uptake of influenza vaccine among those aged six months to 64 years in any clinical risk group was only 46.9% in the 2016/17 flu season in Wales against a target of 75%. For those with chronic respiratory disease the uptake of influenza vaccine was 46.5%, which has remained static for the last five years.
26. In the winter of 2017/18, Wales saw the highest number of winter deaths anywhere in the UK. The figure was 32.8% more - higher than anywhere else in the UK.
27. Of these deaths respiratory diseases were the primary cause of death, with more than 17,500 deaths across the UK. This is 84.9% more respiratory deaths in the winter months compared with the non-winter months in 2017 to 2018. This is likely associated with a higher prevalence of influenza during the period.
28. The number of excess winter deaths in 2017 to 2018 was the highest recorded since winter 1975 to 1976.
29. We want to see an increase in the number of those diagnosed with a chronic respiratory disease receiving an annual influenza vaccine to reduce the risk of influenza related complications and of hospital admissions.
30. Access to community-based nursing support which will improve self-management and self-referral would help improve uptake of the flu vaccine among at risk groups.

### About the British Lung Foundation

The BLF is the only UK charity looking after the nation's lungs. We offer hope, help and a voice. Our research finds new treatments and cures. We help people who struggle to breathe to take control of their lives. And together, we're campaigning for better lung health. With your support, we'll make sure that one day everyone breathes clean air with healthy lungs.