Health and Social Care Committee Budget and NHS Long Term Plan inquiry: written submission from British Lung Foundation

The British Lung Foundation is pleased to submit written evidence to the Health and Social Care Committee's inquiry on the budget and the NHS Long Term Plan. We look forward to seeing the results of this inquiry and welcome the Committee's focus on areas which are not covered by NHS England's five-year funding settlement, but which are nevertheless crucial to the implementation of the Plan. Respiratory is for the first time a clinical priority area in the Long Term Plan and the British Lung Foundation co-chairs the Long Term Plan Respiratory Delivery Board. We are also secretariat to the Taskforce for Lung Health, a coalition of over 30 representatives across the respiratory sector who came together to develop a five-year plan to improve lung health in England.

One in five people live with a lung condition. Lung disease is the third biggest killer in this country and mortality rates have not improved in over a decade. Respiratory conditions are also responsible for a major part of the gap in life expectancy between the richest and poorest people. Public awareness of lung disease is poor, and it has historically been overlooked by decision-makers. People can wait months or years for an accurate diagnosis, and access to the best treatments varies across the country.[1] For these reasons, it is crucial that the opportunities presented by respiratory being prioritised in the Long Term Plan are not undermined by deficiencies in public health and workforce spending.

Our response covers:

- Smoking cessation services
- A public health campaign for air pollution
- Workforce requirements to deliver respiratory commitments

Smoking cessation services

1. Smoking is the main cause of preventable death in the UK and is associated with around 78,000 deaths in England every year.[2] 14.4% of adults in England still smoke and it is a significant causal factor of poor respiratory health, particularly for chronic obstructive pulmonary disease (COPD) and lung cancer. Smoking cessation is vital to improve respiratory

[1] British Lung Foundation, *Battle for Breath – the impact of lung disease in the UK*, 2016.
[2] NHS Digital, *Statistics on Smoking, England*. 2019. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2019

outcomes. Smokers who get help from their local stop smoking service are up to three times as likely to quit successfully as those who try to quit unaided or with over-the-counter NRT.[3]

2. Whilst funding will be allocated for the three specific commitments in the Long Term Plan (all people admitted to hospital will be offered NHS-funded tobacco treatment services and new stop smoking support offers/models for people with mental health and expectant mothers) to reduce smoking rates, smoking cessation responsibilities also lie outside of the NHS. To support the wider aims of the Long Term Plan, which include improving upstream prevention of avoidable illness and managing demand on NHS services, we believe it is vital that sufficient funding is provided for smoking cessation services run by local authorities. The majority of smoking cessation services are commissioned by local authorities through the government's public health grant.

3. Reduced funding for locally delivered stop smoking services will impede the ability of NHS England to fulfil its commitments on smoking in the Long Term Plan. We recommend that the government reverse cuts to public health funding in the next Spending Review to stop the decline in funding for smoking cessation services. Recent analysis from the King's Fund and the Health Foundation led to a call for government to restore £1 billion a year of real-terms per head cuts to the public health grant.[4] The relationship between NHS smoking commitments and local authority-run stop smoking services is made clear in the Long Term Plan:
    - The Long Term Plan states that "action by the NHS is a complement to, but cannot be a substitute for, the important role of local government…(which) has become responsible for funding and commissioning preventative health services, including smoking cessation."
    - In the Committee's oral evidence session on 28 January 2019, Simon Stevens, Chief Executive of NHS England, said: "The reason we are saying that we are going to fund… the roll-out of smoking cessation services for in-patients and for mums during pregnancy and their partners is that those are touch points that the NHS has. That is without prejudice to the fact that we need wider smoking cessation." When asked if NHS England would be able to deliver the plan if public health cuts continue, Mr Stevens said that "We point out specifically (in the Plan) that, 'funding and availability of these services over the next five years which will be decided in the next Spending Review directly affects demand for NHS services.'…There are clearly implications and read-acrosses (if cuts continue)."

4. Smoking cessation services have faced severe cuts in recent years. 59% of local authorities cut their budgets in 2016 and four in 10 authorities now do not provide support for smokers in line with NICE guidelines.[5] [6] Reductions to funding for local authority-run smoking cessation may endanger the progress made on smoking rates so far and place further pressure on NHS services. Whilst smoking rates have fallen in recent years, those that continue to smoke are likely to need the most help to quit. Smoking is more common among the socio-economically deprived communities, people with mental health conditions, homeless people and people in

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[3] National Centre for Smoking Cessation and Training, *Stop smoking services: increased chances of quitting*, 2012.
[4] Health Foundation, *Urgent call for £1bn a year to reverse cuts to public health funding: Joint press release from the Health Foundation and The King's Fund*, 2019. Available at: https://www.health.org.uk/news-and-comment/news/urgent-call-for-1-billion-a-year-to-reverse-cuts-to-public-health-grant
[5] Cancer Research UK and Action on Smoking and Health, *Cutting down: the reality of budget cuts to local tobacco control: a survey of tobacco control leads in local authorities in England*, 2016.
[6] Cancer Research UK and Action on Smoking and Health, *Feeling the Heat: The Decline of Stop Smoking Services in England*, 2018.

prison.[7] [8] [9] With the Spending Review in question this year, local government faces uncertainty around the future of funding for services, making strategic planning virtually impossible.

5. Smoking and second-hand smoking have a huge impact on health services and the wider economy. Smokers see their GP over a third more often than non-smokers, and smoking is linked to almost half a million hospital admissions each year.[10] Research has found the total cost of smoking to society in England is around £12.9 billion a year - inclusive of NHS treatment costs, as well as lost productivity due to premature deaths, smoking breaks and absenteeism.[11]

6. We also recommend that the government continue to fund public health campaigns on smoking. Mass media advertising is recognised by the World Health Organisation as one of the components of best practice tobacco control.[12] Public Health England's marketing budget for tobacco has been cut from £5 million in 2018/19 to £3.5 million in 2019/20. The 'health harms' campaign traditionally run in January each year will be cut, as will all television advertising, in place of targeted digital marketing. However, the best evidence points towards mass media – particularly broadcast – as being key for tobacco control.[13]

A public health campaign for air pollution

1. The Long Term Plan commits NHS England to reducing its contribution to air pollution from all sources, including cutting fleet emissions by 20% by 2023/24 and phasing out primary heating from coal and gas at NHS sites. The plan also recognises that whilst the NHS has a role to play, "wider action on air pollution is for government to lead."

2. Poor air quality has been linked to a wide range of health problems, including COPD, asthma and lung cancer. It can also disproportionately affect the most vulnerable including babies in the womb, children, people with existing lung or heart conditions and the elderly.[14] Many areas in the UK experience illegal levels of nitrogen dioxide (NO2) and according to the World Health Organisation air pollution database, 80% of UK cities measured were on or above the WHO limit for fine particulate matter (PM2.5) in 2016.[15] [16]

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[7] NHS Digital, *Statistics on Smoking*, 2019.
[8] Office for National Statistics, *Adult smoking habits in the UK: 2018*, 2019. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018
[9] British Lung Foundation, *Briefing: Lung Disease and Inequalities*. Available at: https://www.blf.org.uk/sites/default/files/British%20Lung%20Foundation%20-%20Lung%20disease%20and%20health%20inequalities%20briefing.pdf
[10] Department of Health, *Towards a Smokefree Generation: A Tobacco Control Plan for England*, 2017. Available from: https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england
[11] Action on Smoking and Health (2017) The Economics of Tobacco p.1
[12] World Health Organization, *WHO Report on the Global Tobacco Epidemic, 2008 - The MPOWER package*, 2008.
[13] National Institute for Health and Care Excellence, *Evidence Summary: A Review of the Effectiveness of Mass Media Interventions which both Encourage Quit Attempts and Reinforce Current and Recent Attempts to Quit Smoking*. Available at: https://www.nice.org.uk/guidance/ph10/documents/evidence-summary-mass-media-interventions2
[14] Royal College of Physicians/Royal College of Paediatrics and Child Health, *Every Breath We Take*, 2016.
[15] Defra, Air Quality Plan, 2017. Available at: https://www.gov.uk/government/publications/air-quality-plan-for-nitrogen-dioxide-no2-in-uk-2017
[16] According to the WHO's 2018 ambient air pollution database, of 48 towns and cities measured in 2016, 20 were in breach of WHO guidelines for PM2.5, while a further 12 were only just meeting the guideline. World Health Organization, WHO Global Ambient Air Quality Database (update 2018), 2019. Available at: https://www.who.int/airpollution/data/cities/en/

3. A failure to act on air pollution will place increased pressure on the health services and significantly impede the delivery of the Long Term Plan's ambition to "improv(e) upstream prevention of avoidable illness and its exacerbations…for example…reduced respiratory hospitalisations from lower air pollution."[17] We recommend that the government fund a public health campaign on air pollution to build public awareness of air pollution, its effect on health, and steps to take to reduce exposure and tackle air pollution. There are financial gains to be made in educating the public and tackling air pollution, which is estimated to cost at least £23 billion to society every year, due to increased use of the NHS and lost working days.[18] Extrapolating from our insights of other public health campaigns, the approximate cost of such a campaign for air pollution would be around £4 million per year.

Workforce requirements to deliver respiratory commitments

4. The Long Term Plan cannot be delivered without a sufficiently staffed workforce who are adequately trained and supported. Whilst an Interim People Plan has been published, this requires decisions to be made in the Spending Review on the budgets allocated to workforce education and training budgets.

5. Of particular importance for delivering the Long Term Plan commitments on respiratory will be developing the physiotherapy workforce. The Plan commits to an expansion of pulmonary rehabilitation (PR) services and to increasing patient referrals. PR is one of the most effective and cost-effective treatments for people with lung disease. It is often delivered by physiotherapists and consists of a 6 to 8 week programme of exercise and self-management education. However, very few people receive a referral to PR and once they do there is often a lengthy delay before starting the programme.[19] [20] The Taskforce for Lung Health estimates that around 1,000 additional staff are needed to meet the current demand for pulmonary rehabilitation, including 600 physiotherapists and other registered staff, and 400 support staff.[21] Demand for physiotherapists will only grow as more people are referred and as services expand. The Interim People Plan announced an ambition to expand the number of physiotherapists working in Primary Care Networks, which will be partly funded through the GP contract.[22] To ensure a pipeline is developed for the future workforce, the Taskforce recommends that appropriate funding for an expansion in physiotherapy training places be set out in the Spending Review.

6. Radiologists play a vital role in diagnosing and managing lung disease by carrying out imaging and interpreting scans. However, there are shortages in the radiologist workforce, with more than 1 in 10 consultant posts currently vacant. Only 3% of radiology departments report completing all work within normal hours, and there is significant variation in reporting times across the country.[23] [24] The Long Term Plan states that "More staff in primary care will be

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[17] Chalmers J et al, "The impact of acute air pollution fluctuations on bronchiectasis pulmonary exacerbation: a case-crossover analysis," *European Respiratory Journal* 2018: 52.
[18] Dr Christian Brand, University of Oxford and UK Energy Research Centre: Dr Alistair Hunt, University of Bath, The health costs of air pollution from cars and vans, June 2018.
[19] Data extrapolated from a Welsh primary care audit shows that 15% of people with COPD at MRC grade 3 and above are referred to PR service: Royal College of Physicians, *Pulmonary Rehabilitation: Steps to breathe better*, 2016.
[20] 40% of patients are not enrolled to a programme within the recommended 90 days: Royal College of Physicians, *Pulmonary rehabilitation: An exercise in improvement*, 2017.
[21] Taskforce for Lung Health, *A National Five Year Plan for Lung Health*, 2018.
[22] The scheme will meet a recurrent 70% of employment costs for additional clinical pharmacists, physician associates, physiotherapists and community paramedics. NHS England, *NHS Long Term Plan Implementation Framework*, 2019.
[23] Care Quality Commission, *Radiology Review*, 2018.
[24] Royal College of Radiologists, *Workforce Census Report*, 2016.

trained and accredited to provide the specialist input required to interpret results." However, there is no detail on this in the Interim People Plan and whilst the Plan commits to tackling the shortage of radiographers, it does not set out actions to address issues in the wider imaging and test interpreting workforce, including radiologists. We recommend that the Spending Review allow for an investment in a sufficient imaging workforce. The success of the Plan's ambition to diagnose lung disease earlier and of the lung health check pilots currently being set up in 10 cancer alliance areas will depend on having enough radiology capacity to analyse the CT scans that take place.

7. The Long Term Plan states that pharmacists will have an "essential role" to play in delivering its commitments. The GP contract has guaranteed funding to support an additional 20,000 staff to work in primary care networks (PCNs) in the next five years, which will include clinical pharmacists. As with physiotherapists, the GP contract will meet 70% of the employment costs for clinical pharmacists in PCNs.[25] Whilst these commitments on clinical pharmacy are very welcome, there is a risk that community pharmacy may be overlooked. More than 1.6 million people visit a community pharmacy every day, and there is great potential for pharmacies to have a bigger role in diagnosing and managing lung disease.[26] Ensuring there are enough pharmacists in all settings will help to give people the most appropriate help and reduce pressure elsewhere in the NHS. We recommend that NHS England continue to work with government to upskill community pharmacists, as set out in the Interim People Plan, and that relevant funding be provided for this and the new foundation training programme in the Spending Review.[27]

8. The success of the Plan's respiratory programme will also rely on primary care capacity. The majority of respiratory care takes place in primary care setting and several commitments in the Long Term Plan will be the responsibility of general practice or PCNs. For example, PCNs will support earlier diagnosis of respiratory conditions and more staff in primary care will be trained to interpret test results. Primary care staff also perform spirometry testing, which is required to diagnose COPD, and NHS RightCare are working with areas to reduce variation in the quality of testing.

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.

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[25] NHS England, *Implementation Framework*.
[26] Taskforce for Lung Health, *Five Year Plan*.
[27] NHS England, *Interim NHS People Plan*, 2019.