

NHS England public consultation on draft policy proposition for lung volume reduction

Closes: 27th March

<https://www.engage.england.nhs.uk/consultation/lung-volume-reduction/>

Has all the relevant evidence been taken into account?

Yes.

The British Lung Foundation supports this policy proposition. We believe that expanding access to lung volume reduction procedures will be beneficial for people with emphysema. For patients who meet the criteria, the treatment can improve their lung function, their ability to be active and their quality of life.

However, lung volume reduction is an underused therapy for emphysema. We hear from patients that many who might have been suitable were not considered for treatment. Some patients also feel they had to 'fight for a referral,' and only a small number of hospitals currently offer the treatment. Making lung volume reduction available in all centres with an experienced multidisciplinary team (MDT) will help address these issues by expanding access and increasing referrals.

The Taskforce for Lung Health also supports increased access to lung volume reduction procedures. The Taskforce is a group of 30 organisations and individuals from across the respiratory sector, representing patients, health care professionals and charities. The Taskforce came together to develop a five year plan to improve lung health in England, which was published in December 2018. The plan includes a recommendation to improve assessment and referral practice for lung volume reduction procedures - this has the full support of all Taskforce members.

All the Taskforce's recommendations are based on submissions received from a call for evidence. The evidence was then reviewed for reach, impact, feasibility and value for money. The recommendation on lung volume reduction has therefore been robustly reviewed and ranked as being backed by good quality evidence.

From anecdotal evidence received from patients and from the evidence gathered by the Taskforce for Lung Health, we believe there is a clear case for expanding provision of lung volume reduction procedures.

Does the impact assessment fairly reflect the likely activity, budget and service impact?

Yes.

The British Lung Foundation supported the development of the UK Lung Volume Reduction Registry. We believe that commissioning should ideally include an ongoing funding mechanism to ensure that the registry is sustainable.

Does the policy proposition accurately describe the current patient pathway that patients experience?

Yes.

We believe that the policy proposition accurately describes the current patient pathway.

Based on our understanding, there are many people with emphysema who could benefit from a lung volume reduction procedure who are not currently being referred for treatment. Only around 100 procedures are performed a year at a small number of hospitals across the country (Society for Cardiothoracic Surgery in Great Britain and Ireland, Thoracic Registry Data for 2014–15). Lung volume reduction is suitable for around 1 – 2% of people with chronic obstructive pulmonary disease (COPD), meaning some 16,300 people could be eligible (Clark SJ et al, Surgical approaches for lung volume reduction in emphysema, 2014 and NHS Digital, Quality and Outcomes Framework 2016–17). The policy proposition would ensure that all trusts with suitable MDTs offer the treatment and so enable a significant increase in the number people receiving a referral.

We would encourage the alignment of this policy proposition with the 2018 National Institute for Health and Care Excellence COPD guidelines update, which recommends a routine review to assess suitability for lung volume reduction procedures after completion of pulmonary rehabilitation.

Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?

There are considerable health inequalities related to emphysema (COPD), including socio-economic status, geography, age, gender and occupation. COPD prevalence is around 2.5 times greater in the most deprived 20% of the population. Men are 15% more likely to be diagnosed with COPD and prevalence, incidence and mortality rates are highest in the north of England and Scotland. COPD is rare under the age of 40 and becomes increasingly common with age – around 1% of 41-50 year olds have diagnosed COPD, rising to 9% of those aged 71 or above. 15% of COPD cases are the result of workplace exposure to dust and chemicals.

Currently there are a small number of hospitals across the country which perform lung volume reduction. Patients may have to travel long distances to their nearest hospital for assessment and treatment. The associated costs of this travel can limit a patient's ability to initiate treatment if they are from a more deprived community. The proposed changes to lung volume reduction procedures would have a positive impact on health inequalities, by equalising access and improving quality of life for all people with emphysema.

Are there any changes or additions you think need to be made to this document, and why?

No.

Before completing the survey you must declare any financial or other interests in any specialised services.

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Dr Nick Hopkinson is Medical Director of the British Lung Foundation and Honorary Consultant Chest Physician at The Royal Brompton Hospital. The Brompton is one of a small number of hospitals which currently performs lung volume reduction procedures.