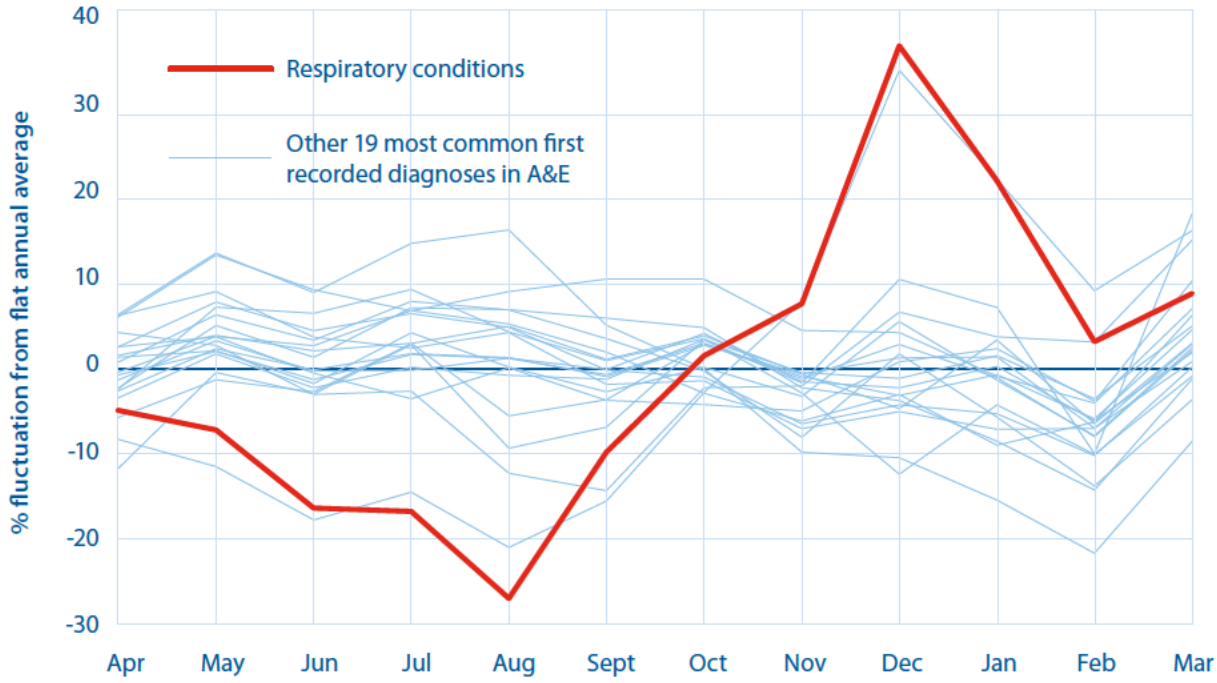
Out in the cold: lung disease, the hidden driver of NHS winter pressure

- Over the last seven years lung disease admissions to hospital have risen at over three times the rate of all other conditions (36.6% vs 11.1%)[i].

- Respiratory disease admissions are almost unique in their seasonal variation – there are 80% more lung disease admissions in the winter months of December, January and February then there are in the warmer spring months of March, April and May[ii].

- As a disease area, respiratory is behind only cardiac and central nervous system diagnoses for the proportion of emergency attendances who are then admitted to hospital[iii].

Figure 5. Average fluctuation in monthly admissions over financial years 2010-2017



Source: *Hospital Episode Statistics, NHS Digital. Acquired through Parliamentary Questions*

Note: *These figures are based on the average monthly unplanned accident and emergency attendances, resulting in admission, over the financial years 2010-11 to 2016-17. The figures expressed are proportional rise or fall in admissions in each month, for each diagnoses, compared to a flat average if all admissions of that diagnoses were consistent throughout the year.*

The top 20 most most common first recorded diagnoses in A&E are: Diagnosis not classifiable; Dislocation/ fracture/joint injury/amputation; Gastrointestinal conditions; Soft tissue inflammation; Sprain/ligament injury; Laceration; Respiratory conditions; Cardiac conditions; Contusion/abrasion; Ophthalmological conditions; Head injury; Nothing abnormal detected; ENT conditions; Urological conditions (inc cystitis); Local infection; Central nervous system conditions (exc stroke); Muscle/tendon injury; Infectious disease; Poisoning (inc overdose); Gynaecological conditions.

- Only ten out of 104 hospital trusts who responded to our requests for information on their 2017/18 winter plans reported intending to assign additional beds for respiratory admissions, which is a key way to ensure respiratory patients receive care from respiratory clinicians.

The age groups and lung conditions where there are the most admissions

- The vast majority of respiratory admissions are in **infants and children aged one to four (17%)**, and **people aged 65 and above (54%)**[iv].
- The most common causes of winter admissions in adults are **pneumonia, lower respiratory tract infections (LRTIs), chronic obstructive pulmonary disease (COPD)**. In children under five it is **bronchiolitis**[v].

Winter deaths from lung disease

- **In 2016/17, 61.9% more people died from a respiratory condition in the winter** compared with the non-winter months[vi].
- **Respiratory conditions** were the underlying cause for **36.4% of all excess winter deaths in 2016-17** - this equates to **12,500 excess winter deaths**[vii].

The overarching lack of progress in improving care and outcomes in lung disease

- **Over 12 million people** in the UK have received a diagnosis of lung disease[viii].
- **It is more prevalent in more socially deprived communities**.
- **Lung disease costs the NHS and patients £9.9 billion each year**[ix].
- **Lung disease mortality rates haven't improved in the last ten years**. The UK now has the fourth highest mortality rate in Europe[x].
- **Thee are wide variations in patient care**, outlined in numerous reports and audits[xi].

Policy reccomendations

To reduce the pressure that lung disease emergencies place on the health system, we need to:

- **Improve our prevention strategy**, to reduce general respiratory infections and help people who have existing lung conditions to better manage it themselves and reduce the risk their condition will flare up.
- **Strengthen community care and support outside of hospital**, so patients are confident that they do not need to go to emergency departments to get the care they need.
- **Acknowledge the growing number of *unavoidable* respiratory admissions in winter, and adapt our hospital services to address this seasonality.**
- **Ensure that people leaving hospital are given consistent and reliable assessment, treatment and follow up in the community** to reduce the risk that they'll need to be re-admitted to hospital.
- **NHS England and commissioners need to improve their evaluation of pilots and system reform** to better inform future practice. Where there is best practice, more needs to be done to share it consistently across the country.

The taskforce for lung health and the need for a strategy to tackle lung disease

In the long term, we need a more strategic approach to improving the care and outcomes for the millions of people who have been diagnosed with a lung condition in England. The British Lung Foundation has established a Taskforce for Lung Health to produce a new five year strategy.

We are asking the Government to formally endorse the Taskforce and ensure its recommendations are taken forward as part of the wider strategy for the health service.

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[i] NHS Digital, Hospital Episode Statistics
[ii] NHS Digital, Hospital Episode Statistics, obtained through Parliamentary Questions
[iii] NHS Digital, Hospital Episode Statistics
[iv] Ibid
[v] British Lung Foundation (2016), *Respiratory health of the nation* study
[vi] Officer for National Statistics (2017). Excess winter mortality in England and Wales, 2016/17 (Provisional) and 2015/16 (final)
[vii] Office for National Statistics (2016). Excess winter mortality in England and Wales, 2015/16 (Provisional) and 2014/15 (final)
[viii] British Lung Foundation, *Battle for Breath* report (2016)
[ix] British Lung Foundation, *The battle for breath: The economic burden of lung disease in the UK* (2017)
[x] British Lung Foundation, *Battle for Breath* report (2016) & Public Health England, *Health Profile for England* report (2017)
[xi] For example, Asthma UK's *Annual Audit of Asthma Care* and the Royal College of Physicians' Audit Programme for COPD, Lung Cancer, and Mesothelioma.