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THE ASTHMA UK AND
 BRITISH LUNG FOUNDATION
 PARTNERSHIP

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 Health, Social Care and Sport Committee
 Welsh Parliament
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Executive Summary

1. The Asthma UK and British Lung Foundation Wales is pleased to submit written evidence to the inquiry.
2. COVID-19 is an infectious respiratory disease and the most serious pandemic to affect Wales since the 1918-20 'Spanish Flu'. Prior to COVID 1 in 5 people in Wales were affected by a lung condition, including asthma, COPD and pulmonary fibrosis. COVID-19 is now affecting every family in every town, regardless of whether they had a pre-existing lung condition or not. However, people with pre-existing lung conditions have been told they are at an increased risk of developing severe symptoms if they contract COVID-19, meaning they are strongly advised to observe strict social distancing. Large numbers of people with respiratory conditions have been advised to shield, with 121,000 people added to the Welsh Shielded Patient List.
3. Our response covers:
 - a. Interruption of routine respiratory care
 - b. PR & Digital Solutions
 - c. Shielding Advice & Guidance for Vulnerable groups as Lockdown restrictions ease
 - d. Post Covid Hub & Support after hospital discharge
 - e. Flu and pneumococcal vaccination
 - f. Smoking cessation services

About Asthma UK and British Lung Foundation

4. Building on existing collaboration, in January 2020 Asthma UK and the British Lung Foundation merged to become the Asthma UK and British Lung Foundation Partnership. Both retain individual identities.
5. Every 10 seconds someone has a potentially life-threatening asthma attack and three people die every day. Tragically the majority of these could be prevented, whilst others suffer with asthma so severe current treatments don't work. This must change. That's why Asthma UK exists. We work to stop asthma attacks and ultimately cure asthma by funding world leading research and scientists, campaigning for improved care and supporting people with asthma to reduce their risk of a potentially life-threatening asthma attack.
6. The British Lung Foundation is the only UK charity looking after the nation's lungs. We offer hope, help and a voice for people with all lung conditions, including COPD and pulmonary fibrosis. 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 so that one day everyone can breathe clean air with healthy lungs.

Interruption of routine respiratory care

7. We are concerned that both patients and the NHS are more likely to defer routine care for respiratory conditions due to COVID-19. This could put people with chronic lung disease at a greater risk of preventable exacerbations and worsening of health. It is vital that people with lung conditions can access care and support whilst shielding and/or staying at home.
8. To assess the impact of COVID-19 on our most vulnerable we conducted a recent survey which received over 9,500 respondents with lung conditions, with over 650 respondents from Wales, they revealed that:
 - a. 1 in 10 had had routine care cancelled by their GP
 - b. 1 in 4 with COPD had either, or both, a regular GP or hospital appointment cancelled
 - c. 63% of people said their main concern about living in lockdown was their lung condition
 - d. Almost half of respondents said they felt very anxious. There is clearly a need to support people with long-term health conditions with their mental health during and after the pandemic.ii
9. Patients are uncertain about whether they can make a health care appointment during the pandemic. Clear messaging from the NHS is vital to ensure people know how to seek help when they need it. Our helplines have also heard from people who report being unable to access primary care for routine or acute problems, for example being in the early stages of a COPD exacerbation. Structured medicine reviews and inhaler technique checks, commonly performed by community pharmacists, are also unlikely to be provided during the pandemic.
10. These reviews are a valuable tool for managing respiratory conditions by ensuring that patients are taking the right medication appropriately and have a self-management plan in place. There is strong evidence that carrying them out in a timely manner reduces the risk of hospitalisation and even death. This support for patients has a significant role in lessening winter pressures on NHS Wales, which will be particularly critical this winter.iii
Asthma reviews are a key component of “basic care” according to the National Review of Asthma Deaths. We estimate that across the UK as many as 630,000 people with asthma and 225,000 with COPD could miss their reviews if they are cancelled for three months.

PR & Digital solutions

11. Pulmonary rehabilitation (PR) is a programme of exercise and education classes and one of the most effective and cost-effective treatments for people with chronic lung conditions. There are significant issues with access to PR, with only around one third of people with COPD (MRC grade 3 and above) receiving a referral, and lengthy waiting lists to start programmes.iv The Respiratory Health Delivery Plan 2018-2020 committed to improve referral rates and access to PR services in Wales.v We need to see this happen so that more people with lung conditions can benefit from the transformative effects of PR.
12. Face-to-face PR classes have stopped during the pandemic in order to protect patients from infection, many of whom may be shielding. When classes resume, it is likely there will be a backlog of referrals and even lengthier waiting lists.
13. While some PR providers are exploring digital alternatives to face-to-face classes, this will not be available to all respiratory patients either because the provider does not offer an alternative or because people are digitally excluded. For those shielding or considered vulnerable to COVID-19, remote consultations and digital PR programmes should be offered and accessible to all who need it, coupled with advice and support on using digital tools. Continued and increased access to self-management interventions such as PR will help people with lung conditions stay well whilst at home and for our resilience to later ‘waves’ of COVID-19.
14. Asthma UK and British Lung Foundation support the ‘Right to Rehab Campaign’, developed by health service and social care professional bodies and charities we are committed to delivering the Right to Rehab in Wales. We are calling for a person-centred, accessible and integrated rehabilitation system across Wales.

Shielding Advice & Guidance for Vulnerable groups as Lockdown restrictions ease

15. As highlighted, large numbers of people with respiratory conditions have been advised to shield, with 121,000 people added to the Welsh Shielded Patient List. Asthma UK and British Lung Foundation COVID survey found in Wales that just under 10% of our respondents had received a letter/text to shield, this is by far the lowest percentage of respondents by region. The average percentage of shielding letters being sent by the other three nations of the UK is 17.7%. Wales' low figure might be reflective of the 13,000 letters (16% of the overall figure) sent to the wrong address while some with lung conditions such as ILD (Interstitial Lung Disease) and IPF (Idiopathic Primary Fibrosis) had not been on the original distribution list. This figure may improve following the announcement of additional 21,000 letters sent to people with new conditions added to the vulnerable list, including ILDs.^{vi}
16. However, out of those who had received a letter, 98% of respondents indicated that they are following Welsh Government advice and are shielding. This highlights the importance of ensuring that everyone who should be shielding has been advised to do so. The effects of such a letter indicate nearly full compliance with the request.
17. Further, when we asked our respondents of their concerns during lockdown, 87% of those having trouble getting groceries had not received a shielding letter. This is concerning as we begin to lift the restrictions and ask the public to return to work. We have received calls on our helpline highlighting the anxiety felt by those who are currently shielding and by those living with people who are shielding as to what to do when an employer asks them to return to work.
18. As guidelines across the four nations begin to differ, concerns around face masks have also been raised. We welcome the advice from the CMO, Dr Frank Atherton in Wales on face coverings recommending that it should be a matter of personal choice. However, although he highlights discrimination as not everyone can buy or fashion a mask, he has not highlighted that not everyone with a lung condition can wear one.^{vii}

Post Covid Hub & Support after hospital discharge

19. Although current data suggests that there has been a fall in non-COVID respiratory admissions compared with figures from the previous year, we have noticed a sharp increase in the number of calls to our helplines from people with a lung condition who feel worried that they have been discharged from hospital too early without the necessary support to keep them well.
20. After someone with a lung condition has been admitted to hospital, they should be given a clear plan for when to seek help and what follow up is being arranged to keep them well. For those admitted to hospital because of an exacerbation of COPD, there is a clear discharge bundle that should be followed, which includes referral to PR and smoking cessation support.
21. One in six people who have emergency treatment for their asthma have another asthma attack in the following two weeks. At a time when our health service is under immense pressure, it is imperative that people with a respiratory condition are given the necessary support after they have been discharged to keep them well and out of hospital to reduce the burden on the NHS.
22. Asthma UK and the British Lung Foundation have created a new [Post-COVID HUB](#) and helpline to support people experiencing post-COVID breathing difficulties. Working closely with leading respiratory experts and professional bodies, the Hub also provides information on research opportunities for academics and the latest care guidelines for health care professionals.

Flu and pneumococcal vaccination

23. The flu immunisation programme should be maintained as much as possible during the pandemic to provide protection to vulnerable groups and reduce preventable pressure on the NHS during any future COVID 'peaks.' It is one of the most cost-effective ways of treating someone with a respiratory condition and it saves lives. In Wales the uptake of influenza vaccination was received by more individuals in at-risk and recommended groups last season of 2018/19 than ever before. However, the need to vaccinate this season needs has never been more

important.

24. Before COVID-19, respiratory deaths in Wales increased by 19% over the past five years (2014 - 2018) with deaths from the flu increasing by 181% in 2018 compared to 2017.^{viii} This is compared to immunisation figures of the same period where only 47.5% of people with chronic respiratory disease had the flu vaccination, with younger people with asthma being far less likely to have the vaccination than older people with COPD.^{ix} Boosting uptake of both the flu and pneumococcal vaccines among this group will help keep some of the most vulnerable people out of hospital this winter.
25. We also need to see near universal uptake of the flu vaccine among health and social care workers with direct patient contact. Uptake of influenza immunisation in Health Board and NHS Wales staff, reported by Health Board Occupational Health Departments, was 53.4% during 2018/19. Uptake in staff with direct patient contact was 55.5%, exceeding 60% in three Health Boards and two NHS Trusts. There is currently no national data is currently collected on social care staff vaccine uptake – a system for data collection must be urgently developed.
26. NHS services have been asked to deliver as much preventative work, including vaccination, as can be provided safely and to expect an expanded winter flu vaccination campaign this year.^x This should involve consideration of how routine vaccines such as for flu and pneumococcal can be provided safely and the risk of COVID-19 infection reduced, for example through use of personal protective equipment.

Smoking Cessation Services

27. Smoking remains the single largest cause of preventable ill health and a significant cause of health inequality in Wales, tobacco dependency is directly or indirectly linked to millions of deaths.
28. Published medical evidence has highlighted that smokers are 1.5 times as likely to progress the severe stage of COVID-19 compared to those who don't smoke.^{xi} Asthma UK and British Lung Foundation and other groups such as ASH Wales have campaigned for smokers in Wales to 'quit for Covid'.
29. During the pandemic there has been a 51% increase in referrals to the NHS Wales 'Help me Quit Service' and our COVID survey echo similar results.^{xii} Out of those who responded who smoked, 60% stated that they plan to quit because of coronavirus.
30. Although Wales is on course to meet the Welsh Government target to reduce adult smoking rates to 16% by this year, there is no future targets set to reduce the numbers further.
31. Recent YouGov COVID tracker highlights that 12% of smokers who live with children report that they are smoking more inside, increasing the risk of children inhaling second-hand smoke. Second-hand smoke causes life threatening health problems in infants and children, raising the risk of more frequent and severe asthma attacks and respiratory infections.

Concluding Remarks

Thank you again for the opportunity to provide written evidence to the committee. We will be happy to provide the committee any future comments or oral evidence during the inquiry.

For more information please contact:

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- ⁱ Written Statement: Coronavirus (Covid-19) - Shielding Update by the Health Minister Vaughan Gething MS, 5th of May 2020
- ⁱⁱ Survey run by Asthma UK and British Lung Foundation, 2 – 9 April 2020, 9,605 responses received.
- ⁱⁱⁱ British Lung Foundation, *Out in the Cold: Lung disease, the hidden driver of NHS winter pressure*, 2017.
- ^{iv} Royal College of Physicians, *Pulmonary Rehabilitation: Steps to breathe better*, 2016
- ^v The Respiratory Health Delivery Plan 2018-2020
- ^{vi} Written Statement: Coronavirus (Covid-19) - Shielding Update by the Health Minister Vaughan Gething MS, 5th of May 2020
- ^{vii} Statement by Chief Medical Officer for Wales, Dr Frank Atherton on Coronavirus: Face Coverings, 12th of May 2020
- ^{viii} Deaths from asthma, respiratory disease, chronic obstructive pulmonary disease and Flu, England and Wales, 2001-2018 occurrences
- ^{ix} Annual influenza surveillance and influenza vaccination uptake reports: 2003-2019, NHS Wales Accessed 14th of May 2020
- ^x Letter from Sir Simon Stevens.
- ^{xi} New England Journal of Medicine, examining disease characteristics among Chinese patients
- ^{xii} Survey run by Asthma UK and British Lung Foundation, 2 – 9 April 2020, 9,605 responses received.