

## Finance Committee – call for information on Welsh Government draft budget proposals 2012

### Comments from British Lung Foundation Wales

15 September 2011



Dear Committee Members

Thank you for the opportunity to submit evidence to your inquiry.

BLF Wales works for the 1 in 5 people in Wales with a lung condition. Our evidence is grounded in our experience of working with people with lung conditions via our network of Breathe Easy groups.

We wish to raise three points in response to question 3: "What spending commitments and priorities would you like to see in the 2012-13 draft budget proposals?"

In our view there are three areas which should be considered a priority when it comes to setting budgets. All offer a double benefit: they are not only good for patients, but also enable the NHS to make much better use of scarce resources.

#### **Priority area 1: Smoking cessation services protected and expanded**

"Treating smoking-related disease costs NHS Wales an estimated £386 million, equivalent to 7% of total healthcare expenditure. Smoking also has significant costs to the economy through working days lost and welfare benefit payments".

As these figures from the Welsh Government's tobacco control action plan suggest, tackling smoking, by improving the health of our people, also makes a big difference in reducing costs to the NHS and wider economy.

This is why all work to reduce smoking levels must remain a priority for investment. This applies in particular to smoking cessation services, which support people wanting to give up smoking. These services have been described by Professor Sir George Alberti, former president of the Royal College of Physicians, as "extraordinarily cost-effective compared to almost anything else in the NHS".

There is scope to extend smoking cessation services, for example with more community pharmacies offering the full range of interventions, from advice to nicotine replacement therapy and drugs. It is also essential that full smoking cessation services are provided in all district general hospitals across Wales, as being in hospital is a time when motivation for a smoker to quit can often be at its highest.

Smoking cessation services can only deliver this double benefit - better health and better use of resources – if funding is not only maintained but increased.

**One person in five in Wales is affected by a lung disease. We are here for every one of them.**  
**Mae clefyd yr ysgyfant yn effeithio ar un o bob pump o bobl yng Nghymru. Rydym ni yma ar gyfer pob un ohonyn nhw**

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## Priority area 2: Invest in pulmonary rehabilitation: good for patients and the NHS

Pulmonary rehabilitation courses improve quality of life for patients, but also cut hospital admission rates and length of stay. Given the scale of lung disease in Wales – with 1 in 5 of the population affected – better pulmonary rehab provision can help the NHS make more of its resources.

The courses help people with a lung condition to increase their level of activity and manage their condition. They include physical exercise, education on self-care, dietary advice, occupational therapy, psychology and social support.

Recent research has added to the evidence that pulmonary rehab cuts hospital admission rates and length of stay dramatically:

|                           |  |
|---------------------------|--|
| 7% versus 33%             | a 2010 study found that the chances of lung patients being readmitted to hospital were 7% for those who had followed a pulmonary rehab course, compared to 33% for those who had not                 |
| 9.4 days versus 18.1 days | length of stay in hospital for patients who had had pulmonary rehab, compared to those who had not, according to a seminal study carried out at Llandough Hospital and reported in <i>The Lancet</i> |
| 44,711                    | emergency admissions for lung diseases in Welsh hospitals (2008)   |
| 7.35 days                 | average length of stay for each of these patients (2008)   |
| £2300 a week              | approximate cost of a looking after a patient in hospital  |

But pulmonary rehab has been shown to be good for patients, as well as for the NHS. In the 2009 BLF Wales annual survey of people with lung conditions, 62 out of 63 patients who said they had attended pulmonary rehab said it had made a positive difference. This finding amongst Welsh patients is borne out by research.

## Priority area 3: secure funding for oxygen assessment centres

Many people with lung conditions require supplementary oxygen. Clinical assessment is an essential part of delivering a clinically and cost-effective home oxygen service. Without it, there is a danger that patients would receive inappropriate services, which do not meet their needs, and where there may be no evidence of clinical benefit.

This is why it is essential in our view that funding for Wales's oxygen assessment centres is made secure. Specialist assessment of patients' needs is a prerequisite for ensuring that patients receive an appropriate service. It also helps reduce the overall cost of oxygen to the NHS, by ensuring that money is not spent on oxygen which patients do not actually need.

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These three areas of activity, outlined above, are good for patients and good for the NHS, delivering better value for public money. That is why we think they should be a priority for the Welsh Government in its budget.

I append below for your reference some brief information about us and about the burden of lung disease in Wales. If you would like any further detail about the points above, or about our work in general, do please contact us.

Yours faithfully

Chris Mulholland  
Head, British Lung Foundation Wales

### **About British Lung Foundation Wales**

BLF Wales supports the 1 in 5 people in Wales with a lung condition, and works to promote better lung health.

Across Wales we support over 20 Breathe Easy groups. These are self-help groups for people with lung conditions, their carers and families. We also raise public awareness about respiratory disease and campaign for better services for people with lung conditions, working with health professionals, partner organisations, politicians and the media.

British Lung Foundation across the UK runs a helpline, charged at local rate, which is staffed by respiratory nurses, welfare advisers and parent counsellors.

### **The burden of lung disease in Wales.**

Lung conditions take a huge toll on the people of Wales. Around 1 in 5 deaths in Wales are from respiratory conditions. According to the Welsh Health Survey, 14% of adults in Wales report having respiratory illness. The burden falls most heavily on the poorest. Levels of respiratory illness are twice as high in long-term unemployed people compared to those in managerial and professional occupations.

Lung conditions also place a significant burden on the NHS in Wales. In 2008 there were 44,711 emergency admissions for respiratory diseases in Welsh hospitals. The average length of stay for each of these patients was over 7 days. As the estimated cost of a week in hospital for each patient is over £2300, the impact of lung disease on the NHS, as well as on the patient, is considerable.

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