

Breathe Equal:

Policy recommendations to reduce the burden of COPD

Executive summary



Chronic obstructive pulmonary disease (COPD) is a serious and progressive lung condition affecting around 1.4 million people in the UK – with up to 2 million more people potentially undiagnosed.^{1,2} COPD can cause debilitating symptoms such as shortness of breath, frequent lung infections and reduced energy.³ For too many, these symptoms can result in people attending A&E with serious flare-ups – also known as “exacerbations” – as 1 in 5 people return within three months of being discharged from hospital.^{2,3,4}

COPD is not just a physical condition, it’s everything that breathlessness stands in the way of. Activities like walking down the street, meeting family or going to work can become hard or even impossible, which can impact people’s relationships and affect a person’s identity.⁵

Despite its high prevalence and impact, COPD remains significantly underdiagnosed, undertreated, and unequally managed across the country.^{1,2,4} COPD costs the NHS an estimated £1.9 billion every year, projected to rise to £2.5 billion by 2030.^{6,7}

It is the fifth biggest killer in the UK, yet COPD remains one of the most overlooked and inconsistently managed long-term conditions.^{1,4,8}

The Government wants to rebuild the NHS and foster a healthier, more productive population. To achieve this there needs to be a laser-like focus on improving COPD outcomes in the UK.

We are calling for a national Respiratory Health Action Plan, to provide a dedicated framework to align resources, tackle variation, and improve patient outcomes.

Did you know?



Mortality

One person dies from COPD every 20 minutes.¹



UK Impact

An estimated 24 million working days are lost each year due to COPD.⁹



Emergency Burden

COPD is the 2nd largest cause of emergency admissions with 130,000 admissions a year.²



Cost Pressure

An anticipated 40% increase in COPD prevalence by 2030, will increase annual NHS cost to £2.5 billion.⁷

Recommendations

Our Breathe Equal report sets out a series of recommendations across improving diagnosis rate, supporting access to specialist care, and optimising management.



At Sanofi we believe that everyone deserves to #BreatheEqual.

Scan the QR code to read the full report – **Breathe Equal: Policy recommendations to reduce the burden of COPD.**



- 1. Improve diagnosis:**
Diagnose earlier and more equitably
Facilitate equal access to diagnostic testing, wherever patients live across the UK:
 - Provide central funding for COPD diagnostic tools for all GP practices.**Diagnose COPD right, first time:**
 - Reduce rates of misdiagnosis and prolonged inappropriate management through upskilling opportunities for primary care professionals.**Identify and test at-risk patients:**
 - Expand methods to support proactive diagnosis of COPD, for example, leveraging the Targeted Lung Health Checks programme.
- 2. Optimise management:**
Support people to stay well and out of hospital
Ensure availability of and access to pulmonary rehabilitation services:
 - Provide pulmonary rehabilitation services in community settings to increase availability.
 - Update clinical pathways to include a direct referral to pulmonary rehabilitation services.**Enable effective self-management of COPD:**
 - Standardise pathways to empower patients to take an active role in managing their conditions.
 - Use digital tools to support disease management.
- 3. Support access to specialist care:**
Get patients the right care, at the right time
Tackle delays by streamlining access to specialist care:
 - Hold regular meetings between respiratory specialists and local Primary Care Networks to identify patients whose management should be escalated.**Delegate management:**
 - In line with the guidance for neighbourhood health services, delegate routine management of COPD patients to community settings after specialist referral.**Rebalance geographic disparities in access:**
 - Reduce barriers to access by resourcing mobile clinics and virtual clinics in areas of limited access.

References

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