INTRODUCTION

BMA Cymru Wales is pleased to give consideration to the Welsh Government’s consultation on Together for Health – A Respiratory Health Delivery Plan.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

General comments:

BMA Cymru Wales is grateful for the opportunity to respond to this draft delivery plan. We believe it to be a sensible plan based on a rationale that we would view as reasonable, with detail that is clinically sound. In broad terms, we would consider that the proposed indicators and outcomes intended to underpin the plan are realistic, but also aspirational.

Specific comments:

We offer the following responses to the specific questions listed in the consultation document.

Question 1. Are the areas covered within the draft Respiratory Health Plan comprehensive and relevant?

BMA Cymru Wales would broadly consider this to be the case. However, we would suggest that the plan should contain a greater emphasis on disease prevention as well as public education regarding causes of respiratory disease, when to seek advice and access to professional help.

Question 2. Is the vision for respiratory health services right?

BMA Cymru Wales would support the vision put forward in the plan for respiratory health services.
Question 3. Are the challenges for respiratory health services appropriate?

We believe this to be the case to an extent. The challenge of providing equitable community-based services is a significant risk to the delivery of this plan. We would consider that current provision of these services across Wales is patchy, being of both variable standard and quality.

Question 4. Are the draft population indicators correctly identified?

We would consider this to be broadly the case, but we believe that in appraising the situation realistically, smoking reduction initiatives need to target a younger age group (ie 13–18 year olds) in addition to being aimed at adults.

Question 5. Have we correctly identified the outcomes that should be prioritised?

We would support what has been proposed.

Question 6. Have we correctly identified the actions that should be prioritised?

We would consider that the correct actions for prioritisation have been identified.

Question 7. Do the health care experiences in Annex 1 show how improving respiratory health care will contribute to people of all ages in Wales enjoying good physical health?

We would consider that they do.

Question 8. Are the assurance measures, in Annex 2, for the NHS to report on to the Welsh Government each year going to capture the effectiveness of NHS respiratory health care across Wales?

We believe that to a certain extent they will. In our view, having access to pulmonary rehabilitation is a crucial issue. We would observe that waiting lists are increasing due to lack of capacity in certain areas. Whilst the referral rate is important in our view, of greater relevance is the number of patients who actually complete a programme and how long they have waited for it.

Question 9. Are there any critical issues not covered in the draft Plan?

We would note that whilst this plan constitutes a delivery plan, its delivery is likely to require a degree of service reconfiguration – including a transfer of some services from secondary to community care. We are concerned that no detail of how this will be achieved has however been provided, nor has the consequential shift in resources been adequately described/planned.

We note that the draft plan makes mention of coal workers’ pneumoconiosis and would suggest that a similar mention to pneumoconiosis suffered by slate workers and other quarry workers would also be appropriate.

We believe that the plan should contain references to cannabis smoking as well as to tobacco smoking. Since cannabis burns at a higher temperature than tobacco and produces more toxins, we would note that smoking cannabis can potentially cause greater damage to an individual than smoking tobacco. With tobacco smoking rates decreasing, cannabis smoking is likely to become a proportionately greater cause of chronic lung disease in future unless such dangers are adequately highlighted.
Question 11. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

BMA Cymru Wales would express concern that it has not been specifically addressed within the plan how the services required to deliver it will be resourced. We believe that much of the plan is clinically sound and aspirational, but service reconfiguration and development will be required in order for it to be delivered. We presume that the intention is that this will be left to Local Health Boards (LHBs) to take forward individually. As such, we would be concerned that such an approach could potentially lead to a degree of inequality and variability in the way these services are provided across Wales, as well as differing rates of progress in implementation.

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