

## Written evidence submitted by British Thoracic Society (EPW0009)

### 1 Introduction

1.1 The British Thoracic Society (BTS) is the largest, most authoritative and inclusive respiratory membership body in the UK, and a registered charity. We have over 4,000 members from all areas of the respiratory workforce including doctors, nurses, pharmacists, allied health professionals, lung physiologists and healthcare scientists and other professionals with a respiratory interest. We represent the professional voice of respiratory medicine in the UK.

1.2 We are grateful for this opportunity to share our insights into the pressures facing the NHS respiratory workforce in relation to the Government's commitments highlighted by the Committee's enquiry. In this submission, we will also share our recommendations on what is needed to future-proof the NHS respiratory workforce as published in our latest report "A respiratory workforce for the future", which might be a useful benchmark against such commitments.

1.3 To provide some context to our submission, the respiratory workforce has been under resourced and understaffed for many years [1-5], with COVID-19 amplifying these gaps in an even starker way. Today, the respiratory workforce faces the difficult tasks of maintaining regular respiratory services and caring for the new patient-cohorts created by COVID-19, while recovering an enormous backlog of outpatients and specialist clinics, diagnostic tests, and procedures that risk delaying diagnosis and prompt initiation of treatment.

### 2 Planning the respiratory workforce

2.2 It is the Society's view that an increase in the NHS workforce is the single most effective intervention that can be put in place to address the current pressures facing the health system. An appropriately resourced, multi-professional workforce can meet the day to day demands for care and more easily adsorb any extraordinary and seasonal surges in demand without impacting the delivery of their services. The respiratory specialty, our primary focus, is still short of what it needs to cope with routine demand.

2.3 The British Thoracic Society has been conducting workforce surveys on a yearly basis and has found that since 2016 the percentage of hospitals with vacant respiratory consultant posts has increased constantly from 40% in 2016 to 82% in 2021. Of the hospitals that advertised such positions over the same time period, more than half encountered problems in recruiting [6].

2.4 The provision of respiratory care however, relies on a wide number of healthcare professionals with complementary skills, and it is best provided by a multi-professional team. Our recently published report "A respiratory workforce for the future" [7] highlights the skills and expertise required in a respiratory team for the provision of timely, effective and safe care. The report provides the numbers of these respiratory professionals (or ratios, where absolute numbers were not appropriate) that are required today to ensure people with respiratory disease are diagnosed quickly and accurately, and receive ongoing care and treatment. For example, we recommend the creation of 200 additional higher specialty respiratory training posts (leading to an increase in the number of respiratory consultants).

2.5 These targets are achievable if addressed pragmatically, with appropriate medium and long term plans and targets for training, re-training, recruitment and retention which are regularly reviewed to match changes in the demand for care, new available evidence and innovations.

### **3 Building a skilled workforce**

3.1 Respiratory is a multi-professional team-based specialty, which relies on the contributions of nursing, physiotherapy, physiology, pharmacy and related healthcare professions to deliver high quality respiratory care. Any planned expansion of the respiratory workforce must include the whole respiratory team, but also an appropriate increase in the number of professionals that support the respiratory team's work, or risk creating new and avoidable bottlenecks.

3.2 Optimal care is achieved when patients are cared for by people with the right skills in the most appropriate care settings. It is essential that we see an increase in support for training across respiratory professions and make the best use of the skillset of all members of the respiratory team. In our report [7] we recommend that to build sustainability and resilience into the respiratory workforce today and for the future, the NHS must optimise the roles and career pathways available to specialist nurses, physiotherapists, physiologists, advanced clinical practitioners and physician associates, within primary, secondary and integrated care. This can also be achieved through increasing support for those professionals wishing to expand their respiratory skill set, or enter the healthcare workforce through postgraduate study.

3.3 A number of other interventions besides training and recruitment are needed for respiratory, and all healthcare, to remain sustainable for years to come. The expansion of alternative models of care such as integrated care and the creation of Community Diagnostic Centres are two of these, which we welcome and support. Professional collaboration must be encouraged when designing and commissioning care services, so that patients can receive appropriate care, at the appropriate time, from the appropriately skilled professional.

3.4 Again, our report highlights the importance of preventing and avoiding admissions to hospital due to respiratory disease. Preventative measures in the community, such as vaccinations, rescue packs, tobacco dependency services, and easier access to specialist support through fast-track clinics. Crucial for future sustainability is the expansion of the role of community pharmacy in supporting patients managing their health and avoiding the need for hospitalisation.

3.5 Equally important is supporting the widespread roll-out of care innovations developed during the pandemic such as Respiratory Support Units for the most unwell patients and those needing enhanced support and monitoring. The use of technology-enabled solutions that can help avoid the need for hospital stays should also be supported, including virtual clinics and wards.

3.6 We strongly encourage the better use of data, as it is essential both for workforce planning and care delivery. Interventions that ensure healthcare teams and commissioners have access to high quality, standardised continuous data collection tools are welcome. Timely and granular data allows healthcare professionals and commissioners to monitor patient outcomes and drive effective change in service design and delivery.

3.7 Most of the above require high quality IT systems and seamless digital connectivity across primary, secondary and tertiary care to allow for true integration, and that enable remote monitoring, and support patient self-management.

### **4 Wellbeing at work**

4.1 Creating training opportunities and expanding recruitment will not solve the NHS workforce shortages, unless enough people decide to train for a career in healthcare and to commit to it for the long term. Making careers in healthcare rewarding and attractive should be a key priority on a national level, across professions and disciplines. This will also help to retain a larger number of the existing workforce while the next generation of healthcare professionals is in training.

4.2 Workforce management strategies need to adapt to new ways of working and new models of care, and be discussed when commissioning services. A workforce specification, for example, should be included in all commissioning documents or service specifications for respiratory care.

4.3 As part of this, flexible working should be considered as a normal aspect of working in healthcare. A BTS survey of respiratory trainees showed 85% of respondents were considering working flexibly or less than full time in the future [8], and data from the Royal College of Physicians shows how 24% of consultants are already doing so [9]. It is well documented that a flexible approach to work improves work-life balance and reduces burnout [10], as well as allowing staff to pursue further training and professional interests such as research, which can add value to the whole respiratory team.

4.5 Respiratory care is subject to seasonal surges in demand, which often leave the workforce under resourced and understaffed for the task at hand at times of greatly increased pressure. This in turn can increase stress and dent morale and motivation, introducing a greater risk of burnout in the workforce. This could be mitigated switching to an annualised staff scheduling that address the very high acute respiratory workload in winter, compared to the summer.

4.6 Lastly, when commissioning, consideration should be given to whether a respiratory service will require a parallel expansion of other services to be able to work to its full potential. These include respiratory physiology and radiology, but also adequate administrative support to co-ordinate care and maintain timely communication between healthcare staff and patients.

## **5 Closing remarks**

5.1 The problems facing the respiratory workforce extend beyond the number of vacant posts, into the debate for a broader need to rethink the way we provide care, but the fact remains that more respiratory specialists are needed across the professional groups.

5.2 To be sustainable, the healthcare system will need to focus on utilising skills across teams and foster professional collaboration, in order to design and deliver targeted services, so patients receive appropriate care, at the appropriate time, from the appropriately skilled professional.

5.3 The respiratory specialty has long been at the forefront of such integrated solutions and multi-professional working. BTS and its members remain ready to support any future initiative that will look into this topic.

## References

1. BTS Respiratory medicine workforce review 2018. <https://www.brit-thoracic.org.uk/media/70309/bts-workforce-review-2018-final-7-dec-2018.pdf>
2. BTS Respiratory medicine workforce survey report 2019. <https://www.brit-thoracic.org.uk/media/455707/bts-workforce-survey-report-2019-final-nov-2019.pdf>
3. A critical shortage of lung specialists could leave the NHS struggling to cope this winter - new study, BTS press release, 2019. <https://www.brit-thoracic.org.uk/news/2019/a-critical-shortage-of-lung-specialists-could-leave-the-nhs-struggling-to-cope-this-winter-new-study/>
4. BTS Survey finds respiratory departments still dangerously under resourced, BTS press release, 2020. <https://www.brit-thoracic.org.uk/news/2020/bts-survey-finds-respiratory-departments-still-dangerously-under-resourced/>
5. BTS Winter Pressures Survey February 2020. <https://www.brit-thoracic.org.uk/media/455077/final-winter-p pressures-survey-2020.pdf>
6. BTS Respiratory medicine workforce survey report 2021. <https://www.brit-thoracic.org.uk/media/455625/bts-workforce-survey-report-2021.pdf>
7. BTS report "A respiratory workforce for the future" 2022. <https://www.brit-thoracic.org.uk/document-library/workforce/workforce-people-plan/a-respiratory-workforce-for-the-future/>
8. BTS Specialty Trainee Survey Report. 2021
9. UK Consultant Census 2020: Royal College of Physicians; 2021. <https://www.rcplondon.ac.uk/projects/outputs/life-time-covid-19-2020-uk-consultant-census>
10. NHSE. NHS People Plan 2020/21 2020. <https://www.england.nhs.uk/ournhspeople/>

May 2022