

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [dyfodol ymarfer cyffredinol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [the future of general practice in Wales](#)

GP33 : Ymateb gan: | Response from: Asthma+Lung UK Cymru





Response to the Health and Social Care Committee Inquiry into the Future of General Practice in Wales - March 2025

Introduction

Asthma + Lung UK Cymru welcomes the opportunity to contribute to the Health and Social Care Committee's inquiry into the future of general practice in Wales. As the leading charity supporting people with lung conditions, we advocate for the 1 in 5 people across Wales who live with a lung condition such as asthma, COPD, bronchiectasis and pulmonary fibrosis.

General practice is often the first point of contact for people experiencing symptoms of respiratory disease. Its role is central to the early detection, diagnosis, and management of lung conditions, and to the implementation of preventative and holistic models of care.

Yet respiratory health remains under-prioritised across primary care, which has profound consequences for patients and the wider health system. Investment in general practice must be better aligned with the needs of people living with complex, long-term respiratory illness.

Workforce Planning, Recruitment and Retention

With 1 out of 5 people living with a lung condition, respiratory disease is one of the most common chronic conditions seen by GPs in Wales.

People with lung conditions often experience delays in diagnosis and inconsistent care. Our recent survey highlights that over 75% of people with asthma and 90% of people with COPD in Wales are not receiving basic standards of care such as an annual review.¹ Addressing workforce shortages is essential to ensuring basic standards of care are met. A lack of good basic care also means that patients are more likely to make repeat visits to the GP which exacerbates issues of capacity in primary care.

We support efforts to expand the multidisciplinary team and to embed respiratory specialists within community settings. However, this must be accompanied by clear national workforce planning, increased training capacity, and protected learning time, to ensure that patients consistently receive the best care, as innovative treatments are introduced.

Training and Continuing Professional Development

Primary care professionals need greater support to diagnose and manage respiratory disease. Access to regular, funded CPD in respiratory care, including spirometry training and interpretation would help

¹ Asthma + Lung UK (2023). *Life or Breath: Why the Quality Statement for Respiratory Disease Needs to Be Implemented Urgently*.

to address this. The Welsh Government's Quality Statement for Respiratory Disease must be implemented alongside strengthened education and upskilling in general practice settings.

In addition, GPs and practice staff should be supported to update their knowledge of external and environmental causes of lung conditions, particularly air pollution, which is a major trigger for asthma and a contributor to long-term lung decline. We are aware of work being undertaken by Public Health Wales to investigate awareness of environmental factors and we would encourage this knowledge to be adopted by all Health Boards.

Improving Diagnosis and Supporting Self-Management

Accurate and Timely Diagnosis of Asthma and COPD

Accurate diagnosis of respiratory disease in general practice is essential to effective care. However, it consistent delivery of diagnostic services is not available in primary care across Wales. These services are not included in the GP contract.

This has created a significant barrier to the timely and accurate diagnosis of asthma and COPD in Wales. Only 24% of people with asthma and 7% of people with COPD currently receive the basic elements of guideline-based care.² Practice staff have limited time with patients, leading to a lack of a thorough approach to the patient in front of them.

This is even more acute for COPD patients, who are more likely to be reviewed by their GP, when symptomatic than at an annual review. NICE guidelines recommend that COPD patients receive:

- offer treatment and support to stop smoking
- offer pneumococcal (pneumonia) and influenza vaccinations
- offer pulmonary rehabilitation (PR) if indicated
- co-develop a personalised self-management plan
- optimise treatment for comorbidities

This is a comprehensive set of interventions, which the statistics illustrate is difficult to deliver in limited time.

GPs should be supported to empower patients to manage their own conditions. The Asthub and COPDhub apps, are an excellent tool to support patients who are IT literate to manage their conditions, leaving more clinical time to support those unable to use them.

In 2022 the apps' publisher conducted a survey which discovered that users of the app had reduced their GPs visits by up to 35%.³ However at the time of writing health boards are currently evaluating whether they will continue to recommend the apps.

Social Prescribing and Pulmonary Rehabilitation

² Asthma + Lung UK (2023). *Life or Breath: Why the Quality Statement for Respiratory Disease Needs to Be Implemented Urgently.*

³ Asthma + Lung UK (2023). *Life or Breath: Why the Quality Statement for Respiratory Disease Needs to Be Implemented Urgently.*

We strongly support the expansion of social prescribing as a tool for improving outcomes in respiratory health. Lung conditions are often exacerbated by broader social and environmental determinants, including housing quality, isolation, poor mental health, and air pollution. Social prescribing offers a mechanism to connect individuals to non-clinical services that support holistic wellbeing.

People with lung conditions benefit from referrals to services such as:

- Smoking cessation support
- Community exercise and peer-support groups
- Energy advice and housing interventions
- Mental health and anxiety management programmes

Pulmonary rehabilitation (PR) is one of the most effective interventions available for people with chronic respiratory disease, particularly COPD. It improves breathlessness, reduces hospital admissions, and enhances quality of life.⁴ Yet access to PR remains a postcode lottery in Wales, with many areas lacking local provision or facing long waiting times.

We recommend:

- Embedding social prescribing link workers within general practice teams, with specialist knowledge of lung health.
- Ensuring that all respiratory patients have the Right to Rehab.
- Raising awareness among GPs and primary care staff of the clinical and cost benefits of PR, supported by national referral standards.

Equitable Access and Quality of Care

We are deeply concerned about health inequalities in respiratory care. People in Wales's most deprived areas are more than twice as likely to be admitted to hospital for lung disease.⁶ This is likely to be due to a number of factors including health literacy and air quality. However, ensuring that each patient who presents at primary care with symptoms of a lung condition, receives good basic care, regardless of their background must be at the forefront when designing services.

Opportunities for a Future-Fit General Practice

General practice must be empowered to play a leading role in preventative health. This includes:

- Early and accurate diagnosis of lung conditions, supported by accessible, quality-assured spirometry and FeNO testing.
- Proactive management, through annual reviews, personalised care plans, and supported self-management.
- Integration with community and secondary services, ensuring smooth referral pathways and shared responsibility for care.

⁴ Asthma + Lung UK (2023). *Life or Breath: Why the Quality Statement for Respiratory Disease Needs to Be Implemented Urgently*.

- Tackling indoor and outdoor air pollution, recognising its contribution to exacerbations and long-term respiratory decline.

The Quality Statement for Respiratory Disease provides a strategic framework for many of these improvements. We urge the Committee to recommend its urgent and fully funded implementation, alongside contractual reform, workforce training, and infrastructure investment.

Conclusion

The future of general practice in Wales must be inclusive, resilient, and capable of meeting the needs of those living with lung disease. With the right investment and policy focus — including contractual reform, diagnostic access, workforce development and public health integration — general practice can reduce the burden of respiratory illness, improve health outcomes, and deliver care closer to home.

We would welcome the opportunity to provide further evidence or appear before the Committee.

For further information, please contact Bec Miller at bec.miller@nhs.uk