

# **Respiratory Care Action Plan**

## **Consultation Analysis**

**October 2020**

# Introduction

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On 20<sup>th</sup> December 2019, the Scottish Government undertook a public consultation on the draft *Respiratory Care Action Plan*, which set out the Scottish Government's vision for driving improvement in the diagnosis, care, treatment and support of people living with respiratory conditions in Scotland. The draft plan focused on five conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Idiopathic Pulmonary Fibrosis (IPF)
- Bronchiectasis
- Obstructive Sleep Apnoea Syndrome

The consultation was due to close on 3<sup>rd</sup> April 2020. However, due to the Covid-19 pandemic, the consultation was extended to 3<sup>rd</sup> July 2020. The consultation was published on the Scottish Government consultation website (Citizen Space) and the link was sent out to over 60 stakeholders to both consider themselves and pass on to other interested parties. The consultation was open to members of the public, people living with a respiratory condition, NHS organisations and individuals and third sector organisations.

## Policy context

The World Health Organisation has identified chronic respiratory disease as one of the four leading non-communicable diseases worldwide, along with cardiovascular disease, cancer and Type 2 Diabetes. These conditions have a major impact on the lives of people living with them as well as their families and carers; many are not able to work, drive or live independently. Anxiety and depression are common and many people with respiratory conditions have additional long-term conditions such as hypertension, coronary heart disease and diabetes.

Respiratory conditions account for over one third of all acute hospital admissions in Scotland and are also one of the most commonly presented patient groups within primary care. Clinical teams across acute hospitals, primary care and community care are now faced with fresh challenges in light of the Covid-19 pandemic and increasing pressures on services, which will ultimately impact access to care.

The draft Respiratory Care Action Plan identifies key priorities and commitments to improve outcomes for people living with respiratory conditions in Scotland. The plan encourages new and innovative approaches and intends to share best practice. It was not intended as a replacement of current clinical guidance.

# Consultation Background

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## Responses

The Scottish Government received 120 responses to the consultation from a mixture of NHS organisations and employees, the general public, third sector organisations and private sector companies. This included one duplicate response submitted via both the online hub and email; after this response was removed, the analysis was based on 119 responses.

Respondent type	Number of respondents
NHS (Boards and organisations)	11
Third party organisations	15
Private sector companies	7
General public individuals	86
Total	119

The written responses to the consultation document for which the Scottish Government has been given permission to publish (110) have been placed on the Scottish Government website and can be found here: [https://consult.gov.scot/healthcare-quality-and-improvement/respiratory-care-action-plan/consultation/published\\_select\\_respondent](https://consult.gov.scot/healthcare-quality-and-improvement/respiratory-care-action-plan/consultation/published_select_respondent). These include people who selected “publish without name”. Responses given by people who selected “do not publish response” have not been published but have been included within the analysis.

A complete list of organisational respondents can be found at annex C of this document. General public individuals include those respondents who identified themselves as NHS staff and represented just under half of all individual responses. Only one organisational response per organisation is allowed; where duplicate organisational responses have been received from different people, only one has been accepted as organisational. The other has been re-categorised as individual<sup>1</sup>.

When analysing the responses, we have reported some of the findings in different formats. This means that the breakdown of the responses to the question and the common themes charts appear twice within each question. In particular, we felt that including two different versions of the common themes chart would allow easy explanation of how the themes were weighted, allowing people to choose a chart that suited them for an easy, at-a-glance weighting of the themes with an additional descriptive breakdown underneath the charts.

The consultation itself can be broken down into two main parts: the quantitative analysis of responses to closed questions, and the qualitative analysis of expanded responses to open questions.

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<sup>1</sup> (please note that this does not affect how it was analysed)

## Quantitative analysis of closed questions

1. Do you agree with the overall vision and aims of this draft Plan?

Please select one item

Yes

No

Don't know

*A picture to show the quantitative analysis question*

An initial analysis was undertaken in relation to the closed questions asked as part of every question in the consultation paper. The questions asked respondents for either **yes, no or don't know** answers.

Where a respondent did not select an answer, a fourth option, not answered, was created to assist in the analysis. Where the respondent had not answered the question but had offered an expanded response which clearly stated their position, the analysts input the missing data for the closed question. Where the question had not been completed and the expanded response was not clear or there was no expanded response, the closed question was not updated.

In the analysis of every question, responses are broken down into the exact numbers of yes, no, don't know, and not answered. In addition, the type of respondent is broken down into NHS, third sector organisations, private sector and members of the public. No names are revealed.

## Qualitative analysis (open questions inviting expanded responses)

Please expand on your answer if you wish to.



*A picture to show the qualitative analysis question*

The aim of the qualitative analysis was to identify the main themes and the full range of views expressed in the expanded responses received to each question. Overall, the responses were in favour of a respiratory care action plan and offered constructive views to help shape and inform the final plan. Within the analysis of each question the responses have been grouped into themes for the purposes of this report.

There was not always a clear link between respondents' choice of answer to the question and the expanded comments in the accompanying comments box. In many cases, those respondents who selected 'yes' to a question often expanded their response to explain why they agreed with the proposals or comment on the issue. Those who responded 'no' often went on to suggest further or different action.

The consultation received responses from a variety of individuals and organisations. Many of the individuals had specific interest in respiratory care either professionally or personally. The analysis ensures that the views from the perspectives of those who responded to the consultation are represented.

Some respondents submitted responses which referenced current evidence, including reports and published research papers. It was not within the scope of this analysis to comment on the factual accuracy of responses or assess the quality of any evidence cited.

### **Engagement exercises**

Due to the Covid-19 pandemic and the extension of the consultation period, planned engagement events were cancelled. The Scottish Government Clinical Priorities Team are currently considering how to safely engage with people to inform the final plan.

### **Representation concerns**

This report explores the entire range of views that were raised by respondents. It should be noted that respondents to a consultation are a self-selecting group and their views are not necessarily representative of the wider population. This report does not necessarily reflect the views of the Scottish Government.

### **Overview of findings**

In general, the respondents welcomed the respiratory action plan. They welcomed the intention of the Scottish Government to address this issue, highlighting areas to strengthen the plan to continue to support improvement in the diagnosis, care, treatment and support of people living with respiratory conditions in Scotland. The effects of Covid-19 were also noted by some respondents, and the importance of ensuring the final Plan plays a key role in responding to the implications and consequences for many aspects of respiratory care going forward.

# Consultation analysis

# Question 1: Vision and aims

*'Do you agree with the overall vision and aims of this draft plan?'*

Option	Total	Percent
Yes	102	85.71%
No	6	5.04%
Don't know	9	7.56%
Not Answered	2	1.68%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 117 people responded to question one, with 52 responses being expanded to include comments. Of those, a majority (102) agreed with the overall vision and aims of the draft plan, with a minority disagreeing (6) or not knowing (9). 2 respondents did not answer the question. To further breakdown those who responded to the above question:

- NHS (boards and organisations) 11
- Third sector organisations 15
- Private sector companies 6
- General public individuals 85

There was widespread agreement across all responses that a respiratory care action plan is needed. The majority of expanded comments noted suggestions for improvement or noted that the Plan had not set out enough detail, particularly with regards to Covid-19. Due to the open nature of the question, the responses were extremely varied in subject. Many respondents took the opportunity to make comments which were more relevant to later questions in the consultation.

## **Breakdown of the most common themes:**

### **Health boards**

Some respondents were of the view that there should be local health board level measurements of any targets set by the Plan, requesting that respiratory care is made a national priority to allow increased access and increased choice.

### **Equal access**

In total, some respondents commented on the commitment on equal access. General themes included geographical variation in access to care (for example, rural and remote), inequality in health outcomes, and inequality in service provision. Respondents also highlighted the effects of fuel poverty on symptoms and self-management of people living with a respiratory condition.

### **Data/technology**

Those responses which considered data and technology tended to agree that both are important, especially during and post Covid-19. Clarification was requested around the phrase "innovative ways", and whether it means technology enabled care solutions.

The majority of respondents were of the view that there is a need for an increased roll out of digital services and virtual clinic models. This would allow for increased access to pulmonary rehabilitation both digitally and in person, which is important in rural or remote areas. The comments around data focused on its use for remote management of conditions, increasing the capacity of respiratory services to deliver to people with respiratory conditions. It was also noted that improving data collection was vital to service delivery and to allow for a better understanding of demand.

### **New models of care**

Calls were made for a national policy on models of care, including the development of a standardised approach to respiratory medicine and a robust pathway for patient care. Respondents highlighted the perceived inconsistencies in care across Boards, and that having a standardised care pathway would ensure best practice.

### **Anticipatory care planning / end of life care**

Anticipatory Care Plans (ACPs) and end of life care were both mentioned in the responses. Clarification was requested around end of life care, and what the current processes are. Early conversations were encouraged around ACPs.

### **Person-centred care**

The importance of person-centred care was highlighted by the majority of respondents, who noted that individualised care and personalised support were essential for the wellbeing of someone living with a respiratory condition.

It was suggested by other respondents however that instead of patient-centred, a patient's journey should be more of a partnership between people with a respiratory condition and clinicians. Others suggested that when people are not empowered to take ownership of their care and treatment, they are negatively impacted.

### **Multi-disciplinary teams**

Respondents felt that Allied Healthcare Professionals (AHPs) and pharmacists were underrepresented within the Plan, as was the idea of multi-disciplinary teams (MDTs) within the patient journey.

### **Workforce**

Respondents highlighted staff as key to supporting delivery of the Plan. It was noted that greater staffing levels would allow for continuity of care across the patient journey.

### **Funding**

The issue of funding was raised, particularly investment to support delivery of the Plan at a national, local and community level.

### **Covid-19**

Whilst it was acknowledged that the draft plan was written before the Covid-19 pandemic, the responses noted the importance of the final Plan reflecting the impact Covid-19 has had on people with existing respiratory conditions as well as those that have developed long-term respiratory problems as a result of contracting the virus. They felt the Plan needed to respond to the implications for many aspects of respiratory care going forward.

### **Format of the Plan**

There were a number of comments made by respondents around the layout and content of the Plan.

The need for a consistent approach to style within the document was highlighted. Respondents also asked for clarification around why the Plan focuses on five specific conditions and not all lung conditions.

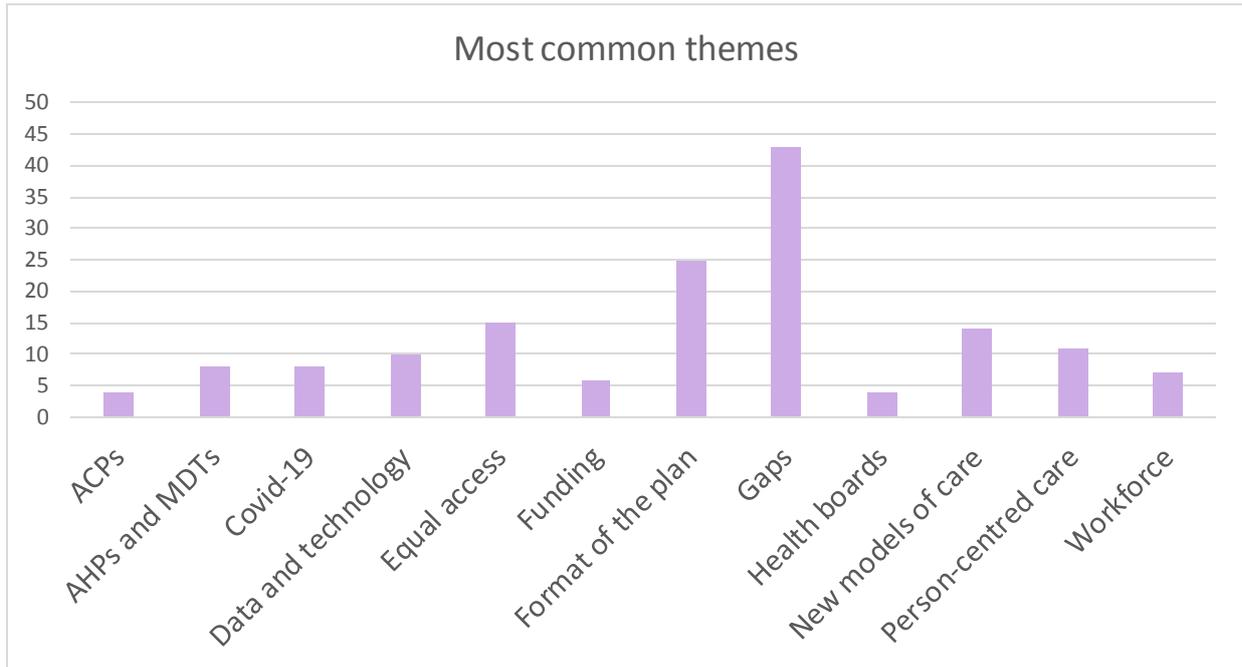
There was variation across responses regarding the overall ambition of the Plan. While some respondents felt that the plan was bold with a concise vision, others felt that the Plan lacked ambition and was too generalist.

Some respondents felt that the plan required further input from those living with respiratory conditions, their families or their carers. Clarification on third sector and private sector involvement was also requested.

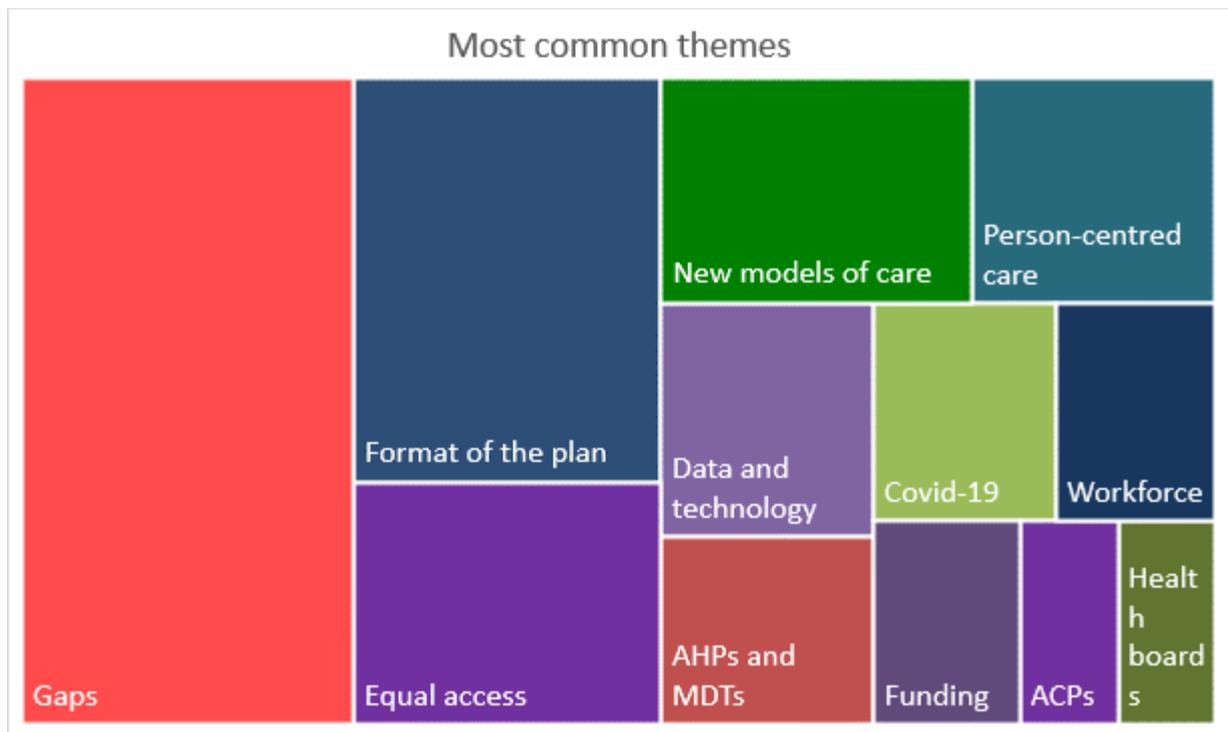
### **Gaps in the Plan**

There were some areas where respondents felt the Plan could be strengthened. This included the inclusion of preventative measures, raising awareness of respiratory conditions, support for older people, families and carers, care in early years, and the transition of children and young people with existing, lifelong conditions into adult services. The importance of ensuring the Plan makes the necessary links to other, relevant Scottish Government plans and strategies, particularly around carers, was noted.

Some respondents were of the view that objectives and targets may strengthen the Plan, in particular measurable targets to help drive improvement in care and deliver better outcomes for patients with respiratory conditions.



A chart showing phrases from the Q1 responses. Gaps in the plan had 43 mentions; health boards had 4.



A chart showing phrases from the Q1 responses. Gaps in the plan had 43 mentions; health boards had 4.

## Question 2: Priorities

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*'Do you think we have included the most important priorities in this draft Plan?'*

Option	Total	Percent
Yes	96	80.67%
No	10	8.40%
Don't know	7	5.88%
Not Answered	6	5.04%
<b>Total</b>	<b>119</b>	<b>100%</b>

96 respondents agreed with the priorities of the Plan, with 10 disagreeing, 7 not knowing and 6 not answering. There were 52 expanded responses to this part of the question; to further breakdown the figures of those who responded:

- NHS (boards and organisations) 10
- Third sector organisations 14
- Private sector companies 7
- General public individuals 82

The majority of respondents agreed that the priorities included in the draft Plan were important, with suggestions on how to they could be strengthened. The main themes included: prevention; diagnosis, treatment, outcomes, data, education, staffing, and inequalities.

### **Breakdown of the most common themes:**

#### **Prevention**

The majority of respondents who provided comments on Question 2 noted that the Plan should have a great focus on preventative measures.

For example, while the Plan notes the biggest risk factors include tobacco, air quality and respiratory infections, other notable factors not currently included are recreational drug use and living conditions.

The draft Plan also referenced the healthy weight delivery Plan, and respondents noted the importance of understanding how weight and weight management affects people with respiratory conditions.

#### **Diagnosis**

As well as the need for early diagnosis (especially in childhood), respondents were of the view that misdiagnosis and clinical interpretation of results also needed to be considered within the Plan. There were calls for improved diagnostic testing and support to diagnose in community pharmacies, hubs and within the primary care setting.

## **Treatment**

There were some comments around treatment, ranging from environmental concerns around inhalers to the need to empower people to live well with their condition. Person-centred care and self-management were acknowledged as important, as was the need for longer consultations with GPs, access to basic asthma care and availability of pulmonary rehabilitation.

## **Outcomes**

As with the responses to Question 1, respondents would welcome measurable outcomes, or targets, attached to the commitments. It was felt that condition specific sections would benefit from having targets to aim towards and that there needed to be timescales for implementing the Plan.

## **Public Education**

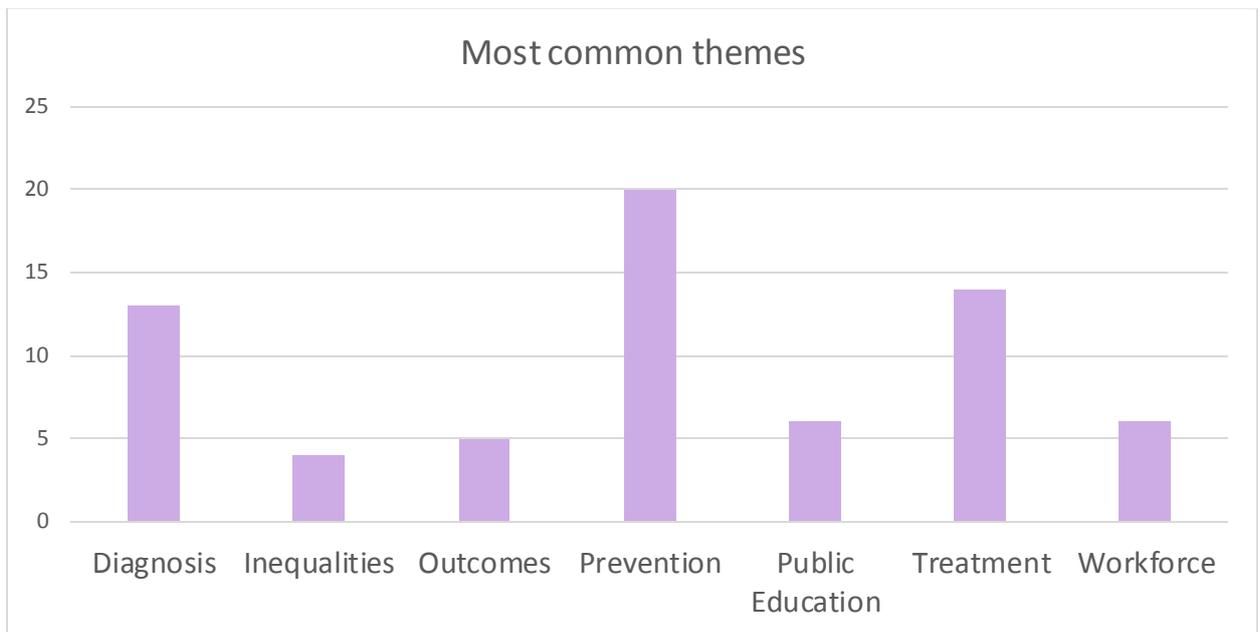
Regarding education for the public and those with respiratory conditions, the need to raise awareness of all lung conditions and the funding of equipment and education were all recognised as key actions for the Plan.

## **Workforce**

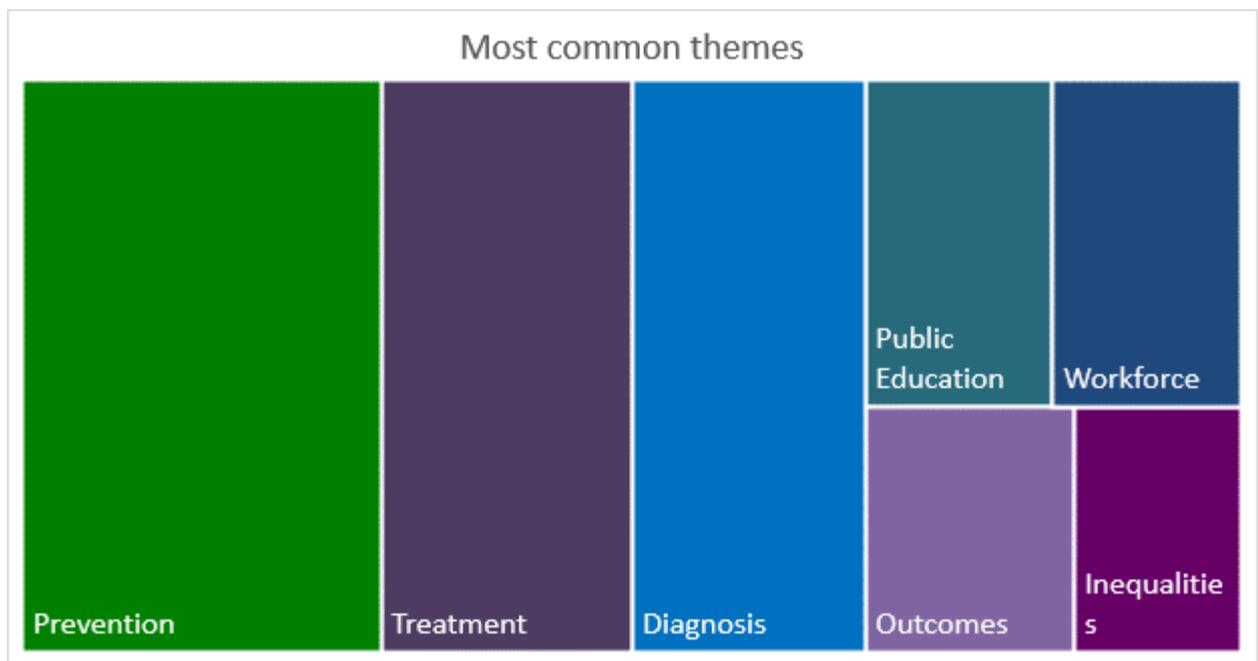
As with responses to Question 1 and Question 11, the view of respondents was that general staffing levels vary across Boards and that there needs to be a nationally agreed minimum level. Improved education resources for GPs regarding lung conditions, continual education for healthcare professionals and training on new equipment were all issues raised regarding training for staff.

## **Inequalities**

Inequalities were considered, with concerns around access to care in remote and rural areas and the perceived centralisation of specialist resources.



A chart showing phrases from the Q2 responses. Prevention had 20 mentions; inequalities had 4.



A chart showing phrases from the Q2 responses. Prevention had 20 mentions; inequalities had 4.

## Question 3: Early and correct diagnosis of respiratory conditions are a priority

- **Commitment 1 – We will support respiratory health training and education for healthcare professionals by working with NHS Education Scotland and other partners to ensure that education and training on respiratory conditions is delivered/is available to healthcare professionals. We will support education to be available in a variety of formats to optimise accessibility**
- **Commitment 2 – We will improve equitable access to evidence based diagnostic tests by working with partners to reduce variation in the quality of spirometry testing across the Country and design pathways for complex respiratory function testing**
- **Commitment 3 – We will support consistent disease specific pathways and work with the sector to ensure they are embedded in the health services and partners**

*'Do you agree with commitments 1, 2 and 3?'*

Option	Total	Percent
Yes	102	85.71%
No	3	2.52%
Don't know	6	5.04%
Not Answered	8	6.72%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 111 people responded to this question, with 41 responses being expanded to include comments. Of those, a majority (102) agreed with the commitments on diagnosis, management and care with a minority (3) disagreeing or not knowing (6). A total of 8 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 8
- Third sector organisations 13
- Private sector companies 6
- General public individuals 84

When considering the responses, a number of themes were raised: diagnosis, testing, treatment, self-management, staffing, training, public education, multi-disciplinary teams; and Covid-19.

As evidenced by the number of 'yes' responses to the question, there was broad agreement that early and correct diagnosis is important. Several responses noted that earlier diagnosis can equate to longer survival with a better quality of life, so it is vital to limit delay.

## **Breakdown of the most common themes:**

### **Diagnosis**

Calls were made for a standardised diagnostic pathway. In particular, some respondents felt that there is not currently a recognised standard of diagnosis of asthma, which can lead to a delay in treatment. The need for easier referral pathways for GPs was also noted.

Some respondents asked for clarification around what the early years diagnosis approach might be. Other respondents suggested the use of diagnostic hubs as a specific commitment, to allow consistency and accessibility (especially in remote or rural areas).

### **Testing**

Some respondents highlighted a concern at limiting commitment 2 to spirometry testing only, with some respondents asking whether it should refer to all diagnostic tests. There was agreement that the quality of and access to spirometry testing needs to be improved, with examples given of differential diagnoses.

### **Treatment**

Responses that included references to treatment included issues such as the patient pathway, a greater need for a holistic needs assessment, greater emphasis on management of asthma, increasing in the number of check-ups, and linking primary and secondary care. The role of community pharmacy was also raised and how pulmonary rehabilitation could be delivered out with a hospital or outpatient setting.

### **Self-management**

Regarding self-management of conditions, the need for ongoing training for patients with respiratory conditions as well as education and support for families and unpaid carers were key issues raised by respondents. The importance of equipping health care professionals to support people with respiratory conditions to positively change behaviours and to promote safe use of inhalers where needed was important.

### **Workforce**

It was widely acknowledged that the first part of the Question 3 commitments overlap with the later commitments on workforce.

Regarding Allied Healthcare Professionals, some respondents were of the view that increased use of pharmacists and pharmacy staff for testing would increase capacity, especially in areas with long waiting lists. It was also noted that common respiratory diseases should be included in the Pharmacy First list of conditions. Other respondents welcomed funding which has enabled pharmacists to train as independent prescribers, which allows a review when needed and changes to be made faster when required by the patient.

At a national level, some respondents called for a chief medical officer national advisor for each of the five conditions and a Pulmonary Rehabilitation Champion within the Scottish Government, as well as a national advisory committee to ensure delivery of the Plan.

## **Training**

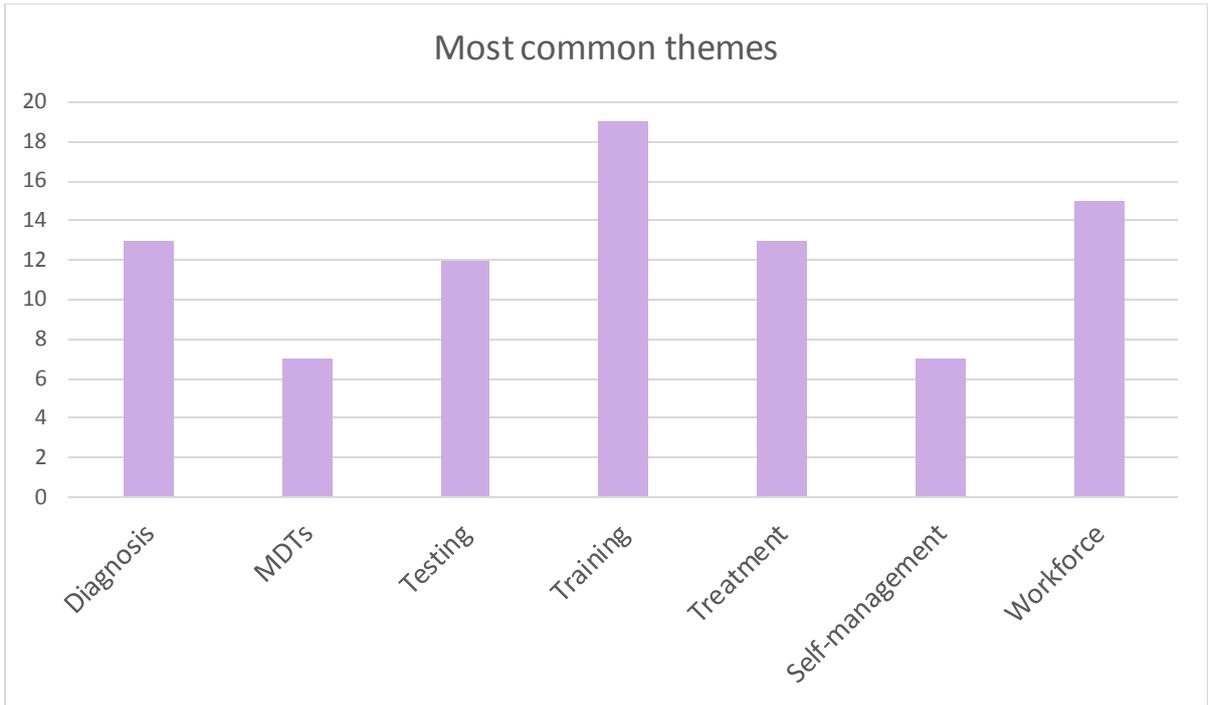
There was widespread agreement regarding the training of staff, with respondents noting that it is essential for the Plan to commit to ongoing education for staff, to allow them to build and maintain knowledge and skills, with ongoing training to help ensure consistency of referral and correct diagnosis.

Training should not be limited however, with some respondents highlighting that Allied Healthcare Professionals should also have access to appropriate training.

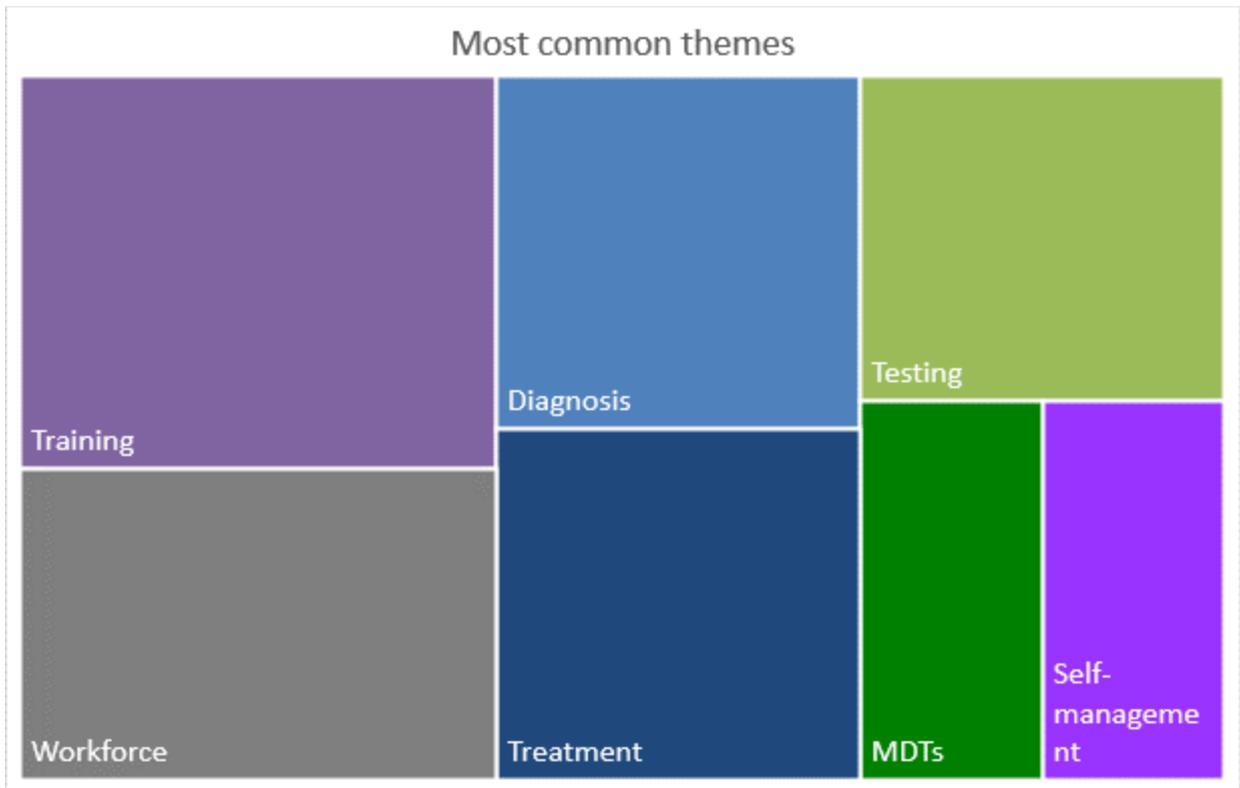
## **Multi-disciplinary teams**

There was support for a multi-disciplinary team (MDT) approach, utilising skills across healthcare and providing consistent access. These teams would support the patient throughout their journey, ensure maximum benefit from medicines and support and minimise avoidable harm.

Some respondents suggested that in order for an MDT approach to be successful, medical information should be available to all healthcare providers during the healthcare journey. An example of the multi-disciplinary team approach is the use of community pharmacists to perform asthma reviews; it was mentioned that patient outcomes have improved by including them in the management of respiratory conditions.



A chart showing phrases from the Q3 responses. Staff training had 19 mentions; MDTs had 7.



A chart showing phrases from the Q3 responses. Staff training had 19 mentions; MDTs had 7.

## Question 4: Increase access to pulmonary rehabilitation

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**Commitment 4 – We will support NHS Boards to increase access to pulmonary rehabilitation. We will design pulmonary rehabilitation pathways based on examples of best practice and test them in areas where improvement is required. We will look at ways of providing support to a wider group of people with rehabilitation and self-management support**

*‘Do you agree with commitment 4?’*

Option	Total	Percent
Yes	104	87.39%
No	0	0%
Don't know	12	10.08%
Not Answered	3	2.52%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 116 people responded to this question, with 71 responses being expanded to include comments. Of those, a majority (104) agreed with the commitment on pulmonary rehabilitation. No respondents disagreed with the commitment while 12 did not know. 3 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 11
- Third sector organisations 13
- Private sector companies 7
- General public individuals 85

Overall, the general themes that came out of the responses to this question were: the right to rehabilitation; inequalities and variation in access; self-management and person-centred; technology, and staff and staff training. As seen in the number of ‘yes’ responses there was wide agreement about the importance of access to Pulmonary Rehabilitation (PR). Although nobody disagreed with the commitment, there were a large number of expanded responses offering suggestions as to how this commitment could be strengthened.

### **Breakdown of the most common themes:**

#### **Inequalities and variation in access**

Within the breakdown of keywords, a clear majority of respondents noted concerns over access to and delivery of PR, suggesting ways in which they believe the service and commitment can be strengthened.

The biggest concern raised by respondents to this question was the variation in availability of PR across the country, with some respondents expressing concern that current provision is a “postcode lottery”. It was suggested that mapping current

provision across health boards would give a clearer indication of where the areas with less provision sit; for example, remote or rural areas may have a lack of accessible venues and local services, which disproportionately impact on the hardest-to-reach communities and groups. Concerns were also raised over waiting times for access to PR programs based on locality.

A number of respondents provided suggestions as to how reduce inequalities, with many respondents calling for more options to engage with the respiratory community. Suggestions include flexible delivery of PR courses and groups, including evenings and weekends, to help accommodate those who are employed and may struggle to attend or take time off work to attend courses. An increase in community services was also suggested as a way to reduce waiting list numbers, increase uptake and potentially remove some geographical barriers.

Alternative PR examples were given, including walking groups, exercise programmes, physiotherapy, yoga or singing.

### **Self-management and person-centred**

There was a consensus amongst respondents on the importance of PR to self-management of symptoms, as well as PR plans needing to be person-centred.

### **Technology**

Several responses noted that use of digital technologies could increase uptake and practice of pulmonary rehabilitation amongst people who may otherwise struggle to do so (for example, those with mobility issues or those who live in remote or rural areas).

The use of technology was also highlighted as important given the current situation with Covid-19, encouraging self-management of respiratory conditions and limiting unnecessary travel.

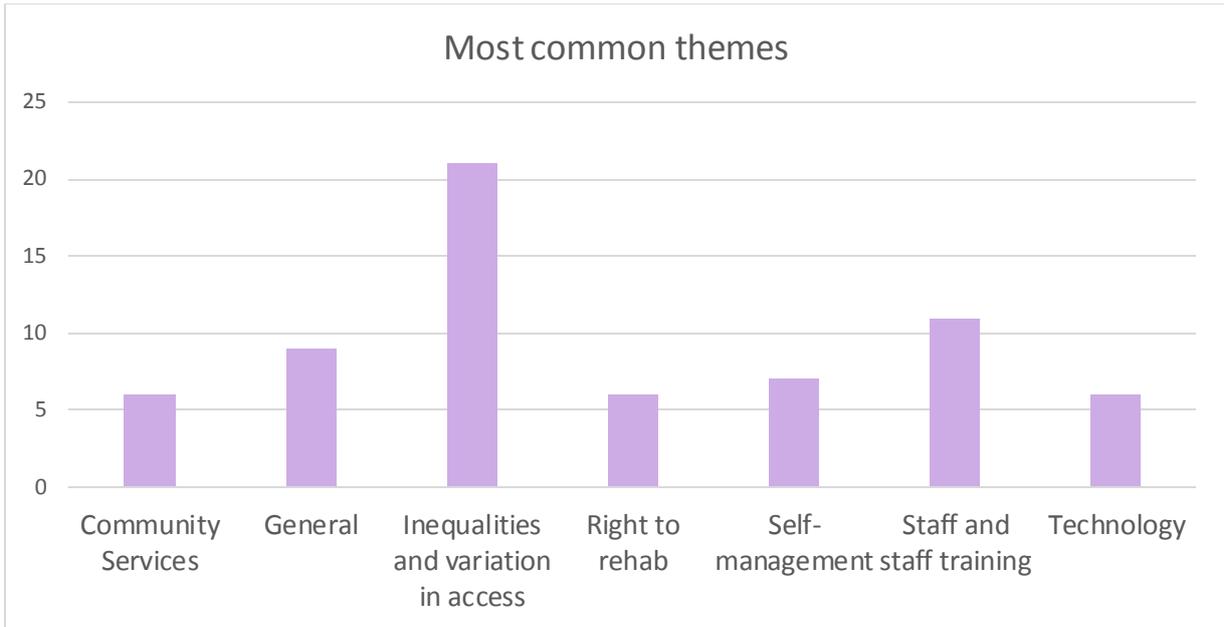
### **Staff and staff training**

The importance of staff was another highly considered area, with respondents highlighting the importance of having appropriately trained staff with accredited qualifications raised. Investment in the development of staff – for example, educating GPs and practice nurses in the benefits of PR – was also seen as important.

There was some concern raised by respondents regarding the lack of reference to the role of Allied Healthcare Professionals, with some suggesting that community pharmacists for example could also be used as a referral source.

### **General**

Several respondents were of the view that this commitment could be more ambitious with clearer links to the commitment on mental health. Clarification was also requested by a number of respondents on what “increased access” means in practice.



A chart showing phrases from the Q4 responses. Inequalities had 21 mentions; technology had 6.



A chart showing phrases from the Q4 responses. Inequalities had 21 mentions; technology had 6.

## Question 5: Mental health support

**Commitment 5 – We will work with NHS Boards, clinicians and third sector to promote good practice and reduce variation in the quality of mental health support access across the Country**

*‘Do you agree with commitment 5?’*

Option	Total	Percent
Yes	97	81.51%
No	7	5.88%
Don't know	9	7.56%
Not Answered	6	5.04%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 113 people responded to this question, with 57 responses being expanded to include comments. Of those, a majority (97) agreed with the commitment on improving mental health support, with a minority (7) disagreeing or not knowing (9). 6 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 9
- Third sector organisations 13
- Private sector companies 7
- General public individuals 84

Overall, the general themes that came out of the responses to this question were: staffing; treatment; Covid-19, and inequalities. As seen in the number of ‘yes’ responses there was wide agreement about the importance of better mental health support, and several responses noted that this is an area that requires improvement.

### **Breakdown of the most common themes:**

#### **Staffing**

Staff was raised in a number of responses, with calls for increased training and upskilling the existing workforce to deliver mental health support more effectively, including online training for health and social care professionals. Other suggestions included an improved referral system to identify those requiring support at the earliest opportunity and integrating care models with mental health specialists in multidisciplinary teams.

#### **Treatment**

A number of responses highlighted treatment, notably pulmonary rehabilitation and how this could help provide mental health support by reducing social isolation, improving confidence and increasing exercise levels.

### **Covid-19**

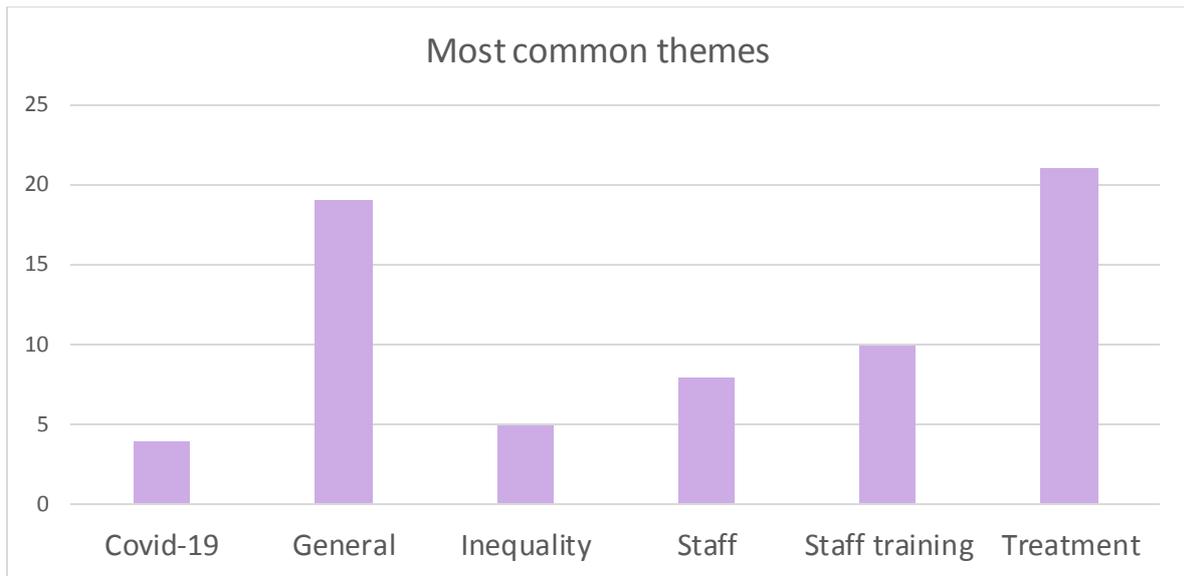
A number of respondents highlighted the effects of the Covid-19 pandemic on people living with respiratory conditions requiring mental health support, linking in with the reduced ability for those affected to access mental health services and the impact of social isolation. It was suggested that investment in remote facilities and utilisation of digital technologies may offer a solution in overcoming the ongoing challenges.

### **Inequality**

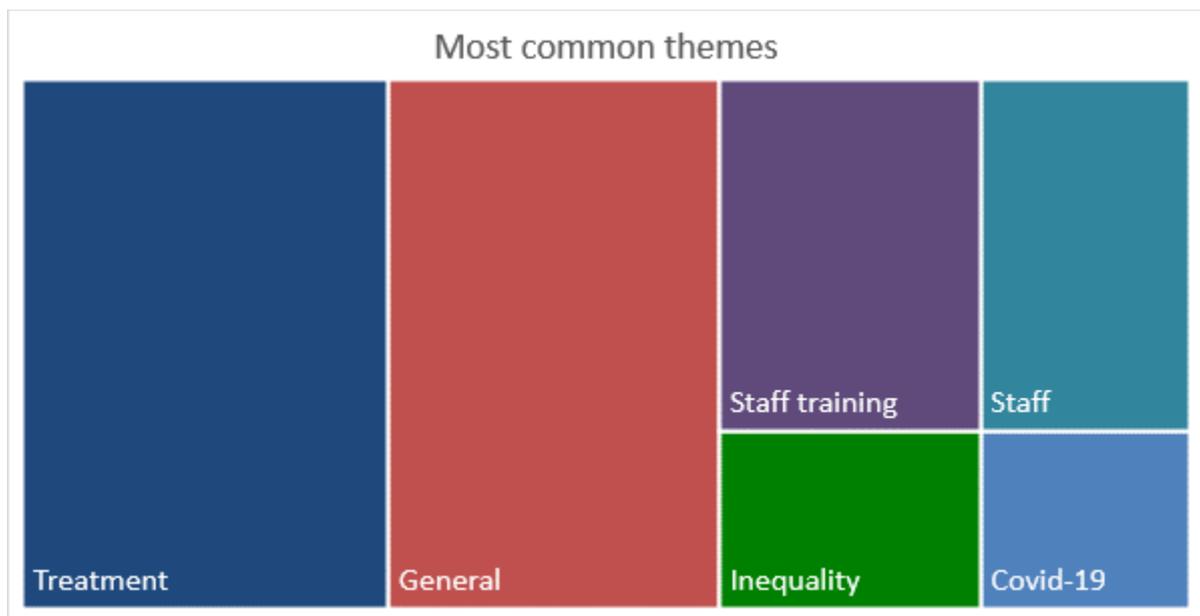
A number of respondents noted unequal access to mental health support, in particular people with respiratory conditions who live in rural areas perhaps having longer waiting lists, fewer local facilities and longer travel times to seek the support they require. As with suggestions for overcoming barriers caused by Covid-19, digital solutions and investment in facilities for those living in hard-to-reach areas was proposed.

### **General**

Some respondents viewed the commitment as too vague, with clarification being sought around why this commitment was included in the Plan and whether it is relevant only to people with respiratory conditions. Questions were also raised around why mental health patients with respiratory conditions were not also considered in the Plan.



A chart showing phrases from the Q5 responses. Treatment had 21 mentions; Covid-19 had 4.



A chart showing phrases from the Q5 responses. Treatment had 21 mentions; Covid-19 had 4.

## Question 6: Transition from child and young people services to adult services

**Commitment 6 – We will work with key partners to develop policies and procedures for a good transition from children and young people services to adult services for asthma**

***‘Do you agree with commitment 6?’***

Option	Total	Percent
Yes	98	82.35%
No	2	1.68%
Don't know	13	10.92%
Not Answered	6	5.04%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 113 people responded to this question, with 38 responses being expanded to include comments. Of those, a majority (98) agreed with the commitment on improving the transition from child and young people services to adult services, with a minority (2) disagreeing or not knowing (13). 6 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 10
- Third sector organisations 13
- Private sector companies 7
- General public individuals 83

Overall, the general themes that came out of the responses to this question were: communication between care settings; data and technology, and patient centred care. As seen in the number of ‘yes’ responses there was wide agreement about the importance of an improved transition from young people services to adult services, with several respondents noting that this is an area that requires improvement.

### **Breakdown of the most common themes:**

#### **Communication between care settings**

Several respondents were of the view that clear communication between the relevant services is vital to ensuring a smooth transfer, limiting delay or missing information which could adversely affect people living with respiratory conditions. This is particularly important, it was noted, for patients with other more complex considerations.

#### **Data and technology**

Of the respondents that commented on this issue, it was noted that the use of data could play a key role in improving the transition and management of the condition. At a clinical level, there were responses requesting that paper notes be phased out and

a move towards a paperless system to assist with and speed up the transition by preventing delay or loss of files.

For the benefit of people living with respiratory conditions, there were recommendations from respondents regarding the use of technology such as NHS 'Near Me' video consulting, which may be particularly beneficial for those living in remote areas of the country.

### **Patient centred care**

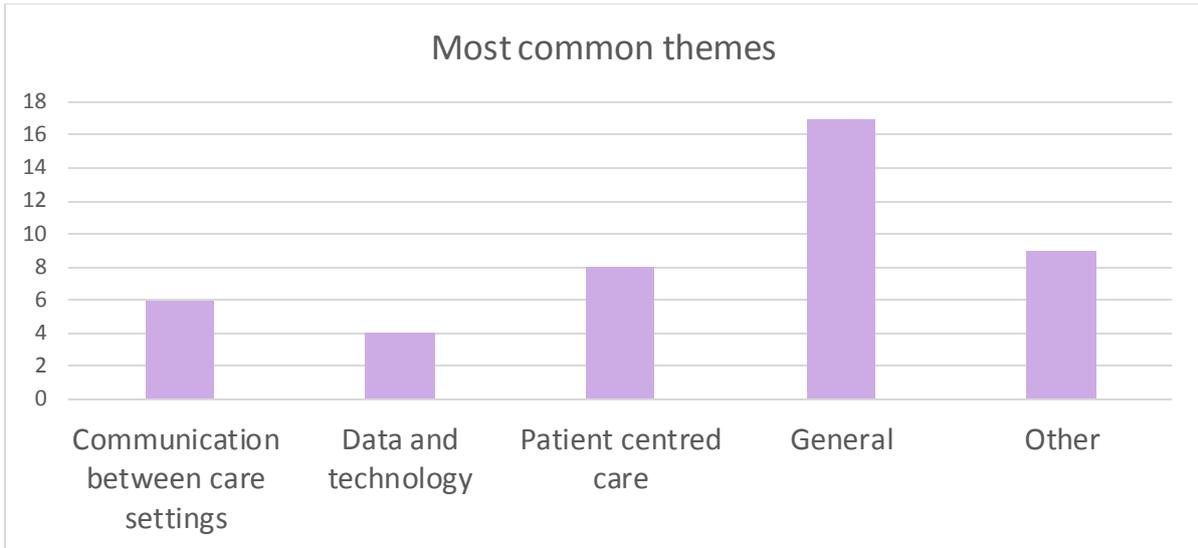
Respondents emphasised the need for appropriate conversations to prepare children and their families for the changes they may experience in the move to adult services.

Comments stressed the topic of physical and mental well-being prior to transition, and the importance of promoting on-going self-management into adulthood. It was noted that self-management in adults can decline once they have left children's services, and that more regular check-ups with Healthcare Professionals may help. It was suggested that community pharmacy could also play an important role in liaising with GPs to support young adults managing their asthma.

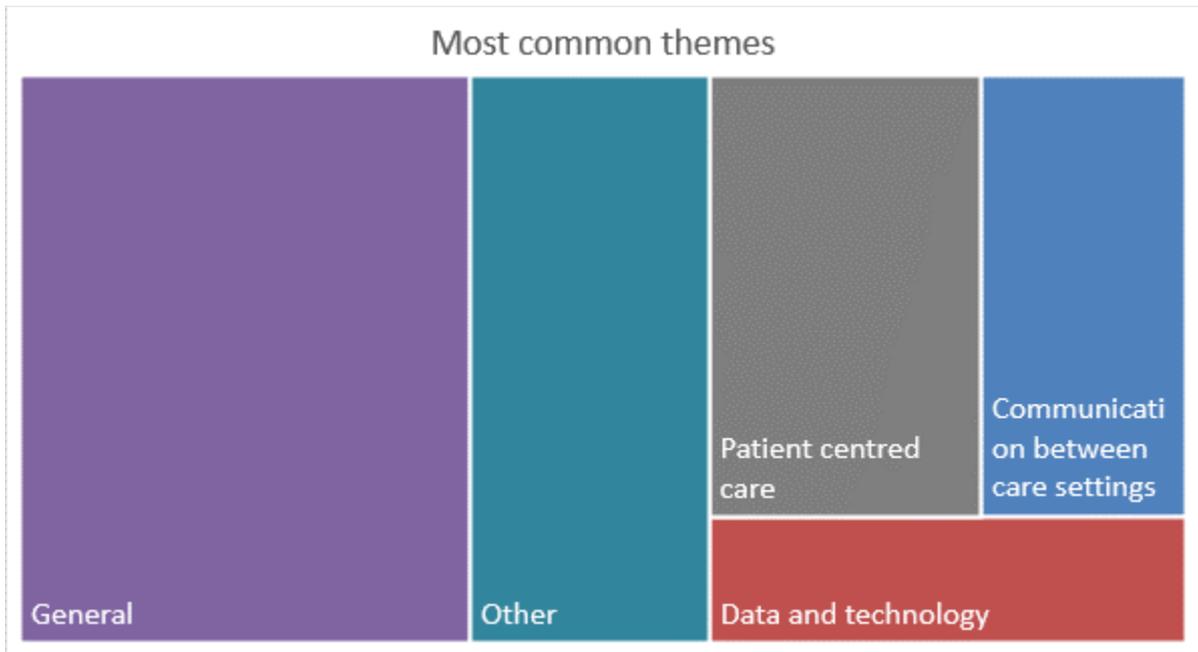
Some respondents suggested there was inadequate consideration given to the effect of puberty on a young person's physical and mental health, before and during the transition to adult services.

### **General**

Some respondents were of the view that the commitment was not clear enough and needed strengthened, asking for further clarification on what a good transition would look like. Other responses called for the commitment to be extended to all respiratory conditions.



A chart showing phrases from the Q6 responses. General (about the commitment) had 17 mentions; data had 4.



A chart showing phrases from the Q6 responses. General (about the commitment) had 17 mentions; data had 4.

## Question 7: Palliative care

**Commitment 7 – We will work with NHS boards, clinicians and the third sector to reduce inconsistencies in the provision of best practice palliative care for people with a lung condition as they near the end of life**

*‘Do you agree with commitment 7?’*

Option	Total	Percent
Yes	103	86.55%
No	4	3.36%
Don't know	7	5.88%
Not Answered	5	4.20%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 114 people responded to this question, with 39 responses being expanded to include comments. Of those, a majority (103) agreed with the commitment on palliative care, with a minority (4) disagreeing or not knowing (7). 5 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 10
- Third sector organisations 14
- Private sector companies 7
- General public individuals 83

Overall, the general themes that came out of the responses to this question were: inequalities in access; patient pathway; person-centred care; communication between care settings; anticipatory care planning, and staffing and training.

As seen in the number of ‘yes’ responses there was wide agreement about the importance of palliative care, and several responses noted that it is currently an area that needs improvement and improved access, especially when compared to palliative care experienced by cancer patients. A number of the expanded responses noted that this section links into other areas of the Plan, particularly early and correct diagnosis, mental health and workforce.

### **Breakdown of the most common themes:**

#### **Inequalities**

Inequalities and the variation of access to palliative care across Scotland was raised by respondents. It was generally agreed that palliative care must be made available to all, and the need for local health boards to follow best practice.

#### **Pathway**

When discussing palliative care, respondents noted that health boards, clinicians and where relevant the third sector need clear respiratory care pathways to provide consistent care. Whilst end of life care is very important, people with respiratory

conditions would benefit from accessing palliative care at any stage of their journey and the Plan should reflect this.

There were also mixed responses around the role of the third sector in palliative care, with some respondents of the view that it would be a good thing, others expressing concern around governance and accountability.

### **Person-centred care**

It was generally agreed by respondents that the importance of person-centred care could not be over-estimated; identifying what matters most to people with respiratory conditions is a fundamental right and empowers everyone to ensure that appropriate support is aligned with the wishes of the patient and their family. It was suggested by some respondents that a holistic needs assessment for all terminal patients with respiratory conditions, as well as those with life-limiting conditions, as early as possible would ensure the right long-term support.

### **Communication between care settings**

Communication between care services and with people with respiratory conditions was another area which the majority of respondents commented on. It was clear from many of the responses that the patient's wishes needed to be made available to everyone involved in their care to ensure appropriate support.

### **Anticipatory care plans**

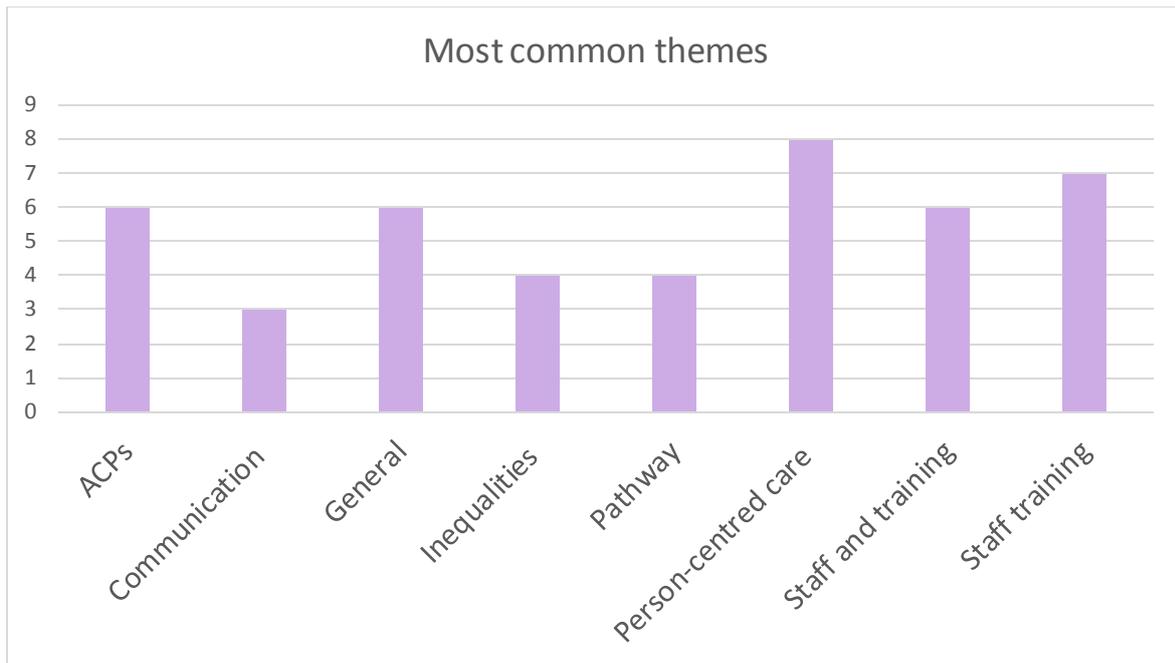
There were mixed views from respondents on how early an anticipatory care plan (ACP) should be discussed; with some responses noting that introducing it too early could have a negative effect on a person's wellbeing and others noting that they should be introduced as early as possible in the patient's journey, either after a diagnosis has been made or at any point during their journey.

### **Staff and training**

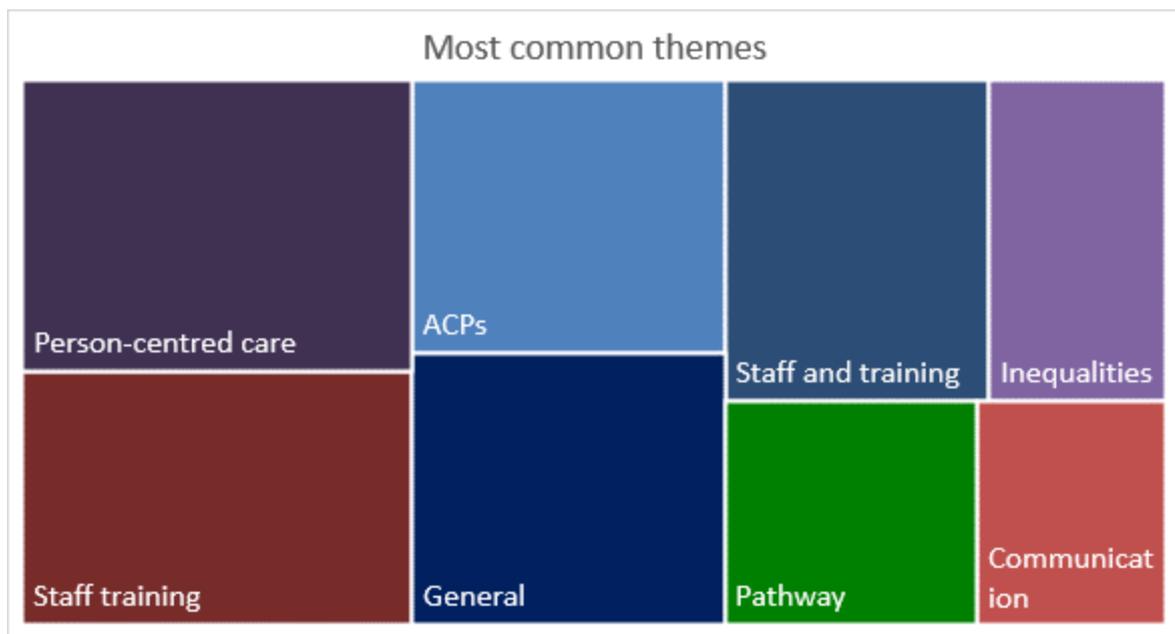
There was an awareness that this subject requires training for staff, especially if it allows local delivery, and education for people with respiratory conditions, their carers and families. There were calls for dedicated palliative care teams in two responses and – as part of a general theme across the consultation responses – there were multiple calls for recognition of the role of pharmacists in end of life care.

### **General**

Several respondents noted the need to expand this commitment or further define the approach to be taken. There were calls to expand the commitment to include Allied Healthcare Professionals, and to consider adding a specific mention of breathlessness support services.



A chart showing phrases from the Q7 responses. Person-centred care had 8 mentions; communications had 3.



A chart showing phrases from the Q7 responses. Person-centred care had 8 mentions; communications had 3.

## Question 8 – Person-centred and self-management

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- **Commitment 8 – We will provide tools, and information for people with lung conditions to support effective self-management practices by:**
  - working with NHS Inform, and stakeholders across the Respiratory Community to improve the range of information available on respiratory conditions;
  - supporting further development of a local Information System for Scotland (ALISS) as a national resource for sign-posting people with respiratory conditions to care and support;
  - supporting health literacy to ensure that people have the knowledge, skills, understanding and confidence to use health information, to be active partners in their care, and to navigate health and social care systems;
  - working with partners to increase access to community-based support for an effective
- **Commitment 9 – Support innovative technologies to enable people to be actively involved in their respiratory health**
- **Commitment 10 – Support unpaid carers accessing appropriate information and support their health and wellbeing**

*'Do you agree with commitments 8, 9 and 10?'*

Option	Total	Percent
Yes	102	85.71%
No	2	1.68%
Don't know	7	5.88%
Not Answered	8	6.72%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 111 people responded to this question, with 50 responses being expanded to include comments. Of those, a majority (102) agreed with the commitments on person-centred and self-management, with a minority (2) disagreeing or not knowing (7). 8 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 7
- Third sector organisations 12
- Private sector companies 7
- General public individuals 85

Overall, as seen in the number of 'yes' responses there was wide agreement for the need to have appropriate support available to enable people to self-manage their condition. The general themes that came out of the responses were: anticipatory care planning; digital; treatment; staff, services and training; education; carers; and inequalities.

### **Breakdown of the most common themes:**

#### **Anticipatory care planning**

In total, several respondents commented on Anticipatory Care Planning (ACP), citing the importance which this plays in self-management and the importance of having this discussion as early in the process as possible.

Other common themes around ACP included the need for an increased awareness of the discussion, recognition that these discussions are often difficult and if not handled appropriately, can lead to adverse outcomes for people with respiratory conditions and their families.

There was wide agreement that ACP should be taking place, with some calling for specific targets to be included in the Plan. The role of realistic medicine was mentioned, and the importance of shared decision-making.

#### **Digital**

A number of respondents emphasised the role in which smart technology has as a method of supporting self-management.

It was suggested by some respondents that promoting the use of technology could help to improve access to online education and quality assured and trusted information. The benefits of innovations such as smart watches and mobile phone applications were highlighted as a means of accessing information as well as other educational packages.

Respondents were of the view that Commitment 9 required expansion and clarification, and overall the majority of responses were positive about the inclusion of technology.

#### **Treatment**

While this is reflected in a separate commitment, pulmonary rehabilitation was recommended as a possible solution to help people with respiratory conditions manage their condition for both physical and mental benefits.

#### **Staff, services & training**

Several respondents mentioned the role in which staff can support patients with respiratory conditions. It was suggested that additional resources are required to provide an appropriate level of support for people with respiratory conditions in the form of extra expenditure for staff recruitment and training.

Others noted the importance of Allied Healthcare Professionals, stating that they are vital to patients with respiratory conditions self-managing their condition effectively and should be given a more prominent role in the Plan.

## **Education**

A number of respondents highlighted the importance of education as a means to improving self-management, with an emphasis on providing quality assured sources of information to be available to those living with respiratory conditions. It was noted that an improved knowledge of health conditions could be empowering for people with respiratory conditions and assist in their care.

The importance of educational packages was also raised, noting that health literacy in particular must be carefully considered during development in order to ensure the relevant information is comprehensible for those needing to access it.

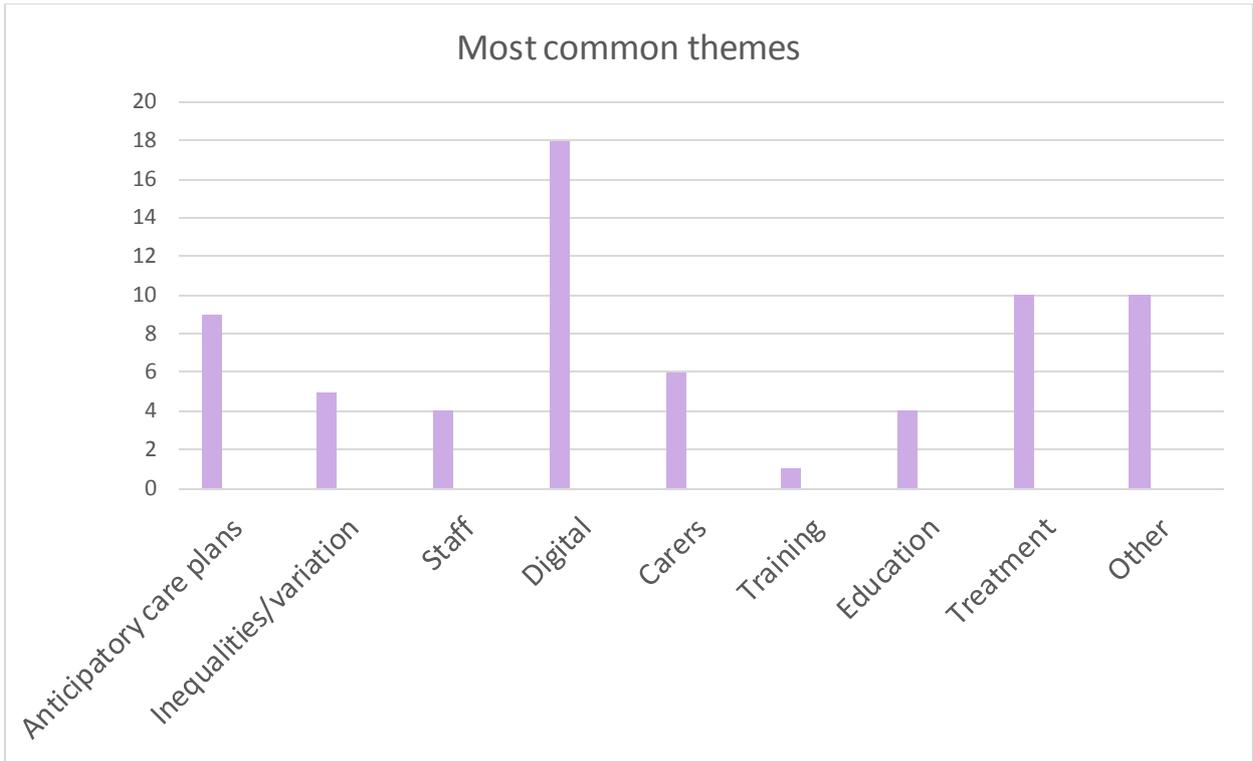
## **Carers**

It was noted by respondents that Commitment 10 as currently worded, is not clear. Clarification is required to ensure that the commitment makes clear that the intention is to provide support for carers accessing appropriate information as well as for those already receiving the information.

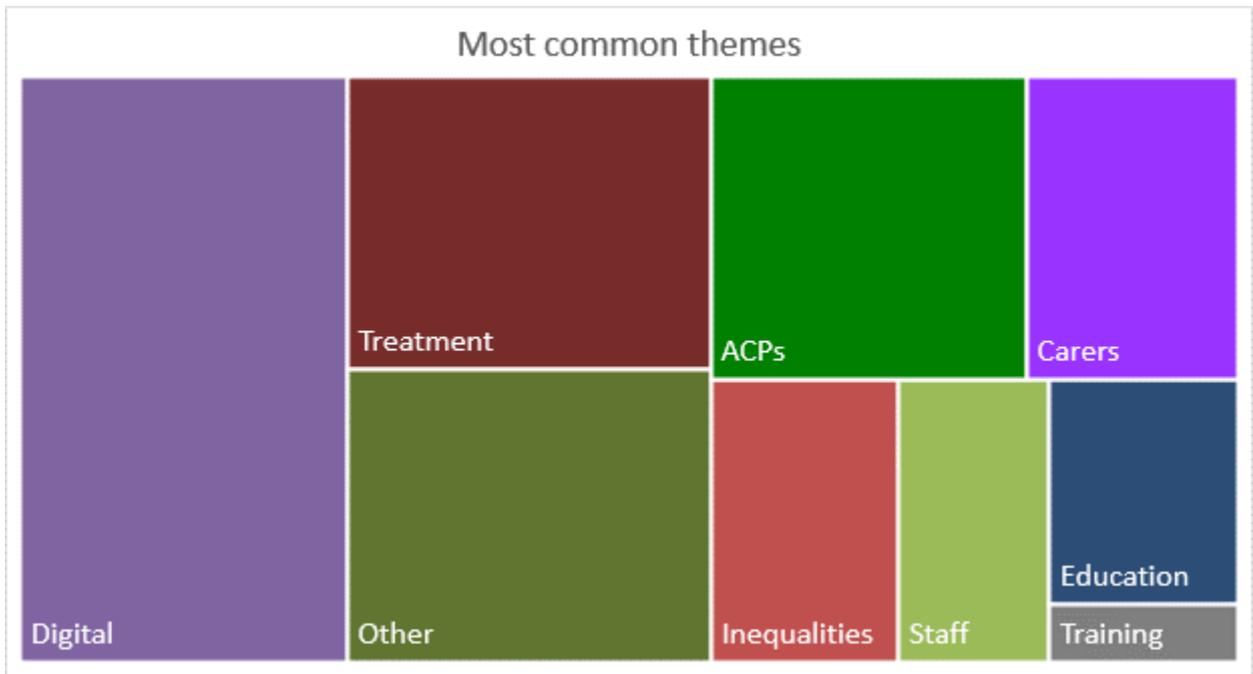
## **Inequalities/variation**

There were comments from respondents about differing levels of engagement in self-management, with suggestions that those struggling to self-manage require more timely access to healthcare professionals and peer support within their local communities.

Other comments reflected the use of technology included the encouragement of NHS Near Me, particularly to support those living in remote areas to attend appointments virtually.



A chart showing phrases from the Q8 responses. Data and technology had 18 mentions; training had 1.



A chart showing phrases from the Q8 responses. Data and technology had 18 mentions; training had 1.

## Question 9: Equal access

**Commitment 11 – We will work with the Scottish Atlas of Variation Group to explore developing an Atlas on respiratory conditions**

*‘Do you agree with commitment 11?’*

Option	Total	Percent
Yes	100	84.03%
No	3	2.52%
Don't know	9	7.56%
Not Answered	7	5.88%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 112 people responded to this question, with 40 responses being expanded to include comments. Of those, a majority (100) agreed with the commitment on equal access, with a minority (3) disagreeing or not knowing (9). 7 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 9
- Third sector organisations 12
- Private sector companies 7
- General public individuals 84

Overall, the general themes that came out of the responses to this question were: inequalities/variation in access; technology and data; diagnostics and treatment, and; funding. As seen in the number of ‘yes’ responses there was wide agreement about the importance of equal access, and several responses noted that this is an area that requires improvement.

### **Breakdown of the most common themes:**

#### **Inequalities**

As shown in the breakdown of the most common themes and issues, a majority of responses to this question cited various concerns over existing inequalities. A number of responses called for improved access to clinically appropriate health care regardless of where they live, stating the current system remains a “postcode lottery” which disproportionately impacts on the most rural communities in Scotland. The issue of social deprivation was also mentioned in respect of health inequalities.

#### **Technology and data**

It was suggested by some respondents that improved online resources could be used as a means of helping reach those living in remote or rural areas; online shared learning and resources for both clinicians and people with respiratory conditions would help bridge the existing gap.

With regards to the Atlas of Variation, respondents noted the data opportunities to target resources where needed. For example, it was suggested that the Atlas be

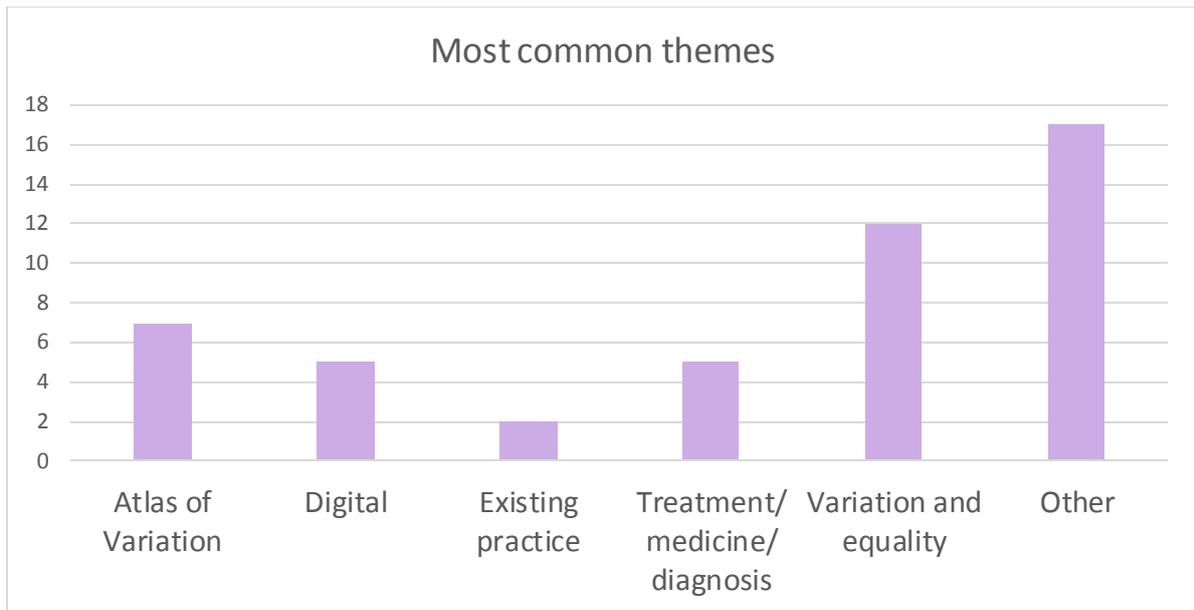
expanded to include measures for respiratory conditions such as poorly controlled and severe asthma, as well as including the incidence and prevalence of these conditions to assist in targeting the most vulnerable groups. Expansion of data to include homelessness was mentioned to ensure the hardest-to-reach individuals are not excluded from equal access, as well as the possibility of a commitment to equal care for minority communities such as LGBT+ and BAME groups.

### **Diagnostics and treatment**

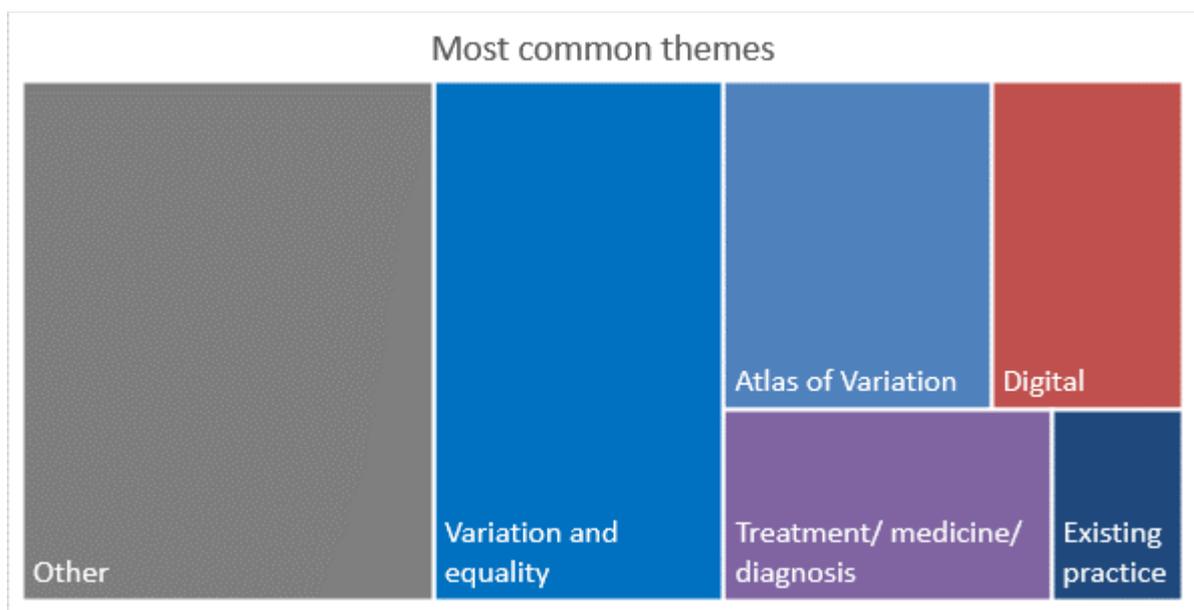
As elsewhere in this analysis, the issue of variation in diagnostics was raised and it was hoped by some respondents that an Atlas of Variation would allow for concentrated resources in more deprived areas, perhaps increasing the use of community settings where needed.

### **Funding**

There was concern around funding for any resource gaps identified within an atlas.



A chart showing phrases from the Q9 responses. Variation had 12 mentions; existing practice had 2.



A chart showing phrases from the Q9 responses. Variation had 12 mentions; existing practice had 2.

## Question 10: Data

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**Commitment 12 – We will work with NHS Information Services Division and others to:**

- understand the gaps in prevalence, and how best to improve the data;
- enhance capture of already routine collected data;
- further develop systems and processes that support service planning and workforce development based on this information;
- explore the feasibility of developing a national reporting framework that includes key performance indicators for respiratory care and support and measures improvements in care and support

*‘Do you agree with commitment 12?’*

Option	Total	Percent
Yes	100	84.03%
No	0	0%
Don't know	11	9.24%
Not Answered	8	6.72%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 111 people responded to this question, with 33 responses being expanded to include comments. The responses to this question were overwhelmingly in favour of the commitment, with a majority (100) agreeing on the importance of capturing data. There were no responses that disagreed with the commitment, however it should be noted that 11 respondents felt that they could not answer the question. In terms of respondent breakdown:

- NHS (boards and organisations) 9
- Third sector organisations 15
- Private sector companies 6
- General public individuals 81

There were several themes that came out of the responses to this question, in particular: the need for sharing patient notes between primary and secondary care; the need for better, more accurate collection of data and the need for a national performance framework for data. Aspects of this commitment feed into other areas of the Plan, particularly communication between services.

### **Breakdown of the most common themes:**

#### **Current data usage**

A general comment from respondents was around current data collection and how it is used to improve service delivery as well as to support patient outcomes. Respondents were also keen to understand what is currently collected by Information Services Division (ISD) and others.

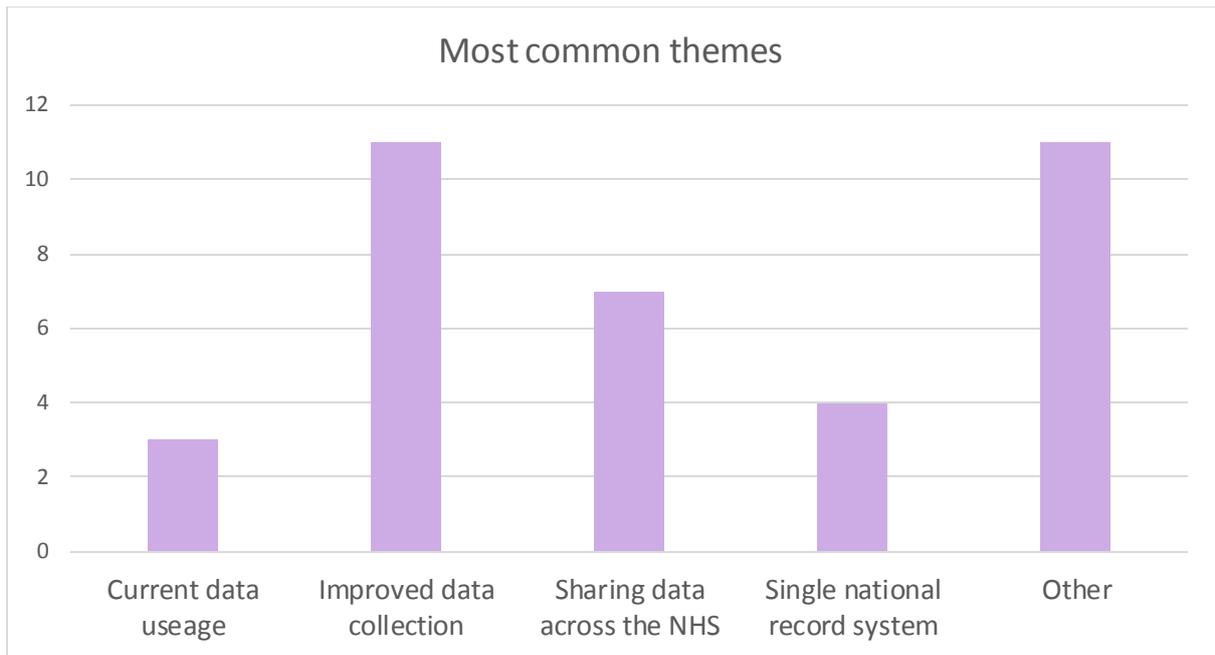
### **Improved data collection**

There was broad consensus that data collection must be robust, accurate and meaningful. Staff must also be able to access it easily to enable interpretation. Depending on the format, collected data could be used to show variation and inequality within a small area, in a similar way to the atlas of variation.

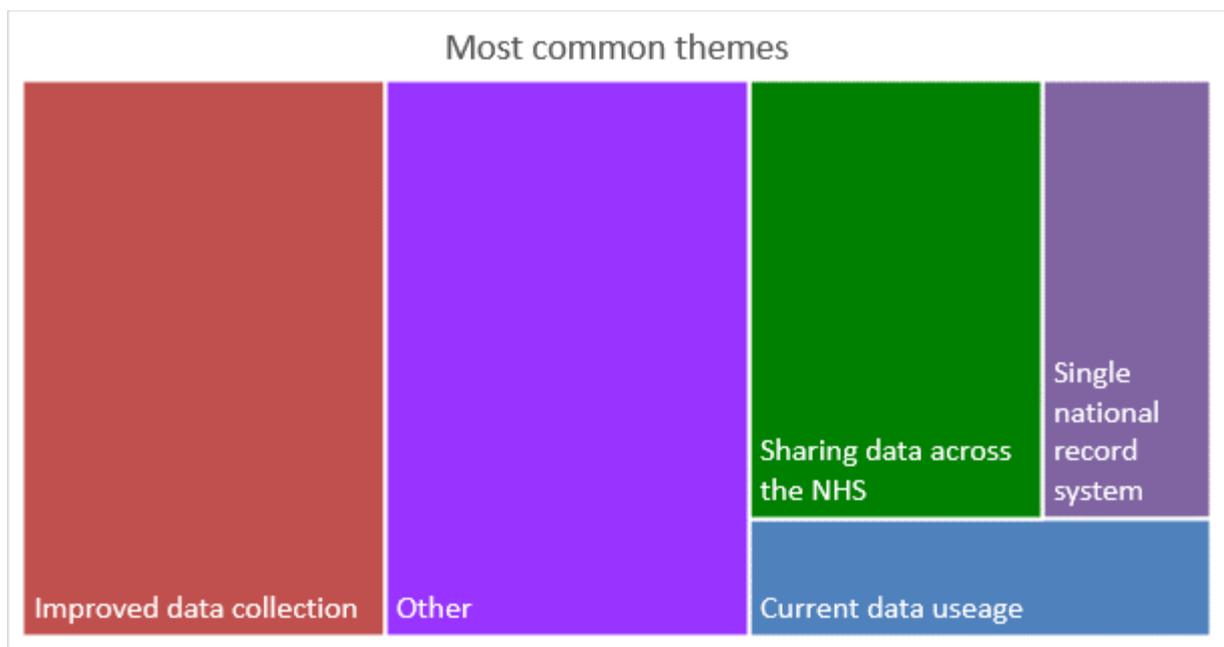
### **Sharing data across the NHS**

One of the biggest themes in the expanded responses was the need for patients notes to be available between both primary and secondary care. It was noted that this is not currently possible, and that the various IT systems in use across Scotland must be linked up or one national system to be developed to ensure clinicians have all the information they need throughout a patient's journey.

There were mixed views on sharing data with the third sector, with responses noting either that the third sector could use information to assist with patient care, or concerns about the governance and confidentiality of data given as part of outsourced services.



A chart showing phrases from the Q10 responses. Data collection had 11 mentions; data usage had 3.



A chart showing phrases from the Q10 responses. Data collection had 11 mentions; data usage had 3.

## Question 11: Workforce

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**Commitment 13 – We will support a programme of innovation and the development of a phased approach to implementation where emerging evidence supports changing models of workforce, such as testing new roles of Advanced Practice for nurses**

*‘Do you agree with commitment 13?’*

Option	Total	Percent
Yes	93	78.15%
No	6	5.04%
Don't know	14	11.76%
Not Answered	6	5.04%
<b>Total</b>	<b>119</b>	<b>100%</b>

A total of 113 people responded to this question, with 50 responses being expanded to include comments. Of the people who responded, 93 agreed with the commitment, 14 were unsure and 6 disagreed. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 10
- Third sector organisations 13
- Private sector companies 7
- General public individuals 83

Overall, the general themes that came out of the responses to this question were: role of Allied Healthcare Professionals (AHPs); additional responsibility for staff; multidisciplinary teams; general workplace concerns; training for staff; clinical leads; and data.

### **Breakdown of the most common themes:**

#### **Allied Healthcare Professionals**

There was significant overlap in comments between question 11 and 12, with reoccurring themes in both. In particular, there was concern that AHPs were not considered part of the main workforce. 26 respondents stated that AHPs should be included within this section. Several comments were made about the role that AHPs have in multi-disciplinary teams and suggestions of AHP-led respiratory teams caring for people in primary care settings.

For some, the lack of inclusion of AHPs was confusing given the commitment on the importance of Pulmonary Rehabilitation. Respondents provided examples of AHPs providing vital services, such as; dieticians supporting people with respiratory conditions to remain healthy and respiratory physiotherapists encouraging self-management throughout a patient’s journey. Others suggested advanced roles for pharmacists working with GPs in care homes and in rural areas. In some areas

pharmacists are already providing respiratory clinics, which supports medical sustainability.

### **Additional responsibility for staff**

Additional responsibility for staff was the second largest issue of those who expanded their responses to this question – both for nurses and AHPs. The role of specialist nurses such as Advanced Nurse Practitioners (ANPs) was highlighted, with comments suggesting a respiratory ANP in every GP surgery. It was felt by some respondents that there is currently a shortage in the number of ANPs across Scotland, although other respondents provided a more cautious response, noting that upscaling nurses may cause issues elsewhere.

It was felt by some that specialist nurses could support clinicians with specialist interests, with increased training of specific conditions for student nurses, or nurses specialising in combined clinical areas. Specialist training for AHPs and Pharmacists was also suggested.

### **Multi-disciplinary teams**

In addition to Allied Healthcare Professionals and additional responsibility for staff, Multi-Disciplinary Teams (MDTs) were also discussed. It was considered by some respondents that the role and development of MDTs should be included in the commitment as patient treatment and care includes staff from across the healthcare spectrum.

### **General workforce**

There were a number of general workforce comments made by respondents, which varied in subject. The current workforce situation was noted, with an acknowledgement that the oncoming workforce issues caused by an ageing workforce need to be addressed. Funding of posts was suggested to support boards to create more sustainable services.

### **Staff training**

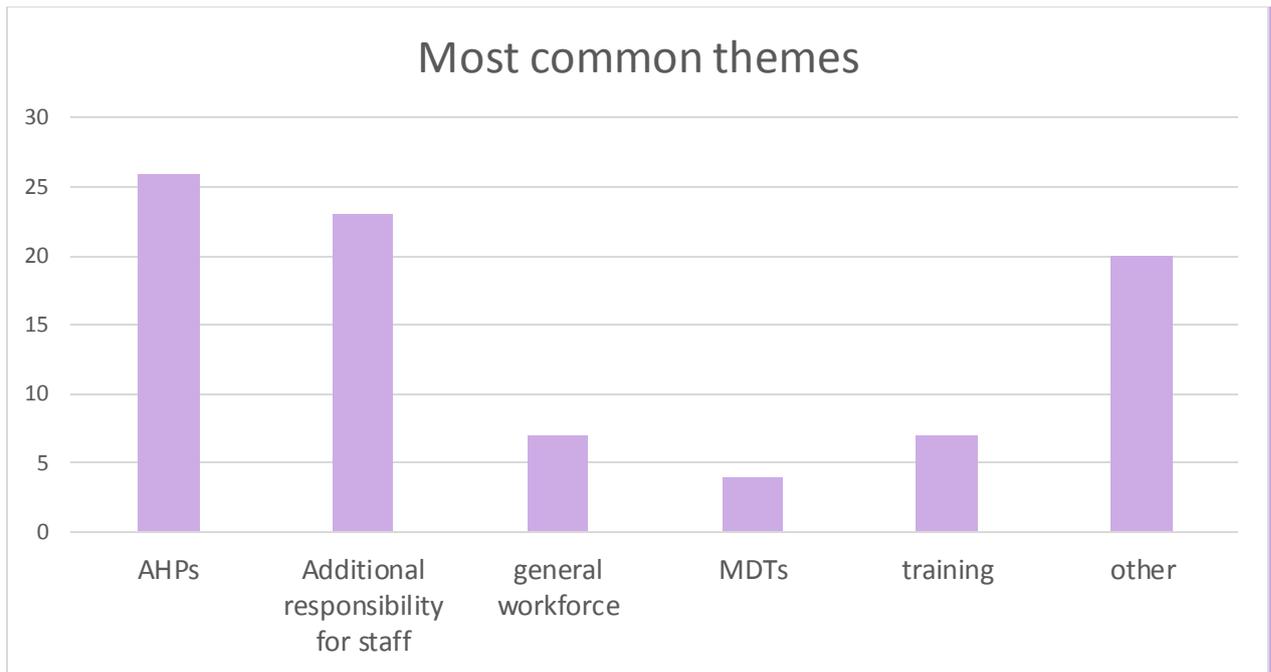
Training was an area respondents considered important. Suggestions were made to incorporate continuous protected training time into roles.

### **Data**

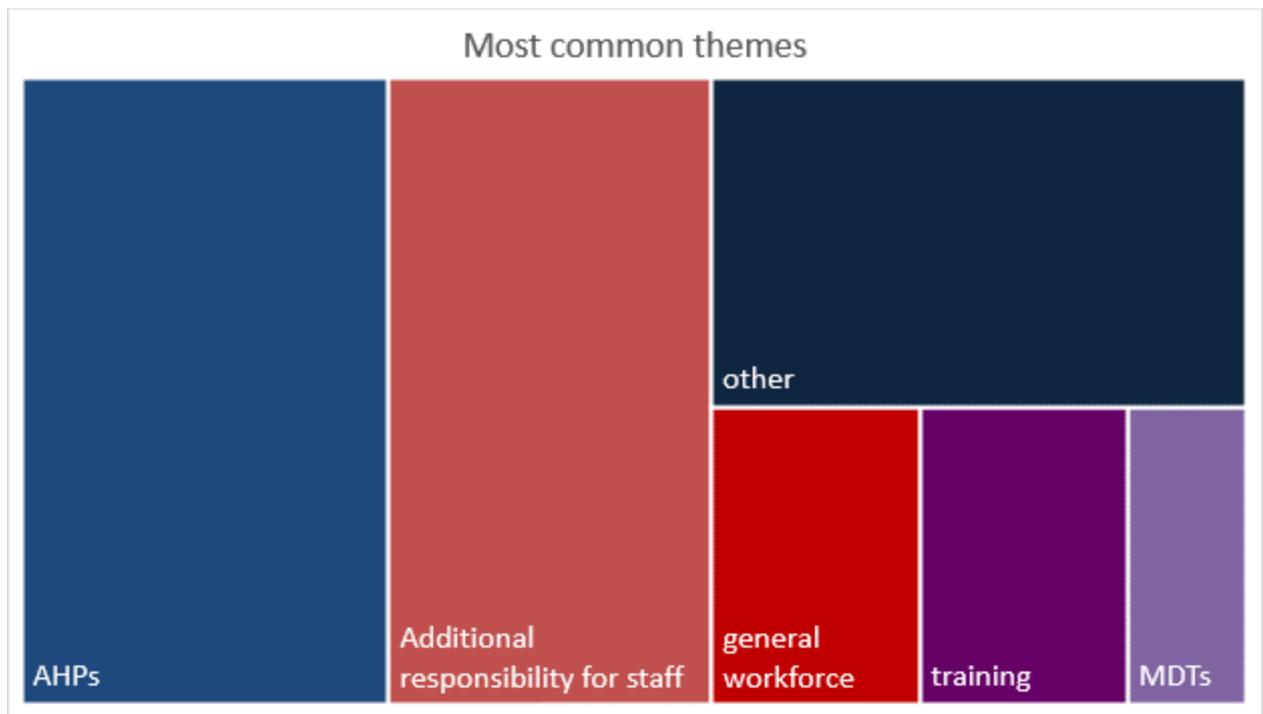
The responses to this question had some overlap with the data commitment responses; particularly around the lack of integrated systems across health and social care. There was support for the use of new technology, including around the potential of smart spirometers at home on an app.

### **General**

There were multiple responses which expressed concern at the wording of the commitment, with several noting that it needs clarification. It was also viewed by some respondents that the wording could be stronger and more specific, with added targets. Several respondents perceived that the commitment focused on nurses; clarification will be needed.



A chart showing phrases from the Q11 responses. AHPs had 26 mentions; MDTs had 4.



A chart showing phrases from the Q11 responses. AHPs had 26 mentions; MDTs had 4.

## Question 12: Wider workforce

- **Commitment 14 – We will work with stakeholders, in the context of the work taking place under the National Health and Social Care Workforce Plan, to explore how best to further support the development of appropriate expertise in the health and social care and support workforce for those working with people with respiratory conditions**
- **Commitment 15 – We will discuss a national or regional approach to workforce planning with stakeholders, to test the extension of existing workforce planning tools and their application to the wider respiratory workforce in Integration Authorities and NHS Boards**

*‘Do you agree with commitments 14 and 15?’*

Option	Total	Percent
Yes	99	83.19%
No	0	0%
Don't know	13	10.92%
Not Answered	7	5.88%
<b>Total</b>	<b>119</b>	<b>100</b>

A total of 112 people responded to this question, with a majority (99) agreeing with the commitments and a small number not knowing (13). None of the respondents indicated above that they disagreed with the commitment, although a number of the 27 expanded responses noted concerns. To further breakdown those who responded to this question:

- NHS (boards and organisations) 9
- Third sector organisations 13
- Private sector companies 7
- General public individuals 83

Overall, the general themes from responses to this question were: workforce planning; staff training needs and funding. There was broad agreement around the importance of the wider workforce and a number of requests for the commitment to be expanded to include other Allied Healthcare Professionals.

### Breakdown of the most common themes:

#### Workforce planning

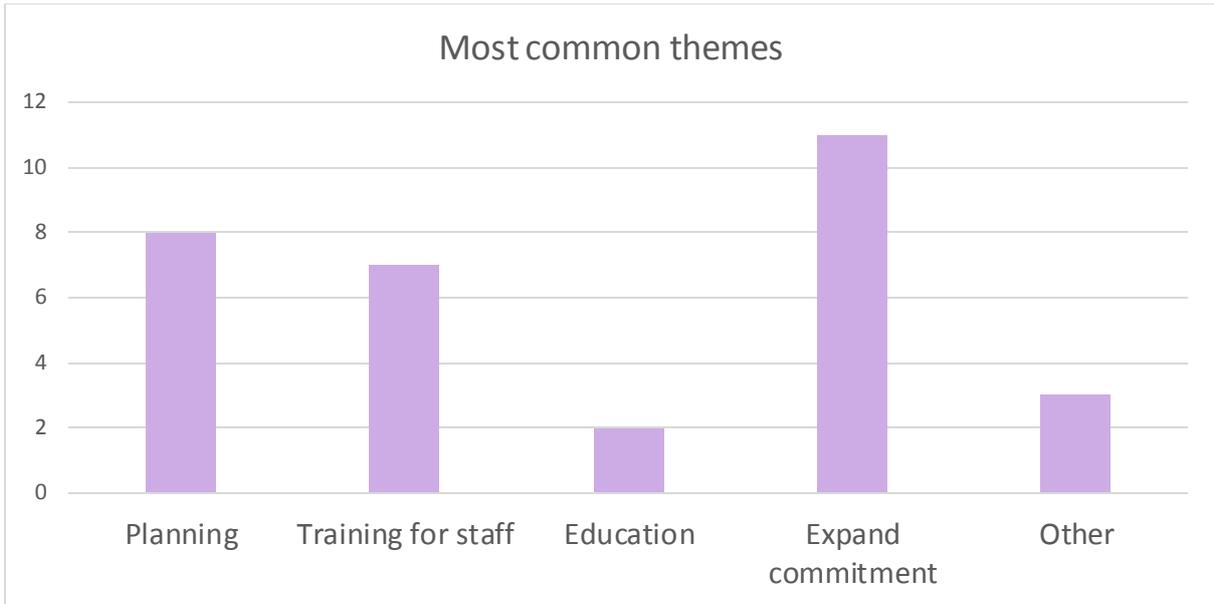
One of the main themes that ran through the expanded comments was the importance of workforce planning. There was agreement amongst the responses that succession planning should be widened across disciplines to include Allied Healthcare Professionals and pharmacists, with some suggesting that the third sector should also be included. The need for equity at national and regional levels was also mentioned.

### **Training for staff**

Education for staff was another area that came out strongly in the responses. Some noted that all AHPs should have a baseline level of respiratory knowledge. The need for appropriately trained staff across health and social care appeared multiple times.

### **General**

A number of respondents commented on the definition of workforce within the Plan, stating that the definition should be expanded to include the role of Allied Healthcare Professionals, pharmacists and social care workers. The third sector was also suggested as an addition.



A chart showing phrases from the Q12 responses. Expanding the commitment had 11 mentions; education had 2.



A chart showing phrases from the Q12 responses. Expanding the commitment had 11 mentions; education had 2.

## Question 13: Impact assessment

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*‘Do you think there are particular impacts or implications for any equalities groups from any of the commitments in this consultation, either positive or negative?’*

Option	Total	Percent
Yes	36	30.25%
No	33	27.73%
Don't know	43	36.13%
Not Answered	7	5.88%
<b>Total</b>	<b>119</b>	<b>100%</b>

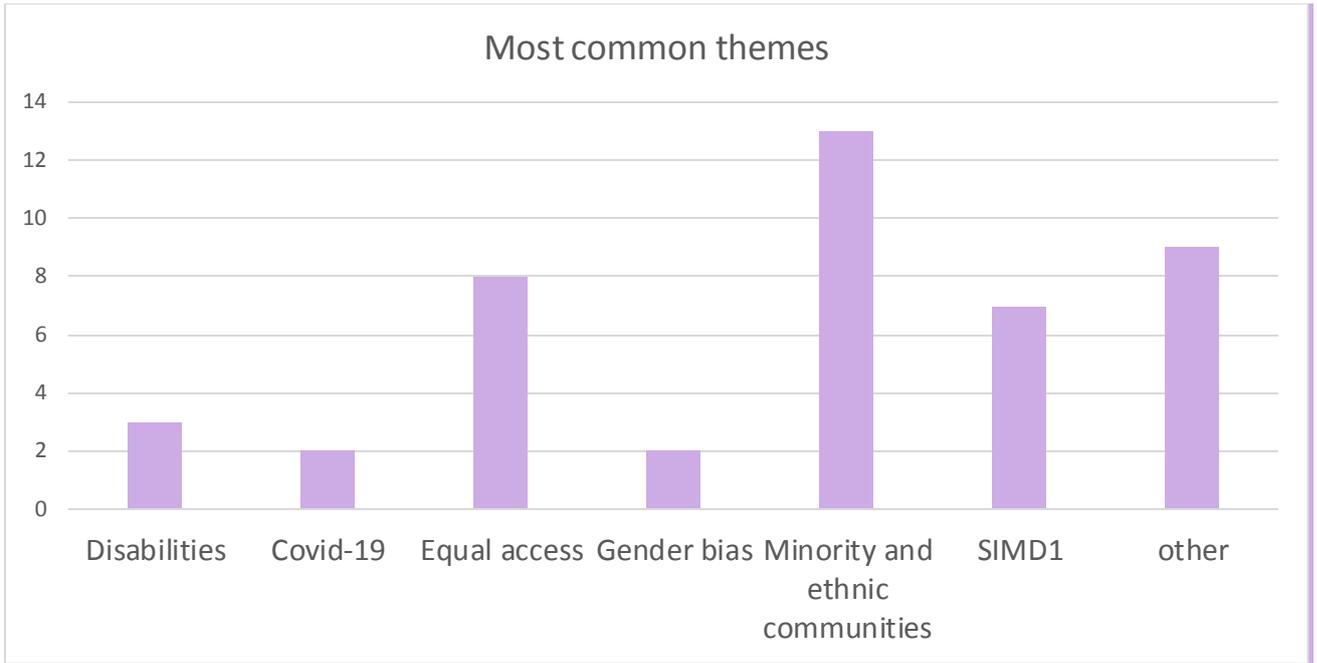
A total of 112 people responded to this question, with a relatively even split between yes (36) and no (33) and a large number of respondents (43) being unsure. 7 people did not answer the question. To further breakdown the figures of those who responded:

- NHS (boards and organisations) 11
- Third sector organisations 12
- Private sector companies 7
- General public individuals 82

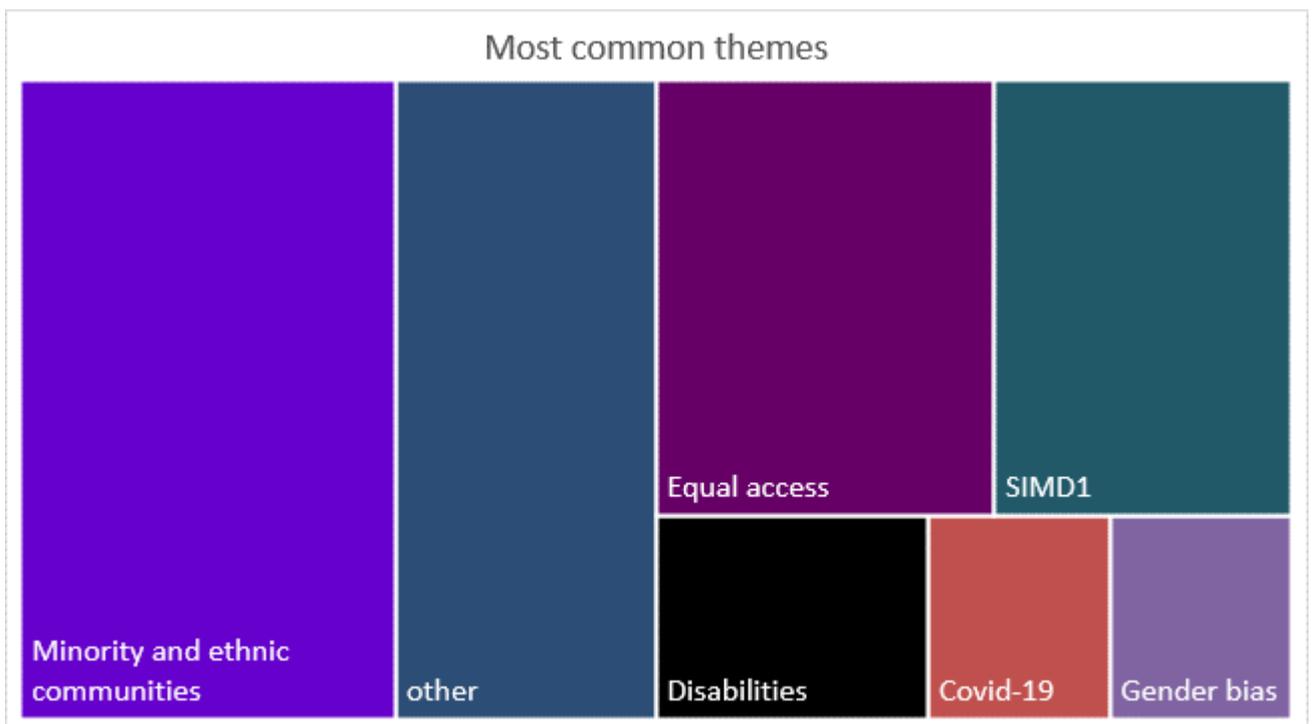
35 responses were expanded to include comments, with overwhelming acknowledgement of the importance of inclusivity. The responses to Question 13 will be used to inform the equality impact assessment within the final Respiratory Care Action Plan.

There was considerable overlap between the expanded views of those who answered ‘yes’ and those who answered ‘don’t know’; although it should be noted that despite the number of people who answered the latter, there were only 10 expanded responses. For those respondents who answered ‘yes,’ the common themes included questions around equal access to care, inclusivity, and how to break down language barriers. The use of technology to reach those in rural areas, or to allow for translation for non-English speakers was also mentioned. Regarding inclusivity, questions were asked around how the Plan would reach or benefit those with disabilities, minority or ethnic groups or the homeless.

Those responding ‘don’t know,’ raised concerns around reaching people in remote and rural areas, people from socially deprived areas, people with lower educational status, people experiencing homelessness, and people in prison. Others suggested further support was needed on health literacy to ensure people understood the terminology used to explain their condition. Clarification on ongoing work was requested, as was consideration of the legacy of Covid-19.



A chart showing phrases from the Q13 responses. Minority communities had 13 mentions; gender bias had 2.



A chart showing phrases from the Q13 responses. Minority and ethnic communities had 13 mentions; gender bias had 2.

# Evaluation questions

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Matrix 1 consisted of two separate evaluation questions:

1. ***'How satisfied were you with this consultation?'***
2. ***'How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?'***

The breakdown and analysis of both questions are shown below.

## Question 1

### ***'How satisfied were you with this consultation?'***

100 out of 119 respondents to the consultation provided their views on the consultation, consisting of 17 responses expanded to include comments.

Of the responses, the majority (76) were satisfied with the survey. This was composed of those who were both 'slightly satisfied' (33) or 'very satisfied' (43). A minority (9) expressed dissatisfaction, taking into account those who were 'slightly dissatisfied' (5) or 'very dissatisfied' (5). 15 respondents answered that they were neither satisfied nor dissatisfied. 19 respondents did not answer this question.

The expanded comments were largely positive and supportive of the Plan, with a majority being 'very satisfied'. Overall, there was wide agreement and enthusiasm for the principles and ambitions of the Plan and its objective of improving the ways in which respiratory care is delivered.

There were mixed views on how clear and accessible the Plan is. The expanded comments indicated that some respondents may struggle to understand elements of the Plan, stating it may be too technical for those not working in the healthcare profession, while others were positive and stated that they found the document to be clear and accessible.

## Question 2

### ***'How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?'***

100 out of 119 respondents to the consultation provided their views on the use of Citizen Space to respond to the consultation, including 10 expanded responses expanded to include comments.

Of the responses, the majority (88) were satisfied with the use of Citizen Space to respond to the consultation. This was composed of those who were both 'slightly satisfied' (26) or 'very satisfied' (62). A minority (3) expressed dissatisfaction with all three responses shown as 'very dissatisfied'. 9 respondents answered were neither satisfied nor dissatisfied. 19 respondents did not answer this question.

Overall, the majority of responses were enthusiastic about their experience of using Citizen Space to complete the consultation, most notably citing the ease of navigating the system to submit their response. Positive feedback was provided for the available facility for respondents to return to previous pages and amend answers where necessary.

## Next steps

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We would like to thank all respondents for taking the time to respond to this consultation.

In response to comments received, the Action Plan will be amended in a number of areas. Key themes have highlighted areas of opportunity and we will now enter into a stage of wider engagement to develop the actions further.

We will continue to engage key stakeholders across wider policy areas, including Mental Health, fuel poverty and Covid-19 Recovery; to ensure the Plan is relevant. Following discussions with third sector agencies including British Lung Foundation & Asthma UK and Chest, Heart, Stroke Scotland, we plan to engage with people living with respiratory conditions across Scotland.

Due to current Covid-19 restrictions, engagement will be fully digital and will utilise pre-existing networks from both organisations. We will utilise existing data sets to understand current respiratory care activity across Scotland and continue to engage with respiratory physicians and teams to ensure they remain relevant in the current circumstances and will continue to be in the future.

Once the Respiratory Care Action Plan has been published, we will work in collaboration with partners including clinical and third sector colleagues to develop an implementation plan and subsequent measurement framework to track progress across Scotland.

# Summary of commitments

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## Commitment 1

We will support respiratory health training and education for healthcare professionals by working with NHS Education Scotland and other partners to ensure that education and training on respiratory conditions is delivered/is available to healthcare professionals. We will support education to be available in a variety of formats to optimise accessibility.

## Commitment 2

We will improve equitable access to evidence based diagnostic tests by working with partners to reduce variation in the quality of spirometry testing across the Country and design pathways for complex respiratory function testing.

## Commitment 3

We will support consistent disease specific pathways and work with the sector to ensure they are embedded in the health services and partners.

## Commitment 4

We will support NHS Boards to increase access to pulmonary rehabilitation. We will design pulmonary rehabilitation pathways based on examples of best practice and test them in areas where improvement is required. We will look at ways of providing support to a wider group of people with rehabilitation and self-management support.

## Commitment 5

We will work with NHS Boards, clinicians and third sector to promote good practice and reduce variation in the quality of mental health support access across the country.

## Commitment 6

We will work with key partners to develop policies and procedures for a good transition from children and young people services to adult services for asthma.

## Commitment 7

We will work with NHS Boards, clinicians and the third sector to reduce inconsistencies in the provision of best practice palliative care for people with a lung condition as they near the end of life.

## Commitment 8

We will provide tools, and information for people with lung conditions to support effective self-management practices by:

- working with NHS Inform, and stakeholders across the Respiratory Community to improve the range of information available on respiratory conditions;
- supporting further development of A Local Information System for Scotland (ALISS) as a national resource for sign-posting people with respiratory conditions to care and support;

- supporting health literacy to ensure that people have the knowledge, skills, understanding and confidence to use health information, to be active partners in their care, and to navigate health and social care systems;
- working with partners to increase access to community-based support for an effective self-management that complements clinical management and care.

### **Commitment 9**

Support innovative technologies to enable people to be actively involved in their respiratory health.

### **Commitment 10**

Support unpaid carers accessing appropriate information and support their health and wellbeing.

### **Commitment 11**

We will work with the Scottish Atlas of Variation Group to explore developing an Atlas on respiratory conditions.

### **Commitment 12**

We will work with NHS Information Services Division and others to:

- understand the gaps in prevalence, and how best to improve the data;
- enhance capture of already routine collected data;
- further develop systems and processes that support service Planning and workforce development based on this information;
- explore the feasibility of developing a national reporting framework that includes key performance indicators for respiratory care and support and measures improvements in care and support.

### **Commitment 13**

We will support a programme of innovation and the development of a phased approach to implementation where emerging evidence supports changing models of workforce, such as testing new roles of Advanced Practice for nurses.

### **Commitment 14**

We will work with stakeholders, in the context of the work taking place under the National Health and Social Care Workforce Plan, to explore how best to further support the development of appropriate expertise in the health and social care and support workforce for those working with people with respiratory conditions.

### **Commitment 15**

We will discuss a national or regional approach to workforce planning with stakeholders, to test the extension of existing workforce planning tools and their application to the wider respiratory workforce in Integration Authorities and NHS Boards.

## List of questions

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### Question 1 – Vision and aims

**Do you agree with the overall vision and aims of this draft Plan?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 2 - Priorities

**Do you think we have included the most important priorities in this draft Plan?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 3 - Early and correct diagnosis of respiratory conditions are a priority

**Do you agree with commitments 1, 2 and 3?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 4 - Increase access to pulmonary rehabilitation

**Do you agree with commitment 4?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 5 – Mental health support

**Do you agree with commitment 5?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 6 - Transition from child and young people services to adult services

**Do you agree with commitment 6?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 7 – Palliative care

**Do you agree with commitment 7?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 8 – Person centred and self-management

**Do you agree with commitments 8, 9 and 10?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

### Question 9 – Equal access

**Do you agree with commitment 11?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

**Question 10 – Data**

**Do you agree with commitment 12?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

**Question 11 – Workforce**

**Do you agree with commitment 13?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

**Question 12 – Wider workforce**

**Do you agree with commitments 14 and 15?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

**Question 13 – Impact assessment**

**Do you think there are particular impacts or implications for any equalities groups from any of the commitments in this consultation, either positive or negative?**

Yes/No/Don't Know

Please expand on your answer if you wish to.

## List of organisations

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A number of organisations submitted responses to this consultation. Organisations were categorized by type and are listed as such below.

### NHS organisations

Healthcare Improvement Scotland  
 NHS Ayrshire & Arran  
 NHS Dumfries & Galloway  
 NHS Fife  
 NHS Greater Glasgow & Clyde  
 NHS Grampian  
 NHS Lanarkshire  
 NHS Lothian  
 NHS National Service Scotland – Home Oxygen Service  
 NHS Orkney  
 NHS Scotland

### Third sector

Ash Scotland  
 Asthma UK – British Lung Foundation  
 The Ayrshire Hospice  
 British Thoracic Society  
 Chest, Heart & Stroke Scotland  
 The Cheyne Gang  
 Energy Action Scotland  
 Forfar Airways COPD Peer Support Group  
 Health and Social Care Alliance Scotland (the ALLIANCE)  
 Law Society of Scotland  
 Marie Curie  
 Primary Care Respiratory Society  
 Queen's Nursing Institute Scotland (QNIS)  
 Royal College of Physicians and Surgeons Glasgow  
 Royal Pharmaceutical Society

### Private sector companies

AstraZenica  
 Boehringer Ingelheim Ltd  
 Chiesi Ltd  
 Circassia Ltd  
 Cadham Pharmacy Ltd  
 Dolby Vivsol  
 GlaxoSmithKline

### Individuals

86 individuals responded to the consultation.

## Glossary of terms

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Please find below a list of commonly used terms within this analysis.

Allied Healthcare Professional	Healthcare professionals distinct from dentistry, nursing, medicine, and pharmacy. They provide a range of diagnostic, technical, therapeutic, and support services in connection with health care
Anticipatory Care Planning	Planning in advance for future care needs
ALISS (A Local Information System for Scotland)	Resource to signpost people with long term conditions, disabled people and unpaid carers to access the information they need to help them live well
Atlas of Variation	Help to identify unwarranted variation and assess the value that healthcare provides to both populations and individuals
Diagnostic	The practice or techniques used to diagnose a condition
Health and social care	Services that are available from health and social care providers. Used to refer to the whole of the healthcare provision infrastructure, public and private sector
Information Services Division	Provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making
Multi-disciplinary team	A group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients
Near Me	A video consulting system that allows to attend appointments virtual via video link
Patient pathway/patient journey	The route or path a patient will take if they are referred for treatment by their GP (or other health professional)
Pharmacy First	NHS service delivered by local community pharmacies, providing advice and if necessary medication for minor illnesses
Private sector	Part of the economy that is run by individuals and companies for profit and is not state controlled
Quantitative	Information or data collected by amount
Qualitative	Information or data collected relating to the meaning or standard of something
Rehabilitation	Treatments and therapies to improve recovery
Respondents	People who answered and commented on questions
Self-management	Provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems
Third Sector	Volunteer and non-profitable organisations

Training	To improve knowledge and skills of healthcare professionals in particular conditions
Workforce	Those that work within a particular setting such as healthcare this includes, GPs, nurses, pharmacists etc

# Acronyms

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<b>ACP</b>	<b>Anticipatory Care Planning</b>
<b>AHP</b>	<b>Allied Healthcare Professionals</b>
<b>ALISS</b>	<b>A Local Information System for Scotland</b>
<b>ANP</b>	<b>Advanced Nurse Practitioner</b>
<b>App</b>	<b>Application</b>
<b>BAME</b>	<b>Black, Asian and Minority Ethnic</b>
<b>BMI</b>	<b>Body Mass Index</b>
<b>COPD</b>	<b>Chronic Obstructive Pulmonary Disease</b>
<b>EOLC</b>	<b>End of Life Care</b>
<b>FeNO</b>	<b>Fractional exhaled nitric oxide test</b>
<b>GP</b>	<b>General Practitioner</b>
<b>GPN</b>	<b>General Practice Nurse</b>
<b>HCP</b>	<b>Healthcare Professional</b>
<b>HSC</b>	<b>Health &amp; Social Care</b>
<b>ISD</b>	<b>Information Services Division</b>
<b>IT</b>	<b>Information Technology</b>
<b>LGBT+</b>	<b>Lesbian ,Gay, Bisexual, Transgender/Transsexual plus</b>
<b>MCN</b>	<b>Managed Clinical Networks</b>
<b>MDT</b>	<b>Multi-disciplinary Teams</b>
<b>NHS</b>	<b>National Health Service</b>
<b>NP</b>	<b>Nurse Practitioner</b>
<b>NPF</b>	<b>National Planning Forum</b>
<b>PR</b>	<b>Pulmonary Rehabilitation</b>
<b>SG</b>	<b>Scottish Government</b>
<b>SIMD</b>	<b>Scottish Index of Multiple Deprivation</b>



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