GSK

Ahead Together



Our mission to improve respiratory care

NP-GB-RS-COCO-250005

This document has been created and funded by GSK.

Date of Preparation: February 2026



GSK has been a leader in the prevention and treatment of respiratory diseases for more than five decades, with a long heritage of developing medicines and vaccines that address the UK's most complex respiratory health challenges.

We believe that getting ahead of disease is an investment – for patients, the NHS and our society.

That's why we're drawing on decades of innovative research and collaborating with partners as part of our mission to improve respiratory care.

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The burden of respiratory disease in the UK

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Did you know?

Respiratory diseases affect one in five people.[1]



What are asthma and COPD?

Asthma

Asthma is a chronic respiratory condition that causes the airways carrying air in and out of the lungs to become inflamed, which can make it difficult to breathe.[2,3]

Severe Asthma is asthma that remains uncontrolled despite optimised treatment or that requires high-dose inhaled corticosteroids (ICS)/long-acting beta-2 agonist (LABA) or oral corticosteroids to prevent it from becoming uncontrolled.[2] Severe asthma is the most serious and life-threatening type of asthma, as symptoms are harder to control even with high doses of medicines.[4]

Asthma can both impact daily life and lead to hospitalisation.[5,6] It affects about 3.9 million people over the age of 6 years in England.[7]

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of conditions that occur when the lungs and airways become damaged and inflamed.[8]

Symptoms can include breathlessness, a persistent cough with phlegm, frequent chest infections and persistent wheezing.[9,8] The breathing problems tend to get gradually worse over time.[8] COPD affects approximately 3 million people in the UK.[10]

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In England, respiratory diseases are the third biggest cause of death (after cancer and cardiovascular disease) and the third biggest contributor to years of life lost.[1,11]

- In England and Wales an average of 73,980 people died from respiratory disease each year between 2015 and 2019, equivalent to one person every seven minutes.[12]
- The UK has the fourth highest death rate for respiratory diseases in the World Health Organization's European Region.[13]
- Respiratory disease accounts for a significant portion of health inequalities in the UK.[14] Analysis by Asthma + Lung UK found that respiratory conditions exhibit a bigger gap in mortality rate between the rich and the poor than found in any other major condition.[15]
- At the end of June 2025 there were over 202,500 people on the waiting list for respiratory medicine services in England, almost 3% of the total NHS waiting list.[16] Analysis by Asthma + Lung UK found that respiratory conditions are the leading driver of hospital admissions and winter NHS pressures, as well as the second leading contributor to NHS bed days.[15]
- The annual economic burden of asthma and COPD on the NHS in the UK is estimated as £3 billion and £1.9 billion, respectively. In total, all lung conditions, including lung cancer, directly cost the NHS in the UK £11 billion annually.[11]

In recent years respiratory disease has not been a policy priority for the NHS. The cost of inaction is clear: without intervention, the burden on the NHS and society will continue to grow. Identifying respiratory diseases as a national policy priority provides an opportunity to improve care and patient outcomes, benefiting individuals, the health system and society.

Key figures at a glance

73,980

In England and Wales an average of 73,980 people died from respiratory disease each year between 2015 and 2019.[12]

4th

The UK has the fourth highest death rate for respiratory diseases in the World Health Organization's European Region.[13]

202,500

At the end of June 2025 there were over 202,500 people on the waiting list for respiratory medicine services in England.[16]

1st & 2nd

Respiratory conditions are the leading driver of hospital admissions and winter NHS pressures, as well as the second leading contributor to NHS bed days.[15]

£11bn

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The opportunity to improve respiratory care

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The government's health reforms provide a once-in-a-generation opportunity to improve respiratory care and unlock benefits for patients, the NHS and our society. As part of our mission to improve respiratory care, we're collaborating with organisations across the health system to make this a reality.

The government has outlined its ambition to build an NHS fit for the future.[17] It has identified three essential shifts that are needed: from sickness to prevention, from hospital to community care and from analogue to digital.[17] Improving respiratory care to meet the minimum standards set out in clinical guidelines will help the government to achieve these goals by ensuring patients receive a timely diagnosis and appropriate care and treatment.

This in turn will improve patient outcomes and ease pressure on the NHS, especially during winter.

In light of the burden of respiratory disease and the scale of the opportunity to improve care, there is a need for the government to prioritise respiratory care by:

- Developing a targeted policy agenda to drive action nationally and at a local level. This should be complemented by clear national and local delivery plans; modern service frameworks, as referred to in the NHS 10 Year Health Plan; appropriate resource allocation; and data collection frameworks.
- Ensuring retention of the National Clinical Director for respiratory disease, as well as their team, as decision-making transitions from NHS England to the Department of Health and Social Care.
- Ensuring clinical leads within Integrated Care Boards (ICBs) have the capacity, capabilities and resources to meet population needs and deliver high quality respiratory care.

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The key opportunities to make respiratory care fit for the future include:

01.

Detecting and diagnosing respiratory diseases earlier





02.

Ensuring access to high-quality care for all

03.

Improving access to innovative medicines





04.

Reducing the carbon footprint of respiratory care

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01. Detecting and diagnosing respiratory diseases earlier

A timely and accurate diagnosis is fundamental in ensuring that respiratory patients can access the care and treatment they need to manage their condition. This can help people stay well, ensuring their treatment is optimised. This would help to reduce the likelihood of exacerbations, which in turn reduces pressure on NHS services.[18,19]

However, today, patients can experience lengthy delays and errors in diagnosis – even for common lung conditions.[19]

For example, 2 million people in the UK are estimated to be living with undiagnosed COPD and about a third of people who are admitted to hospital with a COPD exacerbation (flare up) have not been previously diagnosed.[10,20]

COPD is diagnosed using a test called spirometry that is usually conducted in primary care.

However, spirometry services were halted at the beginning of the COVID-19 pandemic and some never restarted.[21]

In October 2024, a survey of Integrated Care Systems (ICSs) in England by Asthma + Lung UK found that over half (16 out of 27) did not have enough spirometry testing capacity to meet the demand in their area, while only eight had enough capacity to carry out all the tests needed.[22]

There is also a need to improve the use of a diagnostic test for asthma called fractional exhaled Nitric Oxide (FeNO) testing. A national project to support the adoption of FeNO testing and build capability in the respiratory workforce, led by Health Innovation Wessex, resulted in the estimated diagnosis of 58,000 new asthmatics, more accurately and faster, in England over two years.[23]



GSK's role

Our joint working programme with Hampshire and Isle of Wight ICS, Project UNITE, aimed to identify and review patients with uncontrolled asthma within primary care, facilitating referral to severe asthma services to improve access to biologics for appropriate patients with severe asthma.[24]

The project resulted in 73% of patients reviewed receiving a full personalised action asthma plan and 98% of those needing to be referred to severe asthma clinics requiring clinical review.[24]

We have also launched ALERT (Assessment of patients to support Lung health, diagnosis and Evaluating patients from Review to Treatment support and education), a joint working programme supporting practices to deliver early diagnosis and care for patients who have taken part in the NHS Lung Cancer Screening Programme and are found to have signs and symptoms of COPD, providing them with a spirometry test to support diagnosis. Once diagnosed, patients consult with pharmacists to optimise their care and medication.

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To ensure that everyone with asthma and COPD receive a timely diagnosis, the government should prioritise developing sustainable diagnostic services in primary care. This will require:

Investment in spirometry services, supported by education for healthcare professionals, quality assurance processes and improved data collection to monitor progress.

A **sustainable** funding mechanism for FeNO testing, alongside a continued focus on learning lessons from the national FeNO programme and rolling out its resources to support healthcare professionals administer the tests.

GP **education** to recognise the signs and symptoms of severe asthma and a clear referral pathway to enable timely and appropriate diagnosis and initiation onto the right treatment. This includes the adoption of already developed tools such as the Accelerated Access Collaborative's HASTE tool[25] into primary care to support referral to secondary care for further assessment.



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02. Ensuring access to high-quality care for all

The NHS has many of the tools it needs to deliver high-quality care for people with respiratory conditions like asthma and COPD, including clinical guidelines, a highly skilled workforce and a range of treatment options. However, at present, there are unwarranted variations in respiratory care across the country as well as significant health inequalities.

For example, NICE recommends that people with asthma[26] and COPD[27] have an annual review to ensure they are receiving optimal care and treatment. However, data from 2023/24 shows that 35.4% of asthma patients and 24.6% of COPD patients in England are missing out on these reviews.[7,28]

A survey by Asthma + Lung UK found that only 30% of asthma patients are receiving an annual review, inhaler technique check and written action plan, while only 9% of COPD patients are receiving all the 'five fundamentals' of COPD care as recommended by NICE (support to stop smoking, pneumococcal and flu vaccinations, personalised self-management plans, pulmonary rehabilitation and support to manage other health conditions).[15]

Asthma and COPD are closely associated with health inequalities, with different morbidity and mortality outcomes depending on geography, ethnicity and level of deprivation.[29]

For example:

- Patients in some of the most deprived areas of the UK have limited or no access to crucial respiratory diagnostics[30]
- Among those admitted to hospital with a COPD or asthma exacerbation, the highest proportion live in the most deprived quintile, compared to the least deprived quintile[29]
- There is a stark north-south divide in respiratory outcomes in England. The most deprived ICBs have much higher emergency hospital admissions and death rates for respiratory disease when compared to the least deprived ICBs[31]

Incentivising GPs to diagnose and manage patients with respiratory disease would help to reduce health inequalities. However in 2025/26 most of the incentives for COPD were removed from the Quality and Outcomes Framework.[32,33]

Supporting asthma and COPD patients to understand and manage their condition effectively would also play a role in reducing unwarranted variation across the country. For example, this could include ensuring that all patients are appropriately trained in how to use their inhaler, provided with information about their condition and offered lifestyle advice and support.[34]

Inequalities are also present for patients with severe asthma, with some having to travel a long way to access specialist respiratory care such as a severe asthma centre. The Government's NHS reforms provide an opportunity to ensure that respiratory services are delivered closer to home. This would make the services more accessible to patients and help address the geographical barriers that can lead to variations in health outcomes.[35]

GSK's role

We partner with the NHS and providers to support practices in delivering services for COPD and severe asthma.[36,37]

Since 2018, we have funded a COPD Patient Review Service, which ensures patients receive a full medication review and are given guidance on how to self-manage their condition, optimising both pharmacological and non-pharmacological treatment in line with best practice clinical guidance.[36] Since the service was introduced, it has supported the review of over 160,000 COPD patients across more than 2,500 GP surgeries, increasing the number of patients seen in clinics and number of COPD reviews and inhaler technique assessments delivered by practices.[38,39] Almost a quarter of patients reviewed in 2024 (4,794) received an escalation in their inhaled therapy to improve their symptom burden management or reduce the severity/frequency of exacerbations, and 80% received a non-pharmacological intervention (e.g. spacer device, smoking cessation referral, pulmonary rehabilitation referral).[38]

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The government should consider opportunities to ensure all respiratory patients have consistent access to best practice care to reduce health inequalities. These could include:

Fully **implementing** NHS England's respiratory high-impact interventions to improve diagnosis and treatment of patients with asthma and COPD, supporting the Government's prevention agenda. This includes proactively offering tests to people at high risk in primary care.

Expanding the scope of services offered by community pharmacists to include care for respiratory patients, offering medication reviews, inhaler technique and smoking cessation advice.

Prioritising high-quality respiratory reviews by keeping incentives in place can ensure patients self-manage their condition and receive appropriate treatment. This includes inhaler technique checks to ensure medicines are used appropriately to reduce exacerbations, patient access to pulmonary rehabilitation for COPD and personalised care plans to help patients self-manage their condition.

Ensuring consistent respiratory reviews, with continued incentivisation, using validated patient tools such as the Asthma Control Test (ACT) and COPD Assessment Test (CAT).



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03. Improving access to innovative medicines

The NHS Constitution states that patients in England have a right to access treatments that are recommended by NICE, provided they are clinically appropriate.[40] However, at present, not all respiratory patients have access to the NICE-recommended medicines they need.

For example, patient access to severe asthma biologics remains stubbornly low.[41,42] Asthma biologics are an innovative group of medicines used by specialists to treat people with severe asthma. They also play a role in reducing the significant adverse effects of long-term use of another class of medicines called oral corticosteroids (OCS).[43]

An evaluation of regional variation in biologic prescribing between 2016 and 2023 found that the proportion of eligible patients receiving biologics varied widely between ICBs in England, from 2% to 29%.[44] The median level of uptake was 16%.[44]

Currently, asthma biologics can only be prescribed by specialist severe asthma multidisciplinary teams in severe asthma centres.[45] Some patients with severe asthma currently have to travel long distances to reach their nearest centre, which may be hindering their access to biologics.[45]

Adopting new models of care, that could enable biologics to be prescribed closer to home, would help overcome this barrier.[45] Research by PwC suggests that improving patients' access to severe asthma biologics could result in £9.6 billion in productivity gains to the economy.[43]

Clinical trials are another way for respiratory patients to access innovative treatment options. While the UK spends £47 million per year from public funds on research into respiratory conditions, this accounts for just 1.8% of the total £2.56 billion spent on health research.[46]

Asthma + Lung UK estimates that this figure would need to increase to £150 million per year to bring it in line with the proportionate impact of respiratory disease on the UK population's health.[46]

Challenges in setting up clinical trials in the UK are making it more difficult for patients to participate compared to those in other countries. The challenges include delays in regulatory approval, costing and contracting and overall study set-up.[47] This can result in additional paperwork.

However, the government has an opportunity to make the UK a more attractive destination for clinical trials by streamlining processes and putting incentives in place. For example, this could include directing any income generated by industry clinical trials to units and departments leading trials in NHS sites.[48]

GSK's role

We supported the Health Innovation Network to increase national access to asthma biologics across the country. The national Asthma Biologics programme, which is part of NHS England's Accelerated Access Collaborative Rapid Uptake Products initiative, aimed to reduce inequalities, increases access to biologic treatment for all eligible adult patients and improves care and outcomes for people with asthma through improved and optimised clinical pathways across primary, secondary and tertiary care.[49]

The two year programme saw 4,695 new patients initiated onto biologics as well as the development of resources to support early identification of people with uncontrolled asthma, improvements to appropriate referral of patients needing specialist input and increases in homecare prescribing.[49]

In addition, our researchers are pushing the frontiers of respiratory science to prevent, treat and stop respiratory disease, with clinical trials currently underway in the UK.

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The government should consider developing a long-term, sustainable approach to improving access to innovative respiratory medicines, including respiratory biologics, as well as reducing unwarranted variation across the country. This could include:

Redesigning services to enable patients to access respiratory biologics closer to home. This could include implementing new models of care that address capacity challenges and improve equity of access across the whole of England. This includes ensuring local hospitals have the capabilities and capacity to initiate patients onto treatment.

Implementing a uniform approach to the uptake of respiratory technologies that have a positive NICE appraisal to reduce unwarranted variation in uptake across ICBs.

The **routine use** of indication-specific pricing for innovative respiratory medicines under the NHS Commercial Medicines Framework, recognising the value of innovation in respiratory care.

Increasing investment in respiratory research and creating a supportive environment for clinical trial set-up and enrolment and completion to time and target. This would streamline and integrate the process, making the UK a more attractive place for industry to conduct clinical trials.



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04. Reducing the carbon footprint of respiratory care

Inhalers that are used to treat respiratory diseases account for approximately 3% of the NHS's total carbon footprint.[50] The gases in metered dose inhalers (MDIs) account for most of these emissions, with the propellants used contributing to climate change.[50,51]

In contrast, dry powder inhalers (DPIs) are propellant-free and have a much lower carbon footprint (20 to 40 fold lower footprint according to one study).[51] There are MDIs currently in development to support the transition to next generation propellants which aim to have a reduced carbon footprint.

Improving respiratory care by providing high quality reviews that consider how to optimise medicines and ensure proper inhaler technique provides an opportunity to improve patient outcomes while also supporting the NHS to achieve its environmental goals.

GSK's role

GSK is developing a sustainable pathway for our metered dose inhalers which has the potential to reduce greenhouse gas emissions.



To continue the NHS's progress towards becoming the world's first net-zero health service, the government should consider:

Support for patients and healthcare professionals to understand the carbon impact of their inhaler.

Ensuring that the environmental impact of care is considered as part of annual reviews for asthma and COPD patients. If it is clinically appropriate and agreed in an annual review, patients should be supported to switch from an MDI to a lower carbon inhaler.

Ensuring that policies and funding to incentivise manufacturers to produce next generation versions of essential medicines. This would help ensure patient needs are met and encourage companies to invest in research, development and manufacturing.

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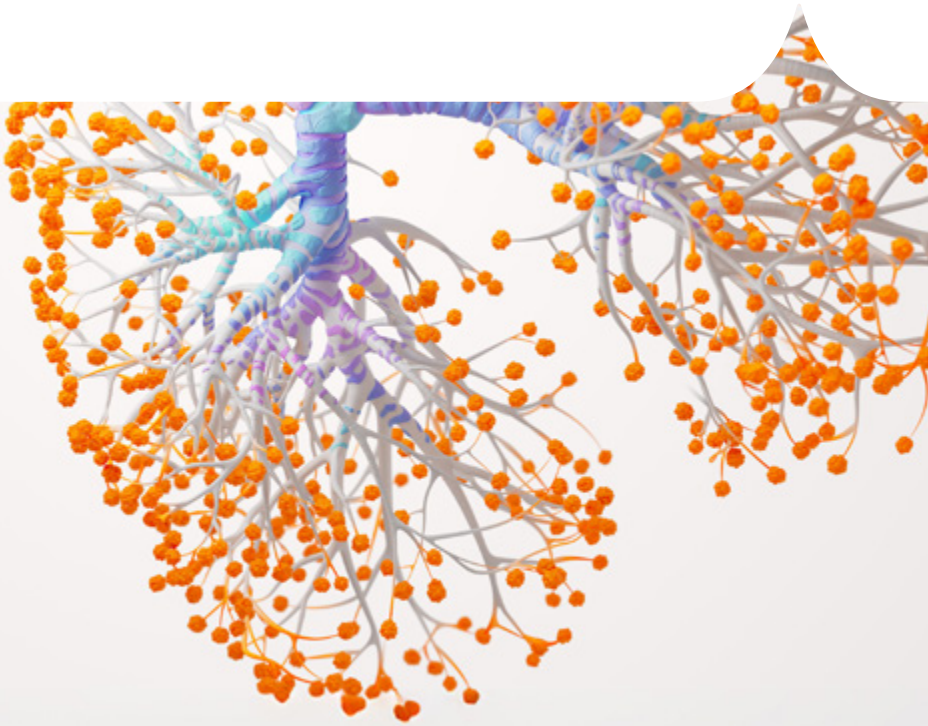
Summary of recommendations

Prioritising respiratory care	
1	Develop a targeted policy agenda to drive action nationally and at a local level. This should be complemented by clear national and local delivery plans; modern service frameworks, as referred to in the NHS 10 Year Health Plan; appropriate resource allocation; and data collection frameworks.
2	Ensure retention of the National Clinical Director for respiratory disease, as well as their team, as decision-making transitions from NHS England to the Department of Health and Social Care.
3	Ensure clinical leads within ICBs have the capacity, capabilities and resources to meet population needs and deliver high quality respiratory care.
Detecting and diagnosing respiratory diseases earlier	
4	Invest in spirometry services, supported by education for healthcare professionals, quality assurance processes and improved data collection to monitor progress.
5	A sustainable funding mechanism for FeNO testing, alongside a continued focus on learning lessons from the national FeNO programme and rolling out its resources to support healthcare professionals administer the tests.
6	GP education to recognise the signs and symptoms of severe asthma and a clear referral pathway to enable timely and appropriate diagnosis and initiation onto the right treatment. This includes the adoption of already developed tools such as the Accelerated Access Collaborative's HASTE tool[25] into primary care to support referral to secondary care for further assessment.
Ensuring access to high-quality care for all	
7	Fully implement NHS England's respiratory high-impact interventions to improve diagnosis and treatment of patients with asthma and COPD, supporting the Government's prevention agenda. This includes proactively offering tests to people at high risk in primary care.
8	Prioritise high-quality respiratory reviews that include inhaler technique checks, ensuring medicines are used appropriately to reduce exacerbations, patients have access to pulmonary rehabilitation for COPD and patients can self-manage their condition through personalised care plans by keeping incentives in place to ensure patients can self-manage their condition and receive appropriate treatment.
9	Expand the scope of services offered by community pharmacists to include care for respiratory patients, offering medication reviews, inhaler technique and smoking cessation advice.
10	Ensure consistent respiratory reviews, with continued incentivisation, using validated patient tools such as the Asthma Control Test (ACT) and COPD Assessment Test (CAT).

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Improving access to innovative medicines	
11	Redesign services to enable patients to access respiratory biologics closer to home. This could include implementing new models of care that address capacity challenges and improve equity of access across the whole of England. This includes ensuring local hospitals have the capabilities and capacity to initiate patients onto treatment.
12	The routine use of indication-specific pricing for innovative respiratory medicines under the NHS Commercial Medicines Framework, recognising the value of innovation in respiratory care.
13	Implement a uniform approach to the uptake of respiratory technologies that have a positive NICE appraisal to reduce unwarranted variation in uptake across ICBs.
14	Increase investment in respiratory research and create a supportive environment for clinical trial set-up and enrolment and completion to time and target. This would streamline and integrate the process, making the UK a more attractive place for industry to conduct clinical trials.

Reducing the carbon footprint of respiratory care	
15	Support for patients and healthcare professionals to understand the carbon impact of their inhaler.
16	Ensure that the environmental impact of care is considered as part of annual reviews for asthma and COPD patients. If it is clinically appropriate and agreed in an annual review, patients should be supported to switch from an MDI to a lower carbon inhaler.
17	Ensure that policies and funding to incentivise manufacturers to produce next generation versions of essential medicines. This would help ensure patient needs are met and encourage companies to invest in research, development and manufacturing.



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This document has been created and funded by GSK.