Editor's Briefing

DEEP BREATH

An international study has found that UK mortality rates for serious respiratory illnesses, with the exception of lung cancer, are worse than those in most comparable western countries.[1] This is an observational study, which isn't capable of identifying causes, but there are a number of candidates, with air pollution being among the favourites. There are some question marks over certain aspects of the research, including coding and ascertainment of respiratory disorders and the choice of endpoints. Nonetheless the level of concern about respiratory illness in the UK is such that the British Lung Foundation has assembled a Taskforce for Lung Health which is due to publish a 5-year plan for respiratory disease soon,[2] and Asthma UK has called for a new Clean Air Act.

The September 2018 Report from DEFRA,[3] the Department for Environment, Food, and Rural Affairs, on air pollution in the UK, states that we are meeting virtually all the compliance limits set by the European Directives, including exhaust gases, heavy metals, and particulates. Despite this, the substantial health and economic effects of pollution in this country are widely reported, and very high levels of roadside pollution can occur at peak periods of traffic movement. In 2017, the World Health Organization reported 25.7 deaths per 100 000 in the UK attributable to household and ambient pollution.[4] Interestingly in five countries with better respiratory disease outcomes than ours, Austria, Belgium, Germany, Greece, and Italy, estimates for pollution-related deaths were higher.

This all makes the theme of this issue of the *BJGP* particularly timely. Fisk and colleagues' analysis of the Welsh COPD audit found that spirometry data were incompatible with the diagnosis of COPD in one-quarter of patients, emphasising the need for more accurate diagnosis and more appropriate treatment. Stepney and colleagues report that current guidelines concerning electronic cigarettes do not appear to have been taken up by practitioners, who are offering more cautious advice than the guidelines suggest is reasonable. The declining place of traditional surgical interventions is highlighted by the report from Marshall and colleagues, finding that few children with evidence-based indications undergo tonsillectomy (and seven out of eight of those who do are unlikely to benefit), while Vennik and colleagues show that nasal balloon autoinflation, already shown to be effective, is an acceptable, low-cost treatment option for children with glue ear in primary care. In *Life & Times*, Ann Hutchinson and colleagues describe Breathing Space, an engaging concept, which looks capable of helping the very large numbers of people living with breathlessness to cope and, to some extent, overcome their difficulties and limitations.

Another important dimension of wellbeing and survival in chronic lung disease is the effect of socioeconomic deprivation, and Rupert Jones has used the management of COPD as a powerful exemplar of the persistence of Julian Tudor Hart's Inverse Care Law.[5] He points out how lower QOF scores, poorer clinical achievements, and poorer results in the patient experience survey all lead to reduced GP payments, so that deprived areas end up with fewer GPs, fewer practice nurses, and a higher workload, with less financial reward than for GPs in affluent areas.

On 14 and 15 February 2019 the RCGP is collaborating with the GPs at the Deep End movement in a conference in Glasgow entitled The Exceptional Potential of General Practice which will address these and other critical issues in healthcare and population health improvement, with some excellent speakers. Further information can be found on the RCGP events page: https://bit.ly/2PvOWNU

Roger Jones,
Editor

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