

Cross-Party Group on Lung Health

Friday 20th May 2022, 10.30am-12pm

Minutes

The meeting was recorded and live-streamed on Facebook -

<https://www.facebook.com/asthmalungscot/videos/5096602347127174>

Present

MSPs

Emma Harper MSP

Alexander Stewart MSP

Mark Ruskell MSP

Invited guests

David McColgan

Kerry Ritchie

Sheila Duffy

Non-MSP Group Members

Agnes Whyte

Andrew Cumella

Anne Crilly

Colin Brett

Esme Allen

Gareth Brown

Garry McDonald

Jonathan Roden

Joseph Carter

Katie Vance

Laura Smart

Laura Wilson

Liam Clutterbuck

Liz Mason

Margaret Stevenson

Mark Dodd

Martin Coombes

Martina Chukwuma-Ezike

Maureen Ward

Olivia Fulton

Sally Hughes
Vicki McGraw Rae
Yvonne MacNicol

Apologies

Monica Lennon MSP
Brain Cadenhead
Dr Tom Fardon
Linda McLeod
Pamela Kirkpatrick
Pauline Waugh

Agenda item 1

Welcome and Introductions

- Emma Harper MSP welcomed members to the meeting following the Annual General Meeting. EH informed everyone that the chat function is open to members to ask questions, make comments and share links with the CPG.

Agenda item 2

Minutes of Previous Meeting

- EH asked if there were any edits to be made to the minutes of the previous meeting. None were offered and Olivia Fulton agreed to propose the minutes as correct, and Alexander Stewart MSP seconded.
- EH reminded members that minutes of previous meetings and presentations are available on the Scottish Parliament website.

Agenda item 3

Annual Asthma Survey and Women with Asthma Campaign

- EH introduced Andrew Cumella from Asthma + Lung UK to discuss the Annual Asthma Survey and Women with Asthma Campaign. AC is a senior analyst for Asthma + Lung UK.
- AC thanked EH for the welcome and introduction and started his presentation.
- AC last presented to the CPG on November 2021 following the first Annual COPD Survey.
- AC said he would be happy take questions and that Gareth Brown and Joseph Carter would contribute to answering any questions.
- AC started his presentation stating that the Annual Asthma Survey is now in it's ninth year, previously run by Asthma UK. Over the period of the survey, AC said that there are repeated questions that show a trend over the years of basic asthma care, such as asthma technique and annual reviews.

- The report based on the survey was published on April 19th and AC suggested anyone with an interest in asthma should read the report.
- AC highlighted that the basic care measures of asthma care are tracked each year – having an annual asthma review (in person or virtual), having an inhaler technique check and having a written asthma plan.
- On care levels, the headline trends from 2013 showed that bad news for Scotland with the lowest levels of basic asthma care among the four UK nations. The downward trend for asthma basic care started before the COVID-19 pandemic.
- AC showed the breakdown at a Scottish Parliament region, with North East Scotland performing the best among the eight regions.
- AC then showed that annual asthma reviews are causing the downward trend in asthma care and that written asthma plans have remained stable. AC pointed out that asthma care had adapted during the pandemic.
- A new question was asked how people with asthma rate their asthma care in comparison to previous years and AC set out some caveats to responding to the data but the overall opinion is that more people think their asthma care is getting worse.
- A slide showed that nearly half of people with asthma in Scotland have uncontrolled asthma, meaning more asthma attacks and sickness for people with asthma. AC showed the three years of data for this question and stated that without asthma plans and reviews, care will worsen.
- Health inequalities play a significant role in asthma care, with AC highlighting a recent media story from Asthma + Lung UK Scotland showing the poorest disproportionately require hospital admissions.
- The survey asked people to state their income band and then the number of asthma attacks and AC showed that the poorest have more asthma attacks and emergency hospital admissions.
- 71.3% of people surveyed said that air pollution has an impacts on their health and 62.4% are worried about the impact of climate change on their asthma.
- AC then outlined what Asthma + Lung UK Scotland would like to happen following the results of the annual asthma survey, such as renewed efforts to improve basic asthma care, reduce the reliance on relievers inhalers, target those with poorly controlled asthma and lung health to be a priority in health inequalities.
- AC moved on to the Women with Asthma campaign that was launched with a report showing differing death rates between men and women – adult women have increased asthma prevalence compared to men (9.6% vs 6.3%).
- The Women with Asthma campaign consulted world experts in asthma research to identify areas where improvements in research and leadership can lead to better outcome for women with asthma.

- AC said that the campaign is a long-term campaign as calls for more research doesn't happen overnight and there are many challenges to overcome to improve asthma in women.
- Examples of media stories on the Women in Asthma campaign were shown with AC highlighting the need to reach out to as many women as possible.
- AC then asked for any questions following the presentations.
- EH asked the CPG members for questions.
- Olivia Fulton asked about the inhaler technique data and AC responded to say that the data was independent of annual reviews as technique can be checked outside of primary care.
- Mark Ruskell MSP thanked AC for an interesting presentation and that he was struck by the numbers of people worried about climate change on their asthma and what the reasons were behind that. MR also asked about the Women with Asthma campaign and recent campaigns supporting women with menopause and if there were links between the two campaigns and appropriate hormone replacement therapies.
- Responding to MR, AC said that with the broad range of triggers for asthma, cold weather is a big trigger but other aspects of weather such as thunderstorms can trigger asthma and have an example of storms in Australia causing more asthma problems. AC pointed out interesting research on weather-related asthma from around the world.
- On MR's second questions, AC responded to say that there has been great media coverage, with Davina McCall being example of someone raising the profile and that there have been discussions with the media team at Asthma + Lung UK to make sure asthma is represented in that campaign.
- Alexander Stewart MSP said that the scenario painted is bleak in Scotland around asthma care following the presentations. AS asked if there is a correlation between lack of GP appointments and clinics and the outcomes of the asthma survey and if health inequalities is become greater and how that can be managed going forward.
- AC responded to say that access to care is crucial and that during the pandemic people were put off attending appointments but that the majority of people still want their asthma care to be face to face. AC also said that there was more work to be done around workforce and access to care.
- On AS's second question, AC said that putting health inequalities on the radar is vital but making sure that asthma and respiratory conditions remain on the health inequality agenda is something he, GB and JC will work on.
- EH informed the CPG that the Health, Social Care and Sport Committee is starting an inquiry on Health Inequalities and that EH would be raising the issue of asthma following from the presentations today.
- EH thanked AC for his presentations and read out a final comment from Yvonne McNicol put in the chat function about the need to raise lung health in health inequalities discussions.

- DMc added that there is a strong gradient in health inequalities as shown in the presentations.
- EH asked GB for actions items to raise questions around asthma, women with asthma and health inequalities.

Agenda item 4

Non-Communicable Disease Group Actions on Tobacco

- EH then moved on to the next presentation and introduced David McColgan from British Heart Foundation on the work of the Non-Communicable Disease Group and Sheila Duffy from ASH Scotland on the tobacco focus of the Non-Communicable Disease Group.
- DMc started by thanking EH and by declaring an interest as Chair of ASH Scotland but presenting in a British Heart Foundation capacity.
- DMc then showed a presentation 'Non-communicable disease prevention: a partnership approach' which is based on coalition work of 8 charities including Asthma + Lung UK, British Heart Foundation, ASH Scotland, Obesity Action Scotland, Cancer Research UK, SHAAP, Diabetes Scotland and Stroke Association Scotland.
- DMc started with a quote from the 2010 Christie Commission about preventative health spending and the high levels of public resources spent on dealing with ill health.
- NCDs are a group of conditions not caused by acute infection that result in around two-thirds of all deaths in Scotland each year. DMc said that during the pandemic, deaths from NCDs were still the highest cause of death, with 1 in 5 deaths being prevented with proper preventative measures.
- DMc talked about the understandable lack of attention on NCDs in the early stages of the pandemic and the creation of Public Health Scotland resulted in focus being placed on coronavirus.
- During this period, the NCD group was formed to strengthen the preventative asks of each organisation involved.
- DMc then highlighted the three commercial determinants of health – tobacco, alcohol and high fat, salt & sugar food and drinks. This supported the formation of the NCD group to work together to tackle these areas.
- The NCD group follows the World Health Organisation's determinants of marketing, availability and price & promotion around tobacco, alcohol and HFSS food and drinks. These are the main focus of the preventative asks of the NCD group.
- DMc then outlined the timeline of the coalition, highlighting previous events and report publications.
- A slide showing the impact of the NCD coalition was explained by DMc with evidence of cross-party support, recognition in the 2021 Programme for

Government, changing discourse in Scotland and being globally recognised with coalitions replicated in Wales and Northern Ireland.

- DMc showed what plans are afoot for the NCD alliance with new reports and preventive calls over the course of 2022 and 2023 with the aim to achieve an NCD Prevention Strategy in Scotland in 2023 to reduce deaths and ill-health from NCDs.
- DMc thanked the CPG for being invited to address on the work of the NCD alliance and that he would be happy to take questions.
- EH then introduced Sheila Duffy from ASH Scotland to talk about tobacco and public health.
- SD began with a stark warning that there is no safe level of tobacco and will kill half of its users more than 11 years earlier than they should, adding that tobacco is a problem that has not gone away, and needs resolved.
- SD moved on to state her interest around the tactics and changes of the tobacco industry and how they manipulate public health and consumers with examples of how to circumvent the menthol ban.
- SD then talked about how the tobacco industry has moved its energy and focus into vaping and other tobacco products such as tobacco pouches and heated tobacco. SD called this a variant similar to those experienced in the coronavirus pandemic.
- SD highlighted reports showing conclusive evidence that vaping causes respiratory illness, can lead to seizures and that non-smokers and young people are three times more likely to start smoking tobacco by using vaping products.
- SD said that the commercial determinants of health are a real worry for Scotland going forward and for those looking to reduce respiratory ill-health.
- Using asbestos as an example of the damage caused and evidence suppressed, it took decades for the evidence to come to light through legal action. SD then linked this to the challenges that will result in vaping use.
- SD then detailed the efforts of the vaping industry to encourage young people to vape with cheap, disposable products that are brightly coloured with fruity flavours. Marketing regulations have not kept pace with this field.
- Before ending her talk, SD said that joining up on preventative action, as the NCD group is doing, is crucial to Scotland's public health.
- EH thanked SD for highlighting the work that is going regarding electronic cigarettes and opened the floor to questions.
- MR said it was interesting but slightly depressed seeing references to the Christie Commission as it is over a decade since its publication and said he struggles to predict how future savings can be made in the context of 10 or 20 years and how to quantify the savings to the NHS and the Scottish Government budgeting process.
- MR also talked about a just transition for tobacco producing countries to move off from growing and selling tobacco.

- EH talked about how social prescribing can be used for NCDs, referencing her work in diabetes.
- Responding to MR, DMc said that much of the Christie Commission looked at all public services but there are things that can be done financially in health citing costs of treating diseases that can be prevented. Capturing the ethos of the Christie Commission is crucial and should have majority public support, especially when tackling the alcohol, tobacco and food determinants on health.
- On social prescribing, DMc said that it is more holistic and has wider benefits but there is a great need for the will to do more.
- MR talked about the work of the Culture, External Affairs and Europe Committee and said there is a need to do joined up thinking on social prescribing.
- SD said that over 70% of Malawi's income comes from tobacco but serious damage is done to the health of farmers and the environmental damage caused more problems for farmers.
- AS asked about the role of government in tackling NCDs, but there is clearly a role for industry to reduce the problems from alcohol, tobacco and unhealthy foods, using examples from America. AS said there needs to be a holistic approach from industry in marketing and a sea change in how industry and commerce responds and tackles to these challenges and ill-health caused by tobacco, alcohol and unhealthy foods.
- DMc responded to say that history shows that if relied on, the private industry won't do anything at pace. DMc gave an example of Tesco going ahead with limits on multi-buy offers despite the UK Government reneging on pledges to tackle such offers. Government has its role as private companies don't usually do anything voluntarily.
- EH asked DMc about calorie values in restaurants and takeaways and what progress is being made on this in Scotland. DMc said that this is something that needs to be done in line with calorie and alcohol labelling in general and that Obesity Action Scotland would be best placed to respond to that.
- SD picked up on a comment from AS about toxic chemicals in e-cigarettes adding that some chemicals are found to be safe when used in food ingredients but there is no data available on what happens when they are heated and that there are many question marks over such chemicals.
- JC thanked DMc and BHF for their support and investment in the NCD alliance and the continued support of ASH Scotland is working together ahead of the public health bill.

Agenda item 5

Respiratory Care Action Plan

- EH introduced Kerry Ritchie from ALLIANCE Scotland who will discuss the work of ALLIANCE to create the Respiratory Network to support the implementation of the Respiratory Care Action Plan.
- KR outlined the aims and values of the ALLIANCE to support people living with lung conditions use their voice to support the implementation of RCAP and showed the range of Lived Experience Networks across a number of health areas.
- The Respiratory Network is being set up by The ALLIANCE with support from Asthma + Lung UK Scotland and Chest Heart and Stroke Scotland, with the aim to ensure the Network is representative of the population of Scotland, with strong relationships to build capacity and support for the Network.
- KR stated that part of the role of The ALLIANCE is to reduce barriers for people with lung conditions to engage and share their experiences, with training and a safe space.
- KR then updated the CPG on what has been done to date, including promoting the Network, launching an event and designing training packages.
- There are 30 members signed up to the Network so far.
- KR informed that the Year 1 priorities from RCAP are data, child to adult transitions and pulmonary rehabilitation.
- KR asked for members of the CPG to share the Network with anyone they know who may be interested in being involved and that more details can be shared.
- KR finished her presentation and asked for any questions.
- EH thanked KR and said that it was very interesting, linking to her own experiences of the Health Committee working with the ALLIANCE.
- GB also thanked KR for her presentation adding that it is very important to have patient experiences involved in the Scottish Respiratory Advisory Committee, of which Asthma + Lung UK Scotland is a member of, and encouraged members of the CPG to join the Network if they have respiratory conditions.
- EH reflected on the Asthma + Lung UK Scotland reception saying that Dr Tom Fardon also spoke about having patient experiences during the Scottish parliament reception.
- EH also picked up on a stat Dr Tom Fardon used at the reception after being in Jordan, stating that the country has an 80% smoking rate.
- EH asked for any further questions for KR and JC asked KR to explain what time commitments and skills are required for joining the Respiratory Network.
- KR responded to say the people with experiences of pulmonary rehabilitation and child to adult transitions are needed as they are the year priorities for SRAC. KR also added anyone with an interest in data should come forward and that there will be other areas coming up as the RCAP is implemented and people should engage where they are comfortable but that there is training and support being offered.

- EH asked KR if expert patients can feed into the Network to support the implementation. KR agreed that the implementation of RCAP needs that experience.
- EH thanked all speakers, adding that it was an interesting meeting and that she, AS, MR, JC and GB would discuss after the meeting any actions to take.

Future Topic Suggestions

- EH handed over to AS to use some of the time to discuss what issues or topics can be raised at future CPG meetings.
- Martin Coombes from Bristol Myer Squib raised targeted lung checks and lung cancer national screening, adding that the issue is out for consultation by the UK National Screening Committee with a deadline in early June. MC said it would be great for members to take part in that consultation and if there was opportunity for screening to be raised in parliament.
- AS responded to say that he would encourage members to take part in that consultation and that he and EH will discuss screening after the CPG meeting.
- Maureen Ward of Action for Pulmonary Fibrosis asked for a presentation on the availability of clinical trials and research for people in Scotland. AS agreed.
- George Davidson made a plea for RCAP to be a standing agenda item for meetings going forward to get updates on the implementation of RCAP. AS agreed and would discuss with GB.
- EH raised the idea of an air quality debate in the Scottish Parliament and that MR supported the idea, although he is Asthma + Lung UK Scotland Clean Air Champion.
- EH also raised concerns about green inhalers, citing work of Garry McDonald and others in recent months to ensure that people get the most appropriate inhaler.
- AS thanked everyone for their contributions and ideas.

Agenda item 6

AOCB

- **Low Emission Zones**
 - GB asked to inform the group that Low Emission Zones are coming to effect in Glasgow, Edinburgh, Aberdeen and Dundee. GB said it was a positive step in tackling air pollution along with the implementation of the Cleaner Air for Scotland 2 strategy.
 - GB said he would keep in touch with AS and EH to support any work they are doing on air pollution.

- Before finishing, GB said that there is still a need to have a meeting with a focus on bronchiectasis, especially as there has been meeting on asthma, COPD and OSA over the course of the previous year.

Agenda item 7

Date of Next Meeting

- AS asked GB what the proposed next date of meeting is. GB responded to suggest Friday 30 September 2022.
- Before closing the meeting, AS thanked everyone, including GB for the work done to promote and support the work of the Cross-Party group.

END OF MEETING