

# Cross-Party Group on Lung Health

## Grŵp Trawsbleidiol ar Iechyd yr Ysgyfaint

Minutes from 21 September 2021

### Attendees

#### MLAs

Altaf Hussein MS

Jane Dodds MS

John Griffiths MS

Mike Hedges

Ioan Bellin (representing Rhys ab Owen MS)

Heledd Roberts (representing Rhun ap Iorwerth MS)

Jack Harries (representing Vikki Howells MS)

#### Non MLAs

Joseph Carter - Asthma UK and British Lung Foundation Wales

Dai Davies - Royal College of Occupational Therapists

Dave Edwards - Hywel Dda UHB

Chrissie Gallimore - GSK

Jennifer Gilroy-Cheetham - Chiesi

Claire Hurlin - Hywel Dda UHB

Calum Higgins - Chartered Society of Physiotherapy

Natalie Janes-Plumley - Aneurin Bevan UHB

Rhys Jefferies - NHS Wales Health Collaborative

Harriet Lewis - Chiesi

### Apologies

Natasha Asghar MS

Jayne Bryant MS

Cefin Campbell MS

Gareth Davies MS

Paul Davies MS

Janet Finch Saunders MS

Luke Fletcher MS

Heledd Fychan MS

Russell George MS

Llŷr Gruffydd MS

Vikki Howells MS

Rhun ap Iorwerth

Mark Isherwood MS

Delyth Jewell MS

Samuel Kurtz MS

Darren Miller MS  
Rhianon Passmore MS  
Jenny Rathbone MS  
Sam Rowlands MS  
Carolyn Thomas MS  
Buffy Williams MS  
Sioned Williams MS

## 1. Welcome and why need an Cross-Party Group on Lung Health - Joseph Carter, Head of Asthma UK and British Lung Foundation Wales

**Joseph Carter** gave a presentation about Asthma UK and British Lung Foundation Wales and why Wales needs a new respiratory plan or Quality Statement.

He talked about the work of the charity to provide hope, help and a voice to the 1 in 5 people living with lung conditions.

He explained the main lung conditions and how prevalent they are:

- Asthma: In Wales, around 314,000 people are currently receiving treatment; including 59,000 children.
- COPD: 74,000 people diagnosed with COPD in Wales.
- IPF: Approximately 2,000 people living with Idiopathic Pulmonary Fibrosis in Wales.
- Bronchiectasis: estimated that around 1 in every 1,000 adults in Wales have the condition.
- OSA: estimated to be at least 13% of adult men and 6% of adult women living with Obstructive Sleep Apnoea.
- Long COVID: no definitive number of people living with the condition. Estimates suggest around 10%. Given over 323,000 people have been diagnosed with COVID-19 - that could mean over 32,000 people living with Long COVID.

He talked about the progress made pre-COVID to improve diagnosis of lung condition and access to certain services, but there were still challenges and he shared Basic asthma care results from the Annual Asthma Surveys, where Wales consistently has the lowest levels of basic care.

He explained that the Respiratory Health Delivery Plan had officially finished in 2020 and has been extended for another year, but it is unclear what will replace it.

He asked MSs to form a new Cross-Party Group for Lung Conditions to help push for a new Respiratory Plan or Quality Statement.

He asked the Members of the Senedd if they had any questions.

**Jane Dodds MS** commented on Wales having the highest proportion of respiratory illnesses and asked why. **Joseph Carter** explained about the high smoking rates and industrial legacy. He talked about regional variations in Wales and the links with poverty and air pollution.

She asked for examples from other countries of best practice. **Joseph Carter** talked about the lower levels of doctors in Wales in comparison with other country. We could be supporting far more people locally in primary care if there were more doctors. He talked about the examples of other countries screening their populations for lung conditions and better using spirometry. He also pointed to the potential to improve services through digital innovation, in particular apps.

**Rhys Jefferies** talked about the challenges of delivering in spirometry in primary care. He said that 25% of people listed as having COPD and 30% of people listing as having asthma, are wrongly diagnosed. We need to get this right.

He also talked about the comparison with COVID-19, where the NHS was able to move very quickly and embrace new technologies, some of which had been developed originally for other lung conditions first. The challenge is to change ways of working for treating chronic lung conditions as well.

**Dr Altaf Hussein MS** talked about Wales' industrial heritage, the challenges of smoking and the risks of asbestos related lung conditions like mesothelioma.

**Joseph Carter** explained that mesothelioma was a priority for Asthma UK and British Lung Foundation, but this had historically been looked at by the Cross-Party Group on Asbestos, so he hadn't envisaged it being looked at by this group.

## **2. AGM - Election of Chair and Secretariat of the CPG.**

**Joseph Carter** said that there had been one nomination for Chair from **John Griffiths MS**. The nomination was seconded by **Dr Altaf Hussein MS** and he was elected.

**John Griffiths** took over the chairing of the meeting and asked MSs to support the nomination of Joseph Carter and Asthma UK and British Lung Foundation Wales to provide the secretariat. This was agreed.

## **3. Registration of members: Confirming MSs who want to register**

**John Griffiths MS** confirmed that the following MSs had agreed to be listed as members of the group:

- John Griffiths MS
- Rhys ab Owen MS
- Rhun ap Iorwerth MS

- Vikki Howells MS
- Buffy Williams MS
- Rhianon Passmore MS
- Mark Isherwood MS
- Heledd Fychan MS

He asked **Jane Dodd MS**, **Mike Hedges MS** and **Altaf Hussein MS** if they wanted to register and they agreed.

#### 4. Presentation from Rhys Jefferies. Respiratory Health Implementation Group

**Rhys Jefferies** gave a presentation on the 5 lessons that he had taken from developing and implementing the respiratory delivery plan.

The 5 lessons were:

- The first plan (2014) was ok, the second one (2018) was good, the next one would be transformative
- A delivery plan needs to deliver impact. A focus on things that matter
- Implementation of a national plan is complex and takes time - we need more time to make the complex simple
- Identifying the target audience is the first step, getting their attention is the next, empowering them is the ultimate goal
- We have standardised practice, reduced variation and provided the stimulus for change.

The new plan needs to be:

- Transformative
- Impactful
- Make complex simple
- Empowering
- A stimulus for change

**Jane Dodds** asked if there was one thing we could focus on cross-party, what would it be. **Rhys Jefferies** said we need to penetrate the population, by empowering and educating GP and practice nurses.

**John Griffiths** asked whether we were pushing at an 'open door' with Welsh Government. He asked whether the pandemic and long COVID made this a good time to be focussing on lung health.

**Rhys Jefferies** couldn't speak for Welsh Government, but he thought that the respiratory health delivery plan had created systems and processes that were now ready to be expanded into more areas and through technology, we could transform respiratory care. He felt local health boards need to focus more on lung health. COVID and Long COVID showed these systems and technology work.

**5. Purpose and future planning - Aims and purpose of the CPG, proposals for agendas of future meetings (speakers etc) and next meeting date?**

**Joseph Carter** proposed the following purpose and it was agreed by the group:

Help improve respiratory care in Wales and promote a more strategic approach to addressing long-term improvements. Increase political awareness about the scale of respiratory illness, the cost to health and social care, its links with wider health inequalities, prevention opportunities, and the cross-cutting connections with other parts of the public health agenda.

**John Griffiths MS** asked fellow MSs to think of topics they would like to discuss.

**Jane Dodds MS** asked whether there was one thing we could highlight right now in the Senedd through a debate or a motion.

**John Griffiths MS** suggested that we could write to the Minister and find out what they are doing.

**Joseph Carter** agreed to approach Eluned Morgan MS. He proposed that the next meeting could be focussed on COPD and coincide with the publishing of the AUK-BLF Wales COPD survey on World COPD Day. This would be linked to a statement of opinion and could be used for a motion as well.

**Action: Joseph Carter to complete the paperwork to register the Cross-Party Group on Lung Health**

**Action: John Griffiths MS to sign the form and submit to the Senedd Commission**

**Action: John Griffiths MS and Joseph Carter to agreed dates for future meetings**

**Action: Joseph Carter to write to Eluned Morgan MS**

**6. Any other business**

**John Griffiths MS** asked if anyone had any other business. They didn't, so he thanked everyone for attending and brought the meeting to a close.