

Cross-Party Group on Lung Health Grŵp Trawsbleidiol ar Iechyd yr Ysgyfaint

Minutes from 21 May 2024

Attendees

MSs

John Griffiths MS (supported by Andrew Bettridge)

Mabon ap Gwynfor MS

Altaf Hussain MS

Mike Hedges MS represented by Ryland Doyle

Sam Rowland MS represented by Harry Saville

Non MSs (19)

Andrew Cumella

Anna Francis (presenter)

Dr Anthony Gibson

Claire Hurlin

Dave Tyler

Giorgie Rushton

Haleema Khan

Joanna Oliver

Joseph Carter

Josephine Cock

Dr Katie Pink (presenter)

Kimberley Lewis

Natalie Jane

Pam Lloyd

Phillip Webb

Rebecca Miller- Asthma + Lung UK Cymru (Secretariat)

Sarah Mckenna

Sue Lang

Valerie Tweedie

1. John Griffiths MS - Welcome and introductions

John Griffiths MS started the meeting and thanked everyone for attending. He explained that due to the size of the meeting not everyone would be expected to introduce themselves. **John Griffiths MS** asked which other MSs were present. **Mabon ap Gwynfor MS** made himself known and **Ryland Doyle** explained that he was representing **Mike Hedges MS**.

2. John Griffiths MS – Minutes of the last meeting

John Griffiths MS explained that the minutes of the last meeting were approved by himself and **Mabon ap Gwynfor MS**.

3. John Griffiths MS – Apologies

John Griffiths MS read apologies from the following MSs:

Darren Millar MS
Jane Dodds MS
Llyr Gruffydd MS
Mark Isherwood MS
Natasha Ashgar MS
Peredur Owen Griffiths MS
Sam Kurtz MS
Tom Giffard MS
Vikki Howells MS

4. Joseph Carter – Matters arising

From the previous meeting there was one action, to write to the then Minister for Health and Social Services regarding research from the Applied Centre for Asthma Research. However this not completed due to the change of government.

Action: This group will incorporate the suggestions from AUKCAR into its letter to the Cabinet Secretary for Health and Social Services following this meeting.

5. Joseph Carter- Annual General Meeting of the Cross Party Group on Lung Health

Joseph Carter explained that as the Annual General Meeting (AGM) was due it was for MSs to re-elect the Chair of the group and for the Chair to appoint the Secretariat. **Joseph Carter** explained that **John Griffiths MS** had kindly offered to stand as chair and asked if **Mabon ap Gwynfor MS** would be happy to nominate him. **Mabon ap Gwynfor MS** nominated **John Griffiths MS** who confirmed that he would accept.

Joseph Carter then asked **John Griffiths MS**, as continuing Chair, who he would nominate for secretariat. **John Griffiths MS** nominated Asthma + Lung UK Cymru to continue in the role. **Joseph Carter** explained that Asthma + Lung UK Cymru has appointed **Rebecca Miller** to the role of Policy and Public Affairs Officer and she will be performing the secretariat function as these meetings going forward.

Joseph Carter thanked **John Griffiths MS** for continuing as Chair and **Mabon ap Gwynfor MS** for nominating him.

6. Dr Katie Pink , Cardiff and Vale Health Board and National Asthma Lead

Dr Katie Pink explained that in 2014 the Welsh Government established the Respiratory Health Implementation Group, which was designed to help support improvements in the quality of respiratory services and to deliver better patient outcomes, including asthma guidelines.

She detailed that the previous guidelines have been confusing for clinicians and now experts have a greater understanding of how asthma affects the airway and lungs. She explained that previously it was thought that asthma caused constriction, however recent evidence shows that it is inflammation that is happening in the airway.

She explained that older guidelines suggest that patients start with the blue Salbutamol inhaler, which is a short acting bronchodilator. She explained this is effective for the immediate relief of symptoms, however the result is very short lived and does not treat the underlying inflammation. **Katie** cautioned that this inhaler will also not protect from life threatening asthma attacks that can occur even in patients that have even very mild symptoms.

Katie gave background on the brown steroid inhaler, which was historically added into treatment when the patient had already been using the blue inhaler. She explained this proved difficult for patients to adopt, as they had become dependent on the blue inhaler, and regarded it to be their primary treatment. She explained that adherence to the preventative steroid treatment is poor at less than 50%. She explained this leads to the overprescription of blue inhalers with the UK being one of the worst performing countries in Europe for this overprescription.

Katie explained new research recommends combination inhalers that contain both the inhaled steroid and the bronchodilator together, which can be both preventative and provide symptom relief.

She stated that she hopes that by reducing the need for blue inhalers, this will also end the reliance on meter dose inhalers. She explained that these contribute 3-4% of the NHS's carbon footprint, whereas the dry powder inhalers do not rely on harmful propellants. She explained that these new inhalers and the growing uptake of biologics to treat severe asthma are part of value based prescribing which can lead to improved outcomes for patients.

Katie's PowerPoint presentation is included with these minutes.

Q&A Session following Dr Katie Pink's presentation

John Griffiths MS read a question in the chat from **Phillip Webb** about the effect of poor indoor air quality and whether that was something in **Katie's** remit. **Katie** replied no, but referred to the work of Asthma + Lung UK Cymru and **Anthony Gibson** who commented this would something he will be working on in future.

John Griffiths MS invited **Phillip Webb** to expand. **Phillip** explained that he wanted to make the NHS aware of changes within the building industry which would help with the indoor air

quality. He explained that these changes are being monitored and should reduce the exacerbation and the development of lung conditions.

John Griffiths MS asked if the combination inhaler would be suitable for every asthma patient. **Katie** replied that it should become the mainstay of treatment as it is a more natural way of managing asthma. She commented that the primary care sector is actively encouraging people to switch.

7. **Anna Francis**, Health Data Analyst at Asthma + Lung UK

Anna Francis detailed the asthma-specific results of Asthma + Lung UK's second annual Life with a Lung Condition Survey. She explained survey was open from January to March 2024 and was promoted via the mailing list.

She acknowledged that the nature of the survey would have resulted in some digital exclusion, while the length of the survey (70 questions) would have been a barrier to those with lower health literacy.

Anna explained that out of 513 responses in Wales:

- 79% of responders were female while 21% were male
- 99% of respondents were white
- Two in five respondents earned less than £20,000, while 6% earned £70,000 and above
- Almost half of the respondents owned their home outright, 25% owned with a mortgage, around 25% are in rented housing, while 3% live with families.

She explained how respondents are coping with the increased cost of living and the impact on their health:

- Most survey respondents are struggling to pay for essentials, including food, heating and rent or mortgage.
- 1 in 4 reported their asthma was affected by damp and cold in their homes
- Respondents were nine times less likely to report themselves in very good health than the general population.
- 7 out of 10 respondents reported comorbidities such as musculoskeletal problems, mental illness, and issues with digestive system.
- Only half the respondents were having conversation about comorbidities with their healthcare professionals.

Anna explained the survey results with regards to diagnosis:

- 46% of respondents with diagnosed with 1 month
- 79% were diagnosed within one year
- 12% waited over two years for a diagnosis, which would mean they were not receiving treatment in this time.

- 52% found they waited five or more years for a diagnosis from the onset of symptoms
- 27% waiting 15 years between onset and diagnosis.

She detailed the survey results on asthma care levels

- 21% had a written asthma action plan, an annual review and review of their inhaler technique. (In the rest of the UK this figure is 31% with this gap widening since 2021)
- 56% had a review of inhaler technique
- 30% have a written asthma action plan
- 24% are only receiving of the three elements
- 17% have no elements at all
- 70% of respondents have uncontrolled asthma
- 27% have received emergency care for their asthma
- However 9 in 10 feel confident in their interactions with health professionals

She also detailed respondents' asthma triggers which included smoking, vaping, air pollution and stress.

Anna's PowerPoint presentation is included with these minutes.

Q&A Session following Anna Francis's presentation

Josephine Cock asked if the survey featured any questions about wood stoves as impacting either the owner of the stove or surrounding neighbours. **Anna** explained that was in the survey and she would send **Josephine** the results.

Action: Anna Francis to email the statistics on wood stoves to **Josephine Cock**

Josephine Cock asked what we can do about wood stoves as councils do not seem interested. **Anna** deferred to **Joseph Carter** who replied Welsh Government is going to be working on new draft regulations which incorporate restrictions on domestic burning, including wood stoves. These should be put through Senedd by April 2025. **Joseph** reminded the group that the Cabinet Secretary for Climate Change and Rural Affairs would be at the Cross Party Group on Clean Air next month to discuss this further. **Joseph** explained he expected to see push back from the manufacturers of wood stoves but explained that as a charity, Asthma + Lung UK would favour very robust regulations due to the effect of wood burning stoves on asthma and other lung conditions.

Josephine Cock also explained that she feels we need more air quality monitoring as the current situation allows the council to ignore poor air quality. **Phillip Webb** explained that there are already outdoor air quality monitors however it can be difficult to obtain the data

they are transmitting. He explained he is working on a project regarding this. He explained that many councils are unaware of where air quality monitors are located. He also stated that vehicle traffic is a large polluter but the largest air polluter is agriculture.

Kimberley Lewis asked if patients are educated well enough to know what they should expect from well controlled asthma. She gave the example that she is aware many patient suffer coughs which wake them at night, however they feel this is what they should expect as part of having asthma.

Kimberley asked are we failing as healthcare professionals and as interested parties to educate patients that actually well controlled asthma should not stop them living their lives? She pointed out that the data shows that patients expect to be affected and that it is a barrier to them seeking treatment. **John Griffiths MS** commented that this speaks to itself.

8. John Griffiths MS – Next meeting and the work ahead

John Griffiths MS confirmed that the next meeting will be held at 10am on 24 September 2024 and would be on pulmonary fibrosis and the would be an in person reception at the Senedd on 26 November . **Joseph Carter** added that invites to those two events would follow with the minutes.

9. John Griffiths MS - Any other business

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