

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

Meeting 4th February 2025

9.30am

Attendees:

MSs:

- John Griffiths MS (Chair)
- Mabon ap Gwynfor MS

Other Attendees:

- Joanne Allen
- Joseph Carter (Asthma + Lung UK Cymru)
- Julie Carter
- Jerome Donagh (Cwm Taf Morgannwg UHB)
- Ryland Doyle (representing Mike Hedges MS)
- Dave Edwards (Hywel Dda UHB)
- Louise Elliott (ASH Wales)
- Caroline Evered (Swansea Bay UHB)
- Jennifer Gilroy-Cheetham
- George Godfrey (AstraZeneca)
- Chelsie Hardcastle (Cardiff and Vale UHB)
- Calum Higgins (Chartered Society of Physiotherapists)
- Meg Lewis
- Val Maidment
- Julie Mayes
- Bec Miller (Asthma + Lung UK Cymru, Secretariat)
- Rebekah Mills Bennet (Hywel Dda UHB)
- Jonathan Morgan (AstraZeneca)
- Nicola Perry-Gower (Swansea Bay UHB)
- Kathryn Singh
- Alice Spencer
- Dave Tyler (Cwm Taf Morgannwg UHB)

1. Welcome and Introductions

John Griffiths MS welcomed all attendees and requested that microphones be muted. He asked Members of the Senedd (MSs) to identify themselves. At that point, no additional MSs were present.

2. Presentation: Lessons in Asthma- Speaker: Dave Edwards

Dave Edwards presented on his project, treating children with asthma in a school environment. He shared insights from working with children in schools, as opposed to in a medical setting such as a GP practice noting that they would feel more comfortable in 'a child's space'.

He also highlighted the impact of improved inhaler technique and medication adherence, with parents and grandparents reporting significant symptom improvements.

Aims of the Programme:

Dave began by outlining the aims of the programme, which were:

- Improve quality of life
- Improve school attendance
- Improve asthma control
- Reduce unscheduled care attendances
- Align with environmental sustainability goals

Design and Delivery:

He explained that the school had identified the children who would participate based on their use of blue inhalers. He explained he had read/write access to medical records and prioritised high-value interventions focusing on education.

Key Educational Components:

- Expert guidance for patients and parents
- Personal asthma action plans
- Emergency reliever policies
- Vaping education

Impact:

- 43% of children were not adherent to their inhaler regimen at baseline
- 69% reported improved adherence following intervention
- Fewer respiratory-related attendances at Primary and Acute Care Units (PACU)
- Positive feedback from schools

The presentation contained videos of parents and teachers explaining the difference in children's asthma symptoms and quality of life.

Despite the success, the pilot programme's funding will end in five months' time, and continuation is uncertain, raising concerns about sustainability and long-term impact measurement.

3. Discussion and Questions:

Val Maidment questioned why such a successful model was not receiving continued funding.

Dave Edwards explained that while the model was developed in response to poor outcomes, securing long-term funding requires predefined success metrics. He acknowledged the inherent challenge of pilot programmes ending without a guaranteed evaluation framework.

Louise Elliott raised concerns about cost-benefit analysis, asking if there was a way to compare the cost of preventative work with the cost of increased GP and emergency department visits if the project were discontinued.

Dave Edwards responded that while the intervention is currently costly, scaling it up would reduce costs significantly.

Joseph Carter thanked Dave for his presentation and noted that this type of community-based intervention aligns with recent statements made by Mark Drakeford MS on shifting healthcare services from hospitals to community settings.

4. Presentation: AstraZeneca's Medical Mission- Speaker: George Godfrey, Head of Medical, AstraZeneca

George Godfrey introduced AstraZeneca's (AZ) medical missions, with a particular focus on asthma management. The primary goal is to limit asthma attacks and reduce reliance on oral corticosteroids.

Key Initiatives:

- Partnering with the NHS to support early screening and diagnosis
- Implementing best practice and specialist pathways
- Providing policy leadership

Case Study: Hywel Dda UHB

George noted that Wales has the most progressive asthma guidelines in Europe, focusing on prevention and the use of MART inhalers.

Hywel Dda UHB has been implementing these guidelines using expert respiratory nurse groups.

Since 2021, respiratory nurses have ensured that Hywel Dda now exceeds other health boards in the percentage of guideline-recommended inhalers prescribed.

Implementation has resulted in reduced exacerbations and lower burdens on A&E and GP services.

The team prioritises high-risk patients, particularly those overusing short-acting beta-agonist (SABA) inhalers and requiring multiple courses of oral steroids.

Impact and Next Steps:

- Positive outcomes demonstrated compared to Aneurin Bevan University Health Board (ABUHB)
- Ongoing evaluation to demonstrate long-term benefits and cost-effectiveness
- AZ's first project under the charter signed with the Welsh Government, Swansea University, and the Life Sciences Hub Wales to scale healthcare innovation
- Collaboration opportunities to share knowledge and resources

5. Discussion and Questions:

Joseph Carter asked whether a standardised model exists for fairly evaluating respiratory nursing models.

George Godfrey responded that no standardised model exists. However, asthma-related clinical benefits—such as disease control measures and exacerbation reduction—are well established. He emphasised the need for improved cost-benefit evaluations to encourage policymakers to fund such interventions.

Joseph Carter highlighted the importance of measuring the economic impact of interventions to strengthen the case for long-term funding, as with Dave's presentation above.

6. Meeting close

John Griffiths MS thanked all attendees and speakers for their contributions. John gave details of the next meeting, which will take place on Tuesday 13th May 2025 at 9.30am.