



Cross Party Group on Lung Health

Grŵp Trawsbleidiol ar Iechyd yr Ysgyfaint

Meeting 23.09.2025

9.30am

Attendees:

MSs:

- John Griffiths MS (Chair)

Other Attendees:

- Alice Spencer- patient volunteer
- Anthony Gibson – CTM UHB, Medical Directors Office
- Bec Miller- (Asthma + Lung UK Cymru, Secretary)
- Ceri Lane – Cardiff and Vale UHB, Respiratory Medicine
- Christine Phillips – PTHB, Community Respiratory Team
- Darren Griffiths- RCPCH
- Dave Edwards- Pharmacist, Hwyl Dda
- Doyle, Ryland – Staff Cymorth yr Aelod | Member Support Staff
- Frankie Toner- Chiesi
- Joanne Allen – PTHB, Respiratory
- Joanne Oliver – NHS Wales Performance and Improvement
- Jonathan Morgan – ASM
- Joseph Carter- Asthma + Lung UK
- Josephine Cock- patient volunteer
- Julie Ann Wrede- NHS Wales
- Leigh Mair – HP MA, BI-GB-B
- Michelle Treasure- NHS Wales
- Ryland Doyle –Member Support Staff
- Stephanie Phillips Morgan- patient volunteer
- Suzanne Cass- ASH Cymru
- Tom Powell – CTM UHB, CTM Regional Partnership
- Val Maidment – patient volunteer

1. Welcome and Introductions

- John Griffiths MS welcomed attendees and outlined meeting etiquette.
- Attendees were asked to mute microphones and use the chat for questions.

2. Minutes of the Previous Meeting

- No objections raised; minutes from May were approved.

3. Matters Arising

- Bec Miller reported:
 - The group had written to the Cabinet Secretary for Health and Social Care regarding previous discussions.
 - A meeting was held in July with Anthony Davies (Welsh Government) to discuss the Pembrokeshire Pharmacy Project and interface nursing.
 - A follow-up letter with data was sent in August; response pending.

4. Annual General Meeting (AGM)

- Chair Election:
 - John Griffiths MS re-elected as Chair.
 - Nominated by Mike Hedges MS (via representative) and seconded by Sioned Williams MS.
- Secretariat Election:
 - Bec Miller re-appointed as Secretariat, nominated by John Griffiths MS.

5. Presentation: Breathlessness Hubs – Dr Anthony Gibson

Dr Anthony Gibson presented an innovative approach to managing breathlessness through the development of community-based, multidisciplinary hubs.

Rather than following traditional disease-specific pathways, the model focuses on a symptom-based approach, allowing patients to receive respiratory and cardiovascular diagnostics in a single visit.

The goal is to provide timely diagnoses, initiate treatment plans, and offer holistic support including education and self-management strategies. The hubs will be staffed primarily by community healthcare professionals, with specialist input available as needed, and are designed to reduce hospital admissions and improve long-term outcomes.

Questions and Answers:

- *Bec Miller:* Asked about expected patient experience and timeframes.

- *Dr Gibson:* Yes, most patients will undergo diagnostics and receive a diagnosis and treatment plan in a single visit. Some may require specialist follow-up, but the pathway is designed to be efficient and holistic, including education and self-management support.
- *Suzanne Cass (ASH Wales):* Asked how smoking cessation services would be integrated into the hubs.
 - *Dr Gibson:* Smoking cessation advisors could ideally be present on-site to intervene at the point of diagnosis. He acknowledged the importance of the “teachable moment” and welcomed Suzanne’s suggestion of using CO monitors for brief interventions.
- *Frankie Toner:* Asked about the timeline for implementation and whether the hubs could help alleviate winter pressures. He also asked if the hubs would integrate with the upcoming lung cancer screening programme.
 - *Dr Gibson:* Pilot sites are expected to launch by November 2025. While immediate winter impact may be limited, long-term benefits are anticipated. A separate pathway for emphysema is being developed to avoid overloading the hubs.
- *Valerie Tweedie (Service User):* Shared her personal experience of being bounced between respiratory and cardiac departments for six years before receiving a COPD diagnosis.
 - *Dr Gibson:* Thanked Valerie and confirmed her experience exemplifies why the new model is needed.
- *Stephanie Phillips Morgan (Service User):* Asked about access for rural patients and whether mobile hubs could be considered.
 - *Dr Gibson:* Confirmed plans for mobile services, including potential use of buses and home-based diagnostics. The equipment is portable and designed to be delivered close to patients.

6. Presentation: Pension Credit & Winter Fuel Payments – Dr Tom Powell

- **Project Overview:**

Dr Tom Powell introduced a data-led initiative developed within the Cwm Taf Morgannwg University Health Board to support older respiratory patients living in poor housing. The project used innovative data linkage to identify individuals over 65 who were frequently attending A&E for respiratory issues and living in energy-inefficient homes.
- **Impact and Delivery:**

By combining healthcare data with housing data the team was able to target support more effectively. Through coordinated efforts with third sector organisations and local authorities, nearly 2,000 clients were supported, resulting in over £1.65 million in confirmed additional income through pension credit and related benefits.

- **Scalability and Significance:**

Dr Powell highlighted the simplicity of the data linkage process and stressed the importance of having a public health rationale for data sharing. He emphasised the potential for scaling the initiative across Wales to reduce health inequalities and improve respiratory outcomes.

Questions and Answers:

- *Joseph Carter:* Asked about barriers to rolling out the scheme more widely.
 - *Dr Powell:* The main barrier is permission and appetite for data sharing. The data linkage itself is relatively simple. Coordination and small funding pots are key to scaling.
- *Suzanne Cass:* Praised the data linkage and asked how smoking data could be integrated, especially given the high smoking rates in social housing.
 - *Dr Powell:* Confirmed smoking data could be linked and welcomed further collaboration. Emphasised the importance of having a public health rationale to enable data sharing.

7. Next Meeting and Work Ahead

- Bec Miller confirmed the next meeting will be held on Tuesday 25th November 2025 at 9:30am.
- Speaker details to follow.

8. Any Other Business

- No additional items raised.
- John Griffiths MS thanked all speakers and attendees and closed the meeting.