

Meeting of the Cross Party Group on Lung Health
CR4 Scottish Parliament
7 February 2017 5.30pm-7pm

MINUTES

Attendance

MSPs

Emma Harper MSP
Mark Ruskell MSP
Anas Sarwar MSP

Members

Irene	Johnstone	British Lung Foundation (Scotland)
Claire	Shanks	British Lung Foundation (Scotland)
Alison	Sweeney	British Lung Foundation (Scotland)
Katherine	Byrne	Chest Heart & Stroke Scotland
Lorna	Stevenson	Chest Heart & Stroke Scotland
Jill	Adams	Chest Heart & Stroke Scotland
Mark	O'Donnell	Chest Heart & Stroke Scotland
Margaret	Somerville	Chest Heart & Stroke Scotland
Phyllis	Murphie	National Advisory Group for Respiratory Managed Clinical Networks
Tom	Fardon	Scottish Thoracic Society
Adam	Osprey	Community Pharmacy Scotland
George	Chalmers	Glasgow Royal Infirmary
Elaine	Mackay	NHS Greater Glasgow and Clyde
Linda	McLeod	Breathe Easy Clackmananshire (BLF Scotland)
Agnes	Whyte	Breathe Easy Kirkcaldy (BLF Scotland)
Gourab	Choudhury	Royal Infirmary Edinburgh
Andrew	Deans	Royal Infirmary Edinburgh
Julie	Roberts	Mesothelioma campaigner
Alan	Kirk	Golden Jubilee National Hospital
John	Lockhart	University of the West of Scotland
Fergus	Donachie	NHS Dumfries and Galloway
Phyllis	Craig	Clydeside Action Against Asbestos
Alison	Culpan	GSK
James	Paton	West of Scotland Paediatric Complex Respiratory Network
Colin	Selby	Victoria Hospital, Kirkcaldy
Krisnah	Poinasamy	Asthma UK

Non-members

Alastair Ross, Association of British Insurers
Steven Wibberly, British Lung Foundation
John McGill, GSK

1. Apologies

Convener Emma Harper opened the meeting and noted apologies:

- Allison Brisbane, ASH Scotland
- Alison Culpan, GSK (new member, John McGill here in her place)
- Gordon Thomson, Braveheart association

2. New members

The Convener then introduced new members of the CPG:

- **Dr Gourab Choudhury**, Consultant Respiratory Physician and COPD Clinical Lead at the Royal Infirmary Edinburgh (RIE)
- **Andrew Deans**, Senior research nurse, also from the RIE
- **Julie Roberts**, who has done a lot of campaign around mesothelioma (father and uncle died of meso)
- **Mr Alan Kirk**, Cardiothoracic Surgeon, Golden Jubilee National Hospital
- **Professor John Lockhart**, Director, Institute of Biomedical & Environmental Health Research (IBEHR), University of the West of Scotland
- **Dr Fergus Donachie**, a GP from NHS Dumfries and Galloway
- **Phyllis Craig**, CEO of Clydeside Action Against Asbestos
- **Alison Culpan**, Director External Affairs at GSK (John McGill in attendance)
- **Dr James Paton**, Lead Clinician from the West of Scotland Paediatric Complex Respiratory (WoSCoR) Network
- **Dr Colin Selby**, consultant in Respiratory Medicine at the Victoria Hospital in Kirkcaldy, and clinical lead of the Lung Cancer MCN

3. Minutes of last meeting

Phyllis Murphie requested that the minutes from the meeting on 1st November 2016 be amended as follows:

On page 3, to change “A draft National Respiratory Quality Improvement Plan has been developed by Phyllis Murphie and Iain Small.” to “A draft National Respiratory Quality Improvement Plan has been developed by the National Advisory Group for Respiratory Managed Clinical Networks.”

Members agreed that the Secretariat would make the change.

4. Updates since last meeting

Recognition of awards bestowed upon two members:

- **Linda McLeod**: Linda, who has chaired Breathe Easy Clackmannanshire since it was set up in 2010, has received a **British Citizen Award (BCA)**.
- **Agnes Whyte**: Agnes, who chairs Breathe Easy Kirkcaldy, is due to attend Buckingham Palace to become a **Member of the British Empire (MBE)**.

The Convener then handed over to Irene Johnstone (IJ) to update the group on other relevant developments since the last meeting in November, which included:

- Official approval and registration of the CPG by the Standards, Procedures and Public Appointments Committee
- A series of questions around lung health raised in Parliament on the following topics:
 - Chronic Obstructive Pulmonary Disease;
 - The slow pace of decline in smoking in Scotland's most deprived areas;
 - The role of the Scottish Government to improve awareness, availability of screening and prevention in the diagnosis of lung disease;
 - Reducing the impact of air pollution on health inequalities;
 - The need for a dedicated, government led respiratory task force and a national plan for improving Scotland Lung Health.
- IJ highlighted the already evident impact of having a dedicated CPG in helping to raise the profile of lung disease in Parliament via parliamentary questions.
- A debate on mesothelioma in December, led by Kezia Dugdale, supported by CPG members
- The public launch of the Smoking in Cars Bill in December, which makes it now illegal for anyone to smoke in a car with children present.

Members were then invited to update the group on anything else they thought relevant:

- Professor John Lockhart (JL) updated members on a research project on COPD that he is taking part in. It is a five-year project looking at COPD in the south of Scotland, Northern Ireland and the Republic of Ireland. The research is a collaborative effort between Dundalk Institute of Technology (DkIT), Queen's University Belfast (QUB) and University of the West of Scotland (UWS), to deliver the 'BREATH' (Border and Regions Airways Training Hub) project. INTERREG funding of €7.7 million has been awarded for the project.
- Dr James Paton (JP) raised concerns that the Case for Change paper, developed by the secretariat and shared with the group, was lacking in reference to and focus on children and paediatrics. The Convener agreed the importance of paediatrics was not conveyed in the paper, and the secretariat would work with Dr Paton to improve the Case for Change paper.

5. Topic Discussion - Prevention and Protection

The Convener reminded members that at the first meeting in November it was decided that future meetings should have a thematic focus, rather than looking at specific disease areas. The four themes we identified were:

- Prevention and Protection
- Efficiency and Equity of Service Provision
- Service Coordination and Research
- Digital Optimisation, Informatics and Data.

As such, the topic for this meeting was 'Prevention and Protection.' The Convener informed members that there are nearly a million people living with lung disease in Scotland and this includes nearly 72,000 children living with asthma. Scotland also has some of the highest rates of rare diseases caused by inhaling dusts and chemicals in the workplace. But Scotland has no occupational lung health centre to tackle these. So it is right that this group, under the theme of Prevention and Protection, consider issues around exposure to harmful substances.

The Convener introduced the speaker, Dr Tom Fardon, consultant Physician in Respiratory and General Internal Medicine at NHS Tayside, and Secretary for the Scottish Thoracic Society.

Dr Fardon delivered his presentation, which covered the following:

Occupational Health

- Dr Fardon disclosed a list of pharmaceutical companies he has previously worked with, advised and received funding from.
- There are a number of occupational lung diseases, including occupational asthma, workplace aggravated asthma, Reactive Airways Dysfunction Syndrome, pneumoconiosis, and hypersensitivity pneumonitis. Occupational and workplace aggravated asthma place a notable burden on the health service, employees and employers, yet is widely underreported.
- High risk occupations include baking, spray painting, farming, wood and metal work, food processing, health and dental care, chemical processing and textile manufacturing.
- Guidelines from the British Occupational Health Research Foundation (BOHRF) are lacking and out-of-date. Research suggests that clinicians are failing to always accurately recognise and diagnose occupational lung disease in 50% of cases. The symptoms are life-long, but because people are presenting and being diagnosed late, this often leads to loss of earnings and/or employment.
- NHS Scotland is currently unable to deliver a Gold Standard Test for occupational asthma due to a lack of trained health care professionals.
- The Oasys computer programme is a free award-winning program that plots and interprets serial peak expiratory flow (PEF) readings of patients suspected of having occupational asthma. However, currently there is no funding to train people in proper use of Oasys, so this valuable resource is currently inaccessible.
- Service provision varies widely across employers, with employees in smaller companies more likely to be at risk from poor occupational health protection and services. Dr Fardon explained that, as a result of this, these employees would often end up with no choice but to quit their jobs.
- Four clinicians in Scotland are currently leading the charge in terms of occupational lung health:
 - Peter Reid, Edinburgh
 - Graham Devereaux, Aberdeen
 - Tom Fardon, Dundee
 - Ken Anderson, Ayrshire
- Peter Reid and Dr Fardon are of the opinion that occupational lung health has been left "rudderless" since Anthony Seaton and John Ayres left the profession/retired.

- There is currently no occupational health officer, national interest group or network in Scotland, despite efforts made in previous years to establish one.
- Dr Fardon’s “wishlist” to improve occupational lung health in Scotland would include:
 - OASYS fully funded across Scotland
 - Institute of Occupational Medicine Involvement
 - Regional experts
 - National Multi-Disciplinary Team
 - Immunology input
 - Group of Occupational Respiratory Disease Specialists (GoRDS) input.

Environmental lung health (in children)

- Dr Fardon spoke about two causes/contributors of poor lung health in children: mould/spores in damp homes, and diesel fumes from transport.
- The burden of childhood asthma and other lung conditions far outweighs that of occupational health, and has a profound impact on adult lung health. There is an emerging evidence base to support this.
- Research showed the measurable positive effects on people’s health of the smoking indoors ban, which Scotland led the way on. Dr Fardon argued that Scotland can and should also take the lead in tackling air quality and mould/fungal issues that affect children.
- WHO research has concluded that diesel fumes are carcinogenic, linked to an increased risk of lung cancer and possibly bladder cancer.
- Over 100k children attend schools in Edinburgh, Falkirk and Rutherglen, which have all been identified as areas with illegal and unsafe levels of NO₂. An FOI request by the British Lung Foundation found that only 3 schools in these areas have pollution monitors.
- Child poverty, which currently affects more than 1 in 5 children in Scotland, is clearly linked with lower health outcomes, including chronic illness.
- There is a substantial body of evidence and numerous groups dedicated to researching/tackling mould-related asthma and lung conditions.
- In Scotland, there is no national network or centre for mould/fungus related disease, and there are limited testing facilities and treatment options.
- Dr Fardon and his colleagues feel there is a cluster of people working in Scotland on these issues, but there is no support for them.
- Dr Fardon is regularly asked to provide support to legal cases involving damp homes, but it is very difficult to prove that a person’s lung condition has been caused or worsened by their living conditions, because of the lack of testing.

Conclusion

- **Occupational lung disease is common**
 - Inequality for those not in large companies
 - No OASYS funding, or challenge testing
- **Environmental lung disease is under-reported**
 - Diesel fumes are an emerging threat
 - Particulate matter and NO₂ levels are particularly high in Scotland

- Mouldy homes and schools present a real threat to children and adults with asthma
- No access to fungal lung disease expertise in Scotland

Co-convenor Mark Ruskell opened to the floor for questions and debate. Some key issues raised included:

- **Gourab Choudhury** believes there needs to be increased awareness in primary care of occupational and environmental lung disease, and suggested some sort of “snapshot” audit of asthma in primary care.
- **Colin Selby** agrees that Oasys should be funded, arguing that much less valuable resources are currently receiving funding instead. James Paton added that perhaps a national competition could be run to design an Oasys app for mobile/tablet use.
- **Andrew Deans** was curious what involvement industry and pharma has in occupational health. Dr Fardon said that there was no interest or research that he was aware of - the numbers of cases are relatively small and treatment is the same.
- **Phyllis Murphie** asked about the role of Public Health in addressing these issues, but Dr Fardon pointed out that Public Health is one of the most underfunded and therefore stretched departments.
- **Steven Wibberly** was interested in the challenges around smaller companies and the prevention of occupational lung disease. Dr Fardon explained that smaller companies may not even have occupational health contracts and even though health and safety regulations are in place, it clearly isn’t enough. Dr Fardon is unsure of the solution, though perhaps legislation could be a way forward?
- Dr Fardon reiterated that better awareness of occupational lung disease is key here, stating that “one person’s diagnosis is another’s prevention”.
- **James Paton** wanted to know what the government is doing to improve the current housing stock in light of all the evidence that shows that dry housing results in a marked improvement in lung health. Just as epidemiological evidence led to policy change for smoking indoors, so should such evidence lead to change in housing policy.
- **Mark Ruskell** wanted to know how the issue of damp housing varies across tenures, ie. Is the problem greatest in social, private or owner-occupied housing?
- **Anas Sarwar** said that damp housing a real problem in his constituency, particularly in the private rented sector, despite improvements in social housing and some provisions in the Housing Act aimed at improving private and owner-occupied housing.
- **Irene Johnstone** reminded members that this group could be the vehicle through which to raise these issues. Anas suggested that members raise questions about damp housing directly with the housing minister. Emma Harper said she could raise air quality issues with the sub-committee on air quality on which she sits.
- **Mark O’Donnell** suggested looking at joint meetings with other CPGs with cross-cutting issues relevant to the Lung Health CPG, for example, the CPG for Improving Scotland’s Health: 2021 and beyond.
- Mark also reminded members that the battle against smoking has not yet been won and work still needs to continue on that. George Chalmers added that people with lung disease often feel they are to blame for their illness, which inhibits their engagement with health services.
- **Colin Selby** asked what political appetite there is for vehicular bans in cities to improve air quality. Emma Harper updated the group of the work of the Environment, Climate

Change and Land Reform Committee, saying that options for vehicular bans, low emission zones etc are being looked at currently. **Mark Ruskell** updated members of his planned private members bill to introduce 20mph speed zones as a means of improving air quality.

- **Linda McLeod** said there was a real problem in her area of cars sitting outside school gates with their engines running. **Julie Roberts** suggested that Transport Scotland should embark on a public awareness campaign on air quality.
- **Phyllis Craig** informed members that a bill on asbestos that has been in the pipeline for some time is again being looked at by MSPs and government.

6. Next Steps

- Members agreed with the Convener that the joint-Secretariat would draw up the minutes and key points of the meeting and share with members as soon as possible.
- Over the coming weeks the group would look at tabling parliamentary questions on the key issues raised, co-ordinated by the joint-Secretariat.
- The Convener agreed to explore options for sharing the Case for Change with key decision-makers, including the Cabinet Secretary for Health and Sport, as well as looking at possible events that could be hosted by the CPG after the summer recess.

7. Proposal for meeting schedule and topic discussions

- **Next meeting - May 30th** - to discuss Efficiency and Equity of service provision, including cost effectiveness of non-pharma interventions such as pulmonary rehabilitation. Views to be sought from members on this.
- **September/October** - Coordination and Consistency (*exact wording subject to change*)
- Members agreed to invite the authors of the Welsh strategic respiratory plan to a future meeting in order to learn from their experience.
- Members were keen to pursue the Convener's suggestion that the group host a parliamentary event and hopefully a debate to tie in with World COPD Day in November.

8. AOB

- Jill Adams (CHSS) notified members that a piece of research in collaboration with Scottish Pulmonary Rehabilitation Action Group on pulmonary rehabilitation will be published soon and suggested the findings should be presented at a future meeting.
- Mark Ruskell informed members that a consultation on his private members bill on 20mph zones will be launched over the coming weeks.

9. Close

Convener Emma Harper closed the meeting.

Joint-Secretariat provided by British Lung Foundation Scotland and Chest Heart & Stroke Scotland:

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