

Cross-Party Group on Lung Health

12-1.30pm, 2 May 2025

Recording can be found here -

<https://www.facebook.com/asthmalungscot/videos/9209301699162604>

Present

MSPs

Emma Harper MSP (Co-Convenor)

Alexander Stewart MSP (Co-Convenor)

Guests

Professor James Chalmers

Karen Frankland

Non-MSP Group Members

Gareth Brown (Secretariat)

Agnes Whyte

Alison Stewart

Amanda Walker

Ann McMurray

Carol Thompson

Esme Allen

Frankie Toner

George Davidson

John Lockhart

Joseph Carter

Katie Johnston

Leigh Mair

Liz Mason

Margaret Taylor

Maureen Ward

Mike Parker

Richard Stork

Shona Brown

Sophie Bridger

Steve Brown

Steven Adair

Tom Fardon

Vicki McGrain Rae

Wayne Bates

Willie McGhee

Apologies

Anne Crilly
Carol Wood
Dianne Foster
Dr Emily Kennedy
Dr Gourab Choudhury
Dr Pamela Kirkpatrick
Frankie Toner
John Lockhart
Julie MacDougall
Kenneth Macleod
Liam Clutterbuck
Linda McLeod
Olivia Fulton
Zieda Taylor

Welcome and Introductions

- Emma Harper (EH) welcomed everyone to the CPG on Lung Health, following the AGM.

Minutes of Previous Meeting

- EH asked the CPG to approve the minutes from 7th February 2025 then asked Gareth Brown if there were any notes before the minutes were approved.
- Liz Mason (LM) proposed the minutes and Joseph Carter (JC) seconded the minutes.
- EH thanked the members before moving to the next topic and handing over to Professor James Chalmers (JCh) to talk about bronchiectasis.

Bronchiectasis - Professor James Chalmers

- JCh opened by thanking EH for the opportunity to speak about a topic he is very passionate about, adding where Scotland stands with bronchiectasis.
- JCh introduced himself and his roles, with funding from Asthma + Lung UK.
- JCh said that bronchiectasis is common and chronic but unknown in the general public, showing what the disease is, the symptoms are and how it leads to progressive loss of lung function.
- Bronchiectasis has been described as the most neglected disease in respiratory medicine according to JCh, due to its historic links with TB and TB treatment.
- A slide showing the scale of bronchiectasis with 1 in 200 people living with the condition and over 1,500 deaths per year in the UK, with the condition impacting women more than men and in particular older people.
- JCh outlined health economics of bronchiectasis, adding too many people require hospitalisation and costs of medications can be high.
- On diagnosis of bronchiectasis, JCh said there is a long delay for many due to misdiagnosis and lack of specialised diagnostic tests. He then discussed the lack of specialised care and poor treatment for bronchiectasis.

- Scotland is a world-leader in bronchiectasis research said JCh, pointing out that there is a bronchiectasis research centre in Dundee, thanks to funding from the Scottish Government to help set up a research lab and other funding over the last ten years.
- Dundee hosted a bronchiectasis conference in 2024, which added around £2m to the local economy and the overall investment in bronchiectasis research in Dundee has seen new a new treatment being trialled and currently with the regulatory bodies.
- JCh emphasised the importance of new treatment for bronchiectasis, but to make this possible, researchers need to understand more about how the disease works in. Further showing inflammation in bronchiectasis occurs and how it can be prevented.
- A new trial for a bronchiectasis tablet is showing positive results, with approval in the US and Europe due to be made soon. This tablet can reduce inflammation and help people better control their symptoms.
- JCh relayed what those in bronchiectasis research are trying to achieve – better diagnosis and more effective treatments.
- The final slides by JCh pointed out that the future is bright for bronchiectasis research and acknowledged a wide-ranging group of funders and researchers.
- EH thanked JCh for his interesting presentation and asked if he could share the slides.
- There were then questions and comments from:
 - Sophie Bridger (SB) on a lack of data across respiratory and what learnings JCh has for improving data in bronchiectasis and other lung conditions.
 - Alexander Stewart (AS) about the challenges of diagnoses and the disparities between men and women and what further analysis is being done to understand the gender differences.
 - Margaret Stevenson (MS) on referral to secondary care for proper diagnosis.
 - EH on the education required to improve the knowledge of bronchiectasis across Scotland and the regional variations and causes of variations.
 - JC on the need to not lose sight of the basics of bronchiectasis care and resource allocations for staffing etc.
- In closing this agenda item, EH asked JCh if there were any actions for parliamentarians or the CPG that can be taken away. JCh replied to say that awareness raising is a crucial tool to show how common bronchiectasis is and on services that basic care should be accessible across Scotland, without any variations, to improve the basic levels of care.

Update on the BTS/SIGN/NICE Asthma Guideline and the Use of FeNO Testing

- EH introduced Karen Frankland (KF), Lead Nurse for Education and Clinical Support at NIOX Healthcare.
- KF began by emphasising that her clinical and educational role with NIOX is separate from any promotional work, then set the scene of common challenges of asthma such as asthma deaths, hospital admissions and costs of treatment and care.
- KF explained what FeNO is and the features, benefits and costs of this test, such as improving asthma diagnosis and outcomes for patients.

- A background of the different asthma guidelines was provided, with KF explaining the lack of consistency and discussed the new joint, unified pathway which focuses on diagnosis, monitoring and management of asthma.
- KF said the three main aims of the new guidelines are: improving accuracy of diagnosis, improve asthma control and reducing the risk of asthma exacerbations.
- KF discussed the initial clinical assessment of someone with suspected asthma and the need to obtain a structured clinical history and a supporting objective test. KF then outlined the objective tests – FeNO, spirometry and peak flow readings, adding that if asthma is not confirmed with these three tests, a specialist consultation is required.
- For children, 5-16 years old, KF emphasised that FeNO is now the first-line objective test for children.
- On monitoring asthma, KF spoke of the need for clinicians to consider FeNO at regular review appointments and when changing asthma treatment.
- KF repeated that asthma care is not being delivered, as shown by Asthma + Lung UK surveys, but there are a lot of opportunities to change asthma care in line with the new guidelines.
- KF summarised her presentation: that FeNO is one of the first line diagnostic tests for adults, and the first line test for children and that FeNO testing improves accuracy and cost-effectiveness of diagnosis.
- KF thanked the CPG for the opportunity to present and shared her contact details.
- EH thanked KF, talked about the Centre for Sustainable Delivery in Scotland undertaking the work of respiratory plans for Scotland and asked about the costs and mobility of FeNO tests.
- JC spoke about the need for diagnostic hubs and where FeNO is best placed, i.e. in a GP practice compared to a hub.
- Willie McGhee (WG) asked about the scientific link between NO levels and inflammation and the why NO is measured.
- Ann McMurray (AM) raised concerns about the funding required for the new guidelines and the lack of primary care provision, adding work being taken forward by her hospital to use FeNO and to get children and adults on the right pathway and emphasising the need for financial support.

Three-minute Good News Pitch

Wayne Bates, NASUWT – Youth Vaping in Schools

- Update on a survey undertaken by the teacher's union on their members experiences of vaping in schools across Scotland the UK.
- The survey stated:
 - 52% of teachers had noticed an uptake in vaping amongst pupils
 - 62% of teachers said pupils leave classes to vape
 - 39% reported nicotine addiction affected children in the class
 - Children as young as 10 were seen vaping
 - 17% of teachers had caught pupils vaping in class
 - 71% said pupils gather at lunchtime to vape
 - 81% reported pupils use toilets to vape
 - (survey to be attached with minutes)
- EH thanked WB for his update on the NASUWT survey.

AOCB

- GB thanked EH for leading the debate in the Scottish Parliament for World Asthma Day.
- JC encouraged members to participate in the Scottish Government's consultation on the Long-Term Conditions Framework, adding the concerns that ALUK and other charities have on removing condition-specific strategies.
- SB highlighted the concerns raised by Chest Heart and Stroke Scotland and ALUK Scotland on the implementation of the Respiratory Care Action Plan, particularly around pulmonary rehabilitation, and the need for the Scottish Government to deliver the implementation of the Plan until it expires in 2026.
- EH thanked SB and asked for further information to send a letter to the Scottish Government.

End of Meeting