

Cross-Party Group on Lung Health

12-1.30pm, 28 November 2025

Present

MSPs

Emma Harper MSP (Co-Convenor)
Alexander Stewart MSP (Co-Convenor)

Guests

Dr Matthew Saunders, Public Health Scotland
Chloe Coules, Global Action Plan

Non-MSP Group Members

Gareth Brown (Secretariat)
Amanda Walker
Esme Allen
Evelyn Paterson
Frankie Toner
Joseph Carter
Karen Marshall
Katie Johnston
Kirsty Morrison
Leigh Mair
Linda McLeod
Margaret Stevenson
Philip Ihaza
Vivienne Gaynor
Willie McGhee

Apologies

Mark Ruskell MSP (Deputy Convenor)
Nicola Roberts
Lesley Hill
Alison Stewart

Welcome and Introductions

- Emma Harper (EH) welcomed members to the CPG on Lung Health.
- EH asked Gareth Brown (GB) for the Minister of the Previous Meeting. GB explained that these had not been shared prior to the meeting as he wanted to ensure that no information

was shared from the previous meeting's discussion on the CHILL study that was not ready for public sharing. GB said that these would be sent by email for approval when possible.

- EH and members of the CPG agreed to this proposal.

Preventing Lung Disease to Shift the Balance of Care

- EH welcomed Dr Matthew Saunders (MS) of Public Health Scotland to the CPG and read a biography of MS to the group.

- Key points from MS presentation:

Hospital-Based Smoking Cessation

- MS highlighted the importance of supporting patients to switch from smoking to nicotine replacement therapy (NRT) during hospital admissions. This approach helps accelerate recovery in the short term and provides a pathway into community stop-smoking services to sustain behaviour change.
- He noted that there is strong evidence supporting this model, including British Thoracic Society guidelines, which recommend its implementation.
- Despite this evidence, there is no consistent national approach in Scotland.
- He referenced the CURE project in Manchester as a successful example, demonstrating positive outcomes through hospital-initiated smoking cessation interventions.
- Dr Saunders identified a clear evidence-based gap and stated that Scotland has the opportunity to develop and implement a national Scottish blueprint tailored to local population needs.
- The key barrier is lack of funding. PHS is currently struggling to secure resources to pilot and evaluate such a model.
- He invited colleagues to contact him if they are aware of potential funding sources. Specifically, PHS would seek funding for hospital consultant sessions to support piloting, development, and evaluation of a national approach.
- He emphasised the need to standardise this model across Scotland.

Vaccination Uptake and Surveillance

- MS reminded attendees that COPD patients are at higher risk of lung infections, making vaccination particularly important.
- At present, Scotland does not separately measure flu vaccine uptake specifically for people with COPD; they are included only within broad "at-risk" categories.
- Over the past three years, flu vaccine uptake among at-risk groups has declined:
 - 42% in 2023
 - 34% in 2024
 - 20% so far this year, though this is based on partial data.
- He suggested the need for a better flu vaccination surveillance system and improved respiratory infection monitoring, enabling more detailed analysis by condition.

Policy Priorities

- MS set out several priority policy considerations:
- Further reductions in smoking rates should focus on more deprived communities, adopting a gradient approach.
- Continued attention to the implementation of the Tobacco and Vapes Bill and smoke-free generation legislation, now progressing through the House of Lords.

- Improving early recognition and support for newly presenting COPD patients is essential, given the expected rise in disease burden over the next 10–20 years.
- There must be focused action and resourcing to improve vaccination uptake among COPD patients and regain lost ground; this is a practical and effective way to reduce hospital admissions and improve quality of life.
- He also referred to broader public health work underway in PHS, including:
 - Measures to improve air quality, particularly in urban areas.
 - Work to protect workers' lungs.
 - Efforts to reduce the number of people living in cold homes, especially those with medical conditions.
 - Programmes related to diet and healthy weight, noting their impact on breathing, dysfunctional breathing, and COPD.
- Questions to MS:
 - Frankie Toner (FT) asked, via the chat function: Given the burden of disease. Why is there so much opposition to targeted diagnostic pathways for COPD, especially as across a number of indicators we could target significantly patient most likely to have COPD. Additionally, do we have a sense of how many people have a COPD exacerbation which causes unplanned inpatient admission and a test which confirms COPD to the patient for the first time?
 - Karen Marshall (KM) asked about the psychological impact of COPD leading to hospitalisations and how prevalent this is in the Scottish COPD population and what's been done to address what is a key driver in hospital admissions.
 - Alexander Stewart (AS) asked about the links between poverty and health inequalities that make it more difficult to give support to those who need it most.
 - EH spoke about issues linking vape use and children. MS responded to say that big tobacco companies have bought the vaping companies and are using the same tactics they used to market tobacco to now market vaping products at young people.
 - MS raised his concerns about addictive substances being targeted to children and young people and the need for legislation to limit this. EH said that pro-forma questions in hospitals to reflect changes in vaping use, particularly to ask if people vape, rather than just ask if they smoke.
 - KM agreed with EH and gave an example from her hospital that only asks about smoking history.
 - Joseph Carter (JC) said that the Tobacco and Vapes Bill is a great opportunity to tackle some of these challenges, the Scottish Government needs to use its powers. He then raised the potential to write to the Scottish Government how they capture this data, also reflecting the challenges of the smoking ban within hospitals and having a captive group of patients to offer smoking and vaping cessation.
- EH thanked MS for his presentation and moved to the next agenda item.

Glasgow Clean Air Hospitals Project

- GB shared a pre-recorded presentation from Laura Burgess and Malcolm White.

- This can be found here - [Glasgow's Clean Air Hospitals Project](https://www.youtube.com/watch?v=YPHAD1EDeCg) (<https://www.youtube.com/watch?v=YPHAD1EDeCg>)
- There were no direct questions, but EH said it would be something to bring back in the next Scottish Parliament session.
- GB asked for any questions to be posed in the chat function, with GB sending these to Laura and Malcolm.

Clean Air Night

- EH introduced Chloe Coules (CC) from Global Action Plan to talk about Clean Air Night.
- Key points from CC presentation:
 - CC introduced herself as the Senior Communications Campaigns Manager at Global Action Plan (GAP), leading PR and communications.
 - She noted her background in air quality, health and environmental journalism as a former newspaper editor, and her subsequent work in behaviour change and public awareness campaigns on air pollution and health.
 - She is the Project Director for Clean Air Night.
Clean Air Night Campaign – Rationale and Focus
 - Clean Air Night focuses on the harms of domestic burning, an area identified as requiring greater public engagement.
 - CC highlighted the strong health case for addressing this issue:
 - Domestic burning is the most polluting way to heat a home.
 - Even “eco-design” wood burners result in three times more pollution indoors compared with homes without burners.
 - Domestic burning is one of the largest contributors to PM2.5 pollution in the UK.
 - Environmental concerns:
 - Wood burning produces more CO₂ than oil or gas for the same heat output.
 - Widespread confusion persists regarding the sustainability of wood burning.
 - Social justice considerations:
 - Only 8% of the UK population burns wood.
 - Of those, 92% have another primary heating source, indicating most burning is not essential.
 - Burning is more common in urban and more affluent areas, but air pollution affects all, making this a health inequalities issue.
 - Health Impact Modelling
 - GAP and Hertfordshire County Council commissioned Ricardo to model the health impacts of domestic burning (published October; widely covered in the media).
 - Key findings:
 - Domestic burning contributes to nearly 2,500 deaths per year in the UK.
 - Estimated 27,000 years of life lost annually.
 - Associated each year with:
 - ~1,500 cases of asthma
 - 3,741 cases of diabetes
 - Additional respiratory and cardiovascular conditions.
 - Policy modelling demonstrated:

- Eliminating secondary (non-essential) burning could save the NHS over £54 million annually.
- Wider economic productivity savings of £164 million per year.

Public Awareness and Support

- Public concern about domestic burning and air pollution is increasing.
- GAP conducts quarterly polling:
 - In Scotland:
 - 55% are concerned about air pollution impacts on health.
 - 52% concerned about wood burning's contribution to pollution.
 - 66% support at least one local measure to reduce wood-burning pollution.
 - 71% support Scottish Government action on air pollution.
- Evidence shows that health experts are the most influential messengers:
 - 46% of Scottish respondents said health expert advice would influence their decision to buy a wood burner.

Lived Experience Case Studies

- CC shared examples of individuals whose health was impacted by household or neighbouring wood burning:
 - *Jack* experienced worsened chest symptoms when visiting his grandfather's home with a wood burner.
 - *Laura* developed wheezing and recurrent chest infections linked to her own wood-burner use.
 - *Hazel* previously used a wood burner and now advocates for neighbours to change behaviour, stating that communities are being "slowly poisoned" during winter months.
- These stories demonstrate that access to information leads to motivated behaviour change.

Clean Air Night – Campaign Overview

- Clean Air Night, founded in 2023 as a sister campaign to Clean Air Day, aims to:
 - Raise awareness of the health harms of wood burning.
 - Shift social norms, reducing its acceptability.
 - Enable informed decisions about home heating.
- The next Clean Air Night will take place on 22 January 2026.

Achievements to Date

- ~30% awareness across the UK and similar levels in Scotland.
- Strong support among those aware of the campaign:
 - 92% support at least one measure to tackle wood-burning pollution.
- January 2025 campaign:
 - 82,000+ website visits.
 - 85+ local authorities referenced the campaign on social media.
 - Engagement from health professionals, schools, businesses and community organisations.

Current Campaign Strategy (Three Strands)

1. Raise awareness of health harms
 - Mobilising organisations, health experts, politicians and influencers.
 - Sharing modelling data and lived-experience stories.

2. Tackle glamorisation of wood burning
 - Engaging influencers to ensure they understand the health evidence.
 - Encouraging them not to promote wood-burning imagery without context.
3. Platform positive change
 - Highlighting individuals and communities who have reduced or stopped burning.
 - Supporting long-term behaviour change and preparing for potential future regulation.

Opportunities for Involvement

- CC encouraged:
 - Organisations to share the Clean Air Night comms pack on websites, newsletters and social media.
 - Local events and in-person engagement such as hospital information stalls.
 - Policymakers to take parliamentary action, including raising air-pollution issues and submitting parliamentary questions.
- CC invited anyone interested in further involvement to contact her directly.
- There were questions from EH on the impact of domestic burning on rural communities and from Willie McGhee on the links between air pollution from wood burning and diabetes.
- GB informed the meeting that he chairs the Healthy Air Scotland coalition, which is made up of public health, environmental and active travel charities, organisations and campaigners.
- Amanda Walker (AW) asked if it would be possible for health and environment warnings to be put on stoves and wood burning products, similar to the public health messaging on cigarette and tobacco products.

Three-minute Good News Pitch

- There were no presentations for this agenda item.

AOCB

- EH asked for any AOCB. None was offered.
- EH thanked everyone for attending and said that the next meeting would be the final CPG on Lung Health meeting of this parliamentary session.

End of Meeting