



Standing up for Scotland's lungs

Protecting and improving lung health beyond COVID-19



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Welcome



I am very proud to be introducing our charity manifesto for the Scottish General Election, to protect and improve lung health beyond COVID-19. 2020 and 2021 will be years that we never forget and have particularly tough for people with lung conditions, shielding and trying to avoid the most threatening respiratory virus in 100 years.

However, we have achieved so much as a charity for so many of our beneficiaries. With many firsts such as our Post-COVID Hub collecting insight and providing advice when we knew so little. With the shift to virtual business, we continued to keep our beneficiaries connected by holding virtual 'breathe easy' groups. Our helplines and websites saw volumes that went beyond anything that we had ever seen before as we continued to offer the best advice in an ever-changing environment.

Our team continued to champion the voice of all of our beneficiaries.

Through several surveys, Scots told us of the pandemic's impact on their everyday lives, wellbeing and mental health. These contributions fuelled our passion for delivering change and standing up for lung health in Scotland.

Many more difficult challenges lay ahead, and this document sets out our goals over the next five years.

Looking beyond COVID-19, we seek to build on our last five years of work to deliver real changes to people's everyday lives.

Every breath counts. No longer should we be breathing in dirty, polluted air and no longer should we face the possibility of inhaling second-hand smoke on the street. Our team in Scotland is calling for new legislation and new regulations to be in place to protect our lungs so that everyone has the right to breathe clean air with healthy lungs.

We only get one set of lungs, so we all must have the tools available to look after them. That is why we are calling for new diagnostic hubs across the country. No cough should be left unchecked, no wheeze should be ignored, and no one should be misdiagnosed.

When we receive a diagnosis, access to the best treatment should be readily available, whether that is biological drugs for asthma or pulmonary rehabilitation for chronic conditions like COPD. We all have the right to the best care, so we call for support to ensure that these services are available across Scotland.

With our calls, we need a robust respiratory plan. A plan that builds on lessons that we have learned over the last few years and considers recent challenges. The Scottish Government's Respiratory Care Action Plan for Scotland announced in the First Minister's last Programme for Government needs to be robust and fully funded to protect and improve lung health beyond COVID-19.

We are Scotland's leading respiratory charity. Right now, it might be hard to look beyond COVID-19, but we are focused on protecting Scotland's lung health and ensuring that we all receive the best care that we deserve.

For too long lung disease has been the third largest killer in Scotland. We hope that political parties and candidates can support our manifesto asks to protect and improve lung health and we look forward to working with everyone elected to the next Scottish Parliament.

A handwritten signature in black ink, appearing to read 'Sarah Woolnough', written in a cursive style.

Sarah Woolnough
Chief Executive

Who are we?

At some point in our lives, one in five of us will have a lung disease. Across the UK millions more are at risk. We are the only UK charity looking after the lungs of Scotland, and in this manifesto we aim to bring the needs of people with lung conditions to the forefront of policy-making.

As we've seen with the COVID-19 crisis, acute respiratory symptoms can literally bring countries to a standstill and can cause thousands of deaths. The recent pandemic has highlighted the need for clear and robust guidelines and support for people with a lung condition, but has also shone a spotlight on the patchy provision of support and treatment for everyone who has a respiratory disease. This manifesto highlights the need for proactive and holistic approaches to help prevent, diagnose and treat lung conditions so that we can all live better, healthier lives.

Through research, we can find new ways to prevent, manage (and self-manage), treat and eventually cure lung diseases.

With support, we provide for people who struggle to breathe the skills, knowledge and confidence to take control of their lives.

Together, we're campaigning for clean air, better services and investment in research and innovation.

One day, everyone will be able to breathe clean air with healthy lungs. Only through your action and commitment for change can we make that happen.

What are respiratory conditions?

Respiratory conditions are diseases of the airways and other structures of the lungs and are a major contributor to ill-health, disability and premature mortality. Some of the most common conditions are asthma; chronic obstructive pulmonary disease (COPD), bronchiectasis; interstitial lung disease (in particular IPF); sleep apnoea and recently COVID-19.

Although most long-term respiratory conditions are not curable, various forms of pharmacological and non-pharmacological treatment have been shown to help control symptoms, increase quality of life and reduce premature mortality. The World Health Organisation has identified chronic respiratory disease as one of the four leading non-communicable diseases worldwide, along with cardiovascular disease, cancer and diabetes.

Impact of respiratory conditions

Many people struggle with chronic respiratory conditions. These conditions have a major impact on their lives and the lives of their families. Some experience loss of time from work or school, and difficulty participating in social activities. Anxiety and depression are common, and are associated with worse quality of life, increased symptom reporting, more frequent worsening of the condition leading to hospitalisations, staying in hospital longer, and increased mortality.

We know that respiratory conditions affect people and their families in different ways. We know that for many people a respiratory condition is a life-changing diagnosis, affecting their ability to live independently, achieve personal ambitions, and sustain their personal identity or life roles, work or drive. Any of these factors can cause anxiety, stress and depression for the person and their family/carers, and increase their sense of isolation.



Prevent it

Sadly, there are currently no cures for long-term respiratory illnesses; instead patients are prescribed treatment and medication to manage their symptoms or slow down the progression of their lung disease, which makes prevention all the more important.

When people think about how best to prevent lung disease, stopping smoking is often seen as the number one measure people can take. However, reducing smoking alone will not prevent all lung disease. The homes we live in, the air we breathe, the jobs we do and our access to exercise all have an important part to play in preventing poor lung health.

Outdoor air pollution kills: Scotland's lungs shouldn't pay

There is no safe level of air pollution. An air pollutant is any substance in the air that could harm people. Particulate matter (known as PM), and nitrogen dioxide are particularly damaging.

When people are exposed to high pollution levels, for example on a busy road or during a high pollution episode, they breathe in these toxic materials to their lungs. Many people initially experience immediate symptoms such as irritated airways, feeling out of breath and coughing.

People with a lung condition suffer further with high levels of air pollution, which can dangerously exacerbate symptoms, leading to an asthma attack or a COPD flare-up. People with asthma may notice that they need to use their reliever (blue) inhaler more than normal when pollution is high.

Poor air quality has been linked to several conditions, with growing emerging evidence that highlights the high levels of air pollution impacting every level of society by increasing the chances of:

- Lung cancer
- Childhood asthma
- Miscarriage
- Premature birth/low birth weight
- Heart disease
- Dementia
- Mental health issues
- Obesity and many other conditions.

Air pollution is the biggest environmental threat to public health, second only to smoking. At a cost of £1.1bn per year to the NHS, air pollution is draining our resources, straining our health system and cutting short over 2,500 lives a year in Scotland, making air pollution a public health crisis. In order to deal with air pollution, we welcome the introduction of the Transport (Scotland) Act 2019 commitment to have four Low Emission Zones across Edinburgh, Glasgow, Aberdeen and Dundee. However, we want to ensure councils are using their new powers in the most ambitious way possible.

Stop pollution at its source

Tackling air pollution isn't limited to reducing vehicle emissions.

Top sources of Nitrogen dioxide (NO₂)



Top sources of Particulate matter (PM₁₀, PM_{2.5})



We have consistently urged the four Low Emission Zones (LEZs) planned for Aberdeen, Edinburgh, Dundee and Glasgow to be expanded to include cars as well as commercial vehicles and buses. However, this is not yet the case in all of the cities with a LEZ as they have all opted for different models, but none have yet included private cars.

In order to further address the impact of air pollution on lung health in Scotland we need to make an invisible threat visible. We believe that with better and more accurate air pollution monitoring reported in an easy to understand way we can alert people with lung conditions when pollution is high and drive the behaviour change that we all need to see to reduce our reliance on cars.

Schools should all have at the very least outside air quality monitors so that parents, pupils, students and staff can all see the pollution levels outside their school. This would be particularly important in recording the levels at drop-off and pick-up. If this invisible threat was made visible it is anticipated that parents would ditch the car in favour of less harmful forms of transport for the school run. We believe that the same would be true for our health and care settings such as hospitals and care homes.

Asthma UK and British Lung Foundation Scotland are calling for:

- Scotland to be first country in the UK to promote a ban on new sales of diesel cars by at least 2025 and subject the most polluting vehicles in Scotland to an emissions charge in all major towns and cities.
- Greater investment in public transport and active travel.
- An ambitious plan to be in place to increase the electric car charging network and review alternative methods of fuel such as hydrogen.
- A comprehensive scrappage scheme to help people replace polluting diesel and petrol cars with cleaner methods of transport.
- Action to tackle vehicle idling. Councils were granted extra powers in 2003 to stop motorists from running their engines unnecessarily but only Glasgow has used them – and on average less than once a year.
- Car-free zones around schools where significant percentages of journeys are made to school by car.
- Low Emission Zones to be rolled out in larger towns and not just four cities across Scotland. Operating LEZs that include cars in our larger towns will provide the change of clean air to thousands of people as sadly we know that air pollution is not something that just affects our cities.
- Improved public transport options for travelling to and from hospital and care settings.
- A ban on both the sale of inefficient wood burners and the most polluting domestic fuels.
- A Public Health Awareness Campaign to help the public make positive choices not only for their health but for the health of others, our planet and future generations.
- Increased monitoring of air pollution that can be communicated as health alerts to people with lung conditions.

Asthma UK and British Lung Foundation Scotland are seeking cross-party support in 2021 to fight and legislate to reduce and eventually stop this public health crisis.

Stand up for Scottish lungs by supporting this pledge:

“ I, _____, as a candidate for the Scottish Parliament for _____, will work to roll out Low Emission Zones across Scotland. ”

Supporting Scotland's to be smoke free by 2034

The single largest causes of preventable ill health and a significant cause of health inequality in Scotland is smoking tobacco products. Tobacco dependency is directly and indirectly linked to millions of deaths. Not all lung conditions are caused by smoking, but smoking can make all lung conditions worse.

It is very encouraging that the current government has an ambitious tobacco control action plan. However, whilst we are pleased by the efforts and cross-party support for smoking cessation programmes, we want to see all parties being more ambitious in their efforts to reduce the huge impact smoking has on health inequalities in Scotland moving towards a smoke-free generation

E-cigarettes can be a helpful smoking cessation tool, so it's important that people who smoke, as well as health care professionals, have access to evidence-based information about e-cigarettes and how they can be used as a quitting tool. We continue to look at the long-term health effects of e-cigarettes and would recommend that people use them for as short a time as possible to help them give up smoking. However, regulations on how e-cigarettes can be advertised need to be fully enforced, particularly ensuring products cannot appeal to young people.

Asthma UK and British Lung Foundation Scotland are calling for:

- Greater investment in targeted smoking cessation programmes and mass media campaigns to achieve the 2034 target of less than 5% of people smoking.
- A ban on smoking around schools, playgrounds and other locations used by children. This would be an important step in creating more smoke-free spaces in the hope that Scotland is smoke free by 2034.
- A ban on public smoking in high streets across Scotland.
- The minimum legal age to purchase tobacco products in Scotland to be raised to 21.
- A review into the compliance and enforcement of current tobacco advertising and prohibiting laws, to seek tougher financial penalties for companies in breach of advertising laws around tobacco products. This is to reduce the impact of selling tobacco products in our most deprived communities.
- All healthcare professionals to be trained in offering very brief advice on smoking cessation.
- Legislation to ban smoking in common stairwells.
- More research into the impact of long-term use of e-cigarettes on the lungs of people with lung conditions, particularly asthma.





Diagnose it

People with suspected lung disease have to wait too long to be diagnosed. There is still a lack of accurate, simple and reliable diagnostic tests, and too much time passes between appointments. A delayed or inaccurate diagnosis means people don't get the treatment they need and can end up in hospital unnecessarily. For people with aggressive lung disease a delayed diagnosis means they can't make the most of the time they have left.

The benefits of prompt diagnosis of lung disease are significant in improving quality of life. There is a need for greater public awareness of the symptoms of lung diseases, and of the risks posed by smoking and by any delay in diagnosing smoking-related lung conditions such as lung cancer and COPD.

People with symptoms, abnormal tests or screening results should have these addressed locally and/or where appropriate, should be referred for further assessment and management when lung disease is suspected or confirmed. Early diagnosis and continuous emotional support are key to helping people to live well with a lung disease.

In order to provide the best diagnosis for Scotland, we are calling for the next Scottish Government to involve people with conditions like asthma and COPD in the development of new diagnostic tools, so that future apparatus can be developed for successful real-world adoption.

Expertise should also be localised to diagnostic hubs that share tools, expertise and data to speed up access to and the accuracy of diagnostic tests. Hubs should adopt and test the latest technologies that can rapidly advance our understanding of a person's condition.

Asthma UK and British Lung Foundation Scotland are calling for:

- A clear patient pathway with services for timely, accurate and complete diagnosis for all people with breathlessness and other respiratory symptoms.
- A comprehensive national lung screening programme, targeting those at high risk of developing lung cancer and other lung conditions.
- Targeted case-finding for people who have symptoms suggestive of chronic obstructive pulmonary disease (COPD) in general practice with follow-up care and services.

Stand up for Scotland's lungs by supporting this pledge:

“ I _____ as a candidate for the Scottish Parliament for _____ will champion for a nationwide programme for lung screening to be delivered across Scotland. ”





Treat it

One in five people in Scotland live with a lung condition, varying from common conditions such as asthma, COPD and sleep apnoea to rarer conditions such as sarcoidosis. They include conditions that can be managed long term such as bronchiectasis as well as conditions that are currently terminal such as mesothelioma. Following a diagnosis every condition needs prompt, effective treatment often requiring a multidisciplinary approach.

We have identified five lung conditions where improvements in the delivery of effective care can result in high-impact changes to people's respiratory health. These are asthma; chronic obstructive pulmonary disease (COPD), bronchiectasis; interstitial lung disease (in particular IPF); and sleep apnoea.

Asthma

Asthma is a condition that affects 1 in 14 people in Scotland of any age. It is an important factor in repeated respiratory infections in children and causes breathlessness in adults. If undiagnosed or inadequately treated it can lead in the short term to potentially life-threatening asthma attacks and in the long term to irreversible damage to the airways.

Once a diagnosis of asthma has been achieved, information about asthma which is relevant, easy to understand and in an accessible format should be provided. Those diagnosed should all be provided with a personalised digital asthma action plan (which have been shown to prevent hospital admissions) and what to do in the event that their asthma becomes uncontrolled, including training in inhaler technique to make sure medicines are as effective as possible.

Chronic obstructive pulmonary disease (COPD)

COPD is a chronic progressive disease of the airways associated with high morbidity and mortality. It is largely managed in primary care but exacerbations (or sudden worsening) of symptoms often result in admission to hospital. Secondary care is involved with providing increasingly more complex interventions such as domiciliary ventilation and assessment for referral to surgery. Regular inhaler and symptom reviews in primary care, smoking cessation support, self-management initiatives, long-term oxygen therapy and pulmonary rehabilitation programmes can all improve quality of life and reduce hospital admissions. As the disease progresses, accessing palliative care services can improve the quality of life of patients with advanced disease.

Bronchiectasis

Bronchiectasis is a condition characterised by chronic sputum production and frequent lung infections, often requiring hospital admission. People with a suspected diagnosis of bronchiectasis should have the diagnosis confirmed by chest computerised tomography (CT). Physiotherapy has a major role in its management, helping to reduce infections and hospital admissions.

Interstitial lung diseases (ILDs)

ILDs comprise a large number (over 150) of diverse conditions which primarily affect the lung's smallest airways and alveolar air sacs. Whilst the cause of some ILDs is unknown, there is an overlap with occupational and environmental lung diseases such as coal and slate workers' pneumoconiosis, asbestosis and farmer's lung. It is known that some ILDs are caused by cigarette smoke and others may occur as a reaction to medication. Yet others occur in association with diseases such as rheumatoid arthritis.

Idiopathic pulmonary fibrosis (IPF), the commonest ILD, has shown a greatly increased prevalence over the past 20 years. The median survival for IPF is just three years – a prognosis that is worse than many cancers. Lung transplantation is sometimes the only treatment option to improve survival in some forms of ILD.

Sleep apnoea

Sleep apnoea is a fairly common condition affecting around 4–6% of middle-aged adults. If left untreated it causes daytime sleepiness, impaired vigilance and cognitive functioning, reduced quality of life and is associated with an increased risk of road traffic accidents. The latter risk is particularly important for professional drivers of HGVs and public transport vehicles. Early diagnosis and a prudent approach to treatment should form the basis for sleep apnoea interventions, ranging from lifestyle advice to continuous positive airway pressure (CPAP) therapy and home ventilation for moderate to severe cases.

Vaccinations for our lungs

Far too many people are dying from short-term respiratory illnesses such as flu and pneumonia, which in some cases could have been prevented by better uptake of the flu/pneumococcal vaccination. It is one of the

most cost-effective ways of treating someone with a pre-existing respiratory condition and it saves lives. In 2018/19 only 44.6% of people with chronic respiratory disease had the flu vaccination, with younger people with asthma being far less likely to have the vaccination than older people with COPD. Over a quarter of Scots are unsure if they need to get a flu vaccination and one in ten believe the flu vaccination will give them flu, a poll commissioned by our charity found. We therefore believe that innovative solutions need to be found to help more people to access the vaccine.

Asthma UK and British Lung Foundation Scotland are calling for:

- The expansion of flu/pneumococcal vaccination uptake through out-of-hours delivery/delivery in non-healthcare contexts (supermarkets, shopping centres, etc.).
- Better data to be published by Health Protection Scotland showing the uptake of the flu/pneumococcal vaccination for each different lung disease.
- The free flu/pneumococcal vaccination to be available to all people with asthma regardless of their treatment plan.
- More investment in research into respiratory viruses and how we develop new treatments or prevention strategies.

The right medication at the right time

Using medication properly is key to controlling symptoms so people diagnosed with lung disease can live their lives as they wish. Inhalers are a vital part of treating COPD and asthma but there are significant problems with their use. A recent systematic review suggests that three-quarters of people make errors using their inhaler devices and that this has not changed over 40 years. Adherence to inhaled preventative therapies is also poor.

Over-reliance on short-acting reliever inhalers is responsible for a high proportion of avoidable asthma deaths. It is likely that fewer than half of people with COPD using inhaler therapy and nearly 1 in 5 with asthma received an inhaler technique check in the last 12 months. It is vital that all relevant healthcare professionals are trained and upskilled in inhaler use and technique in order to do this effectively.

In addition, connected devices for asthma have been developed – particularly smart inhalers which can objectively track, monitor and prompt medication use. Smart inhalers could revolutionise care by managing long-term conditions at scale; enhancing supported self-management; supporting risk stratification; personalising care; reducing avoidable emergency admissions; and improving patients' safety and quality of life.

Biologic treatments have transformed the lives for many with severe asthma. They work by blocking the activity of some of the immune system chemicals that trigger inflammation in the airways. NICE and Scottish Medicines Consortium (SMC) have approved some of these drugs for severe asthma treatment but just 30% of people with severe asthma are currently eligible for treatment, and of those eligible four-fifths have not yet got access. This means many people are still reliant on toxic oral steroids, which can cause diabetes, cataracts and osteoporosis.

Two anti-fibrotic drugs are available for IPF which can slow down disease progression, helping to improve quality of life. But under NICE guidelines they are only available to patients with lung function of between

50% and 80%, which means that patients in the early stages of disease and more advanced stages are not eligible.

Scotland could be the lead in developing better treatments for those with long-term lung conditions. Through collaboration with scientists across the UK to evidence the clinical utility, clinical validity, cost-effectiveness and care-pathway benefits of innovative diagnostic devices, the next Scottish Government can help to make sure that if you have a lung condition in Scotland you are not left behind the curve.

Asthma UK and British Lung Foundation Scotland are calling for:

- Additional funding to support the implementation of the Respiratory Care Action Plan for Scotland, overseen by a national clinical lead.
- A dedicated innovation centre for respiratory research, bringing together academia, industry and NHS.
- A review of the GP contract to reverse the fall in the number of annual reviews and spirometry for people with asthma and COPD.
- The development of national databases of people with severe asthma and ILD, whose treatment would largely be secondary care focussed.
- An awareness raising campaign for ILDs to help healthcare professionals and the public spot the symptoms of the condition and improve earlier diagnosis. The inclusion of a dedicated respiratory chapter in the next Scottish Health Survey.
- Investment in community-based respiratory specialist nurses and allied healthcare professionals to support people in the community and prevent readmission to hospital.
- Health Boards to improve asthma care that is supported by digital innovation, ensuring data sharing across the NHS to improve asthma care, enabled by the latest digital innovations including smart inhalers.
- Investment in training and support for people living with lung conditions to enable them to engage with the NHS digitally.
- Investment in a tertiary service to support people living with severe asthma based on the hub and spoke model available for IPF. Severe asthma currently affects nearly 3.6% of people with asthma (roughly 10,656 adults in Scotland) and we want everyone who is eligible to have access to biologic drugs through reduced variation in severe asthma care for equitable access to this life-changing medication.

Stand up for Scotland's lungs by supporting this pledge:

“

I _____ as a candidate for the Scottish Parliament for _____ will call on the next Scottish Government to increase funding to support the implementation of the Respiratory Care Action Plan for Scotland.

”



Live better with it

We want people with lung disease to live full and active lives and continue to do the things that are important to them and to their families. Unfortunately, at the moment the NHS is set up to help when things go wrong, rather than to help people stay well. Whilst we look for cures for lung diseases in Scotland, the evidence supporting self-management interventions for asthma is very strong and it should be seen as an exemplar condition to trial connected technologies, such as smart inhalers to help people better self-manage their condition.

Education is key to improving understanding of lung diseases, helping achieve an earlier diagnosis and improved self-management. Having confident and informed people with lung conditions at the centre of the decision-making processes will allow them to take ownership of their conditions, leading to fewer unplanned primary care consultations, reductions in visits to outpatient departments, reduced hospital admissions and reduced length of stays in hospital.

People with chronic lung disease benefit greatly from a multi-disciplinary approach to care and gain the most benefit from this care if delivered in the community, closer to home. This ensures that individuals have two key elements of care: physical and psychological support. These are important, when living with such debilitating chronic disease, to help the individual cope with distressing symptoms such as breathlessness, as well as ensuring that respiratory infections are treated earlier to prevent worsening structural damage to the lungs.

In Scotland, 64% of people are not receiving the basic care they need to manage their asthma well, contributing to over 6,000 emergency hospital admissions in Scotland a year and around 100 asthma-related deaths. People who have an asthma action plan are better equipped to manage their symptoms and so less likely to be admitted to hospital for their asthma.

The most cost-effective treatment for lung disease such as COPD is access to pulmonary rehabilitation (PR) which is a programme of exercise and education for people with a long-term lung condition. Sadly, too few patients have easy access to PR and often must wait until their condition worsens before they can benefit.

In addition to PR we would like to see all patients with a respiratory diagnosis offered a referral to the exercise referral schemes across Scotland or for GPs to administer social prescribing which they feel would benefit the patient in dealing with their respiratory disease.

It is important to note that traditional exercise, whilst important, is not the only solution available to people with lung disease. Many benefit physically and emotionally from taking part in singing groups. Singing is a great exercise that helps the patient to regulate their breathing and helps them deal with breathlessness.

Currently we have a reactive approach to self-management, with many people with asthma only interacting with healthcare services and engaging with their asthma during and soon after an asthma attack. The NHS needs to take a more proactive approach where patient data is used to monitor and predict when someone is at risk of an asthma attack or is required to make changes to their asthma management. To make this a reality, improved data sharing between healthcare services and the incorporation of technologies into pathways is vital.



Thousands of people across Scotland have been affected by COVID-19 and a number of these will be impacted by post-COVID breathlessness and need ongoing support. As the number of people treated for COVID at hospital decreases, we must not lose sight of these people. What the pandemic highlighted was lack of support for people living with lung conditions, particularly those self-isolating in the vulnerable shielded groups. The use of digital self-management helped to provide assistance during this critical period. We are calling for services like social prescribing and PR to be delivered digitally more often, especially in the flu season, where at-risk groups choose to socialise less and minimise contact. Providing funding for such digital innovation can help those who self-isolate during such periods to continue to stay active and well.

Finally, as the long-term effects of COVID-19 are still unknown, we are calling for continued monitoring and support for those who have experienced the virus. Through continued research of the symptoms and the effects of COVID-19, (such as our "Post COVID Hub") we can deliver a commitment to protect groups now vulnerable from the virus.

Asthma UK and British Lung Foundation Scotland are calling for:

- Every person living with asthma to have a personalised digital asthma action plan.
- Every person living with COPD to be taught how to manage their condition when they are newly diagnosed and issued a self-management pack.
- Every person living with the long-term effects of COVID-19 to be supported through tailored rehabilitation.
- Regional education days to be provided for people with less prevalent conditions such as severe asthma, bronchiectasis and IPF, to help manage their conditions.
- Pulmonary rehabilitation programmes to be expanded so they are not only available to people with moderate to severe COPD.
- Social prescribing to be expanded so that it can support more people living with chronic lung conditions to stay active and keep well.
- Singing for Lung Health to be funded in every health board.
- Better data sharing between primary and secondary care in Scotland.
- Digital self-management tools to be rolled out across Scotland.
- People living with terminal lung conditions such as mesothelioma to get the palliative care support they need.

Stand up for Scotland's lungs by supporting this pledge:

“ I, _____, as a candidate for the Scottish Parliament for _____ will fight for access to pulmonary rehabilitation to be expanded to all people with mild COPD, Bronchiectasis and IPF. ”

Stand up for Scotland's lungs by supporting these pledges



Roll out Low Emission Zones across Scotland.



Champion for a nationwide programme for lung screening to be delivered across Scotland.



Call on the Scottish Government to increase funding to support the implementation of the Respiratory Care Action Plan for Scotland.



Fight for access to pulmonary rehabilitation to be expanded to all people with mild COPD, Bronchiectasis and IPF.



We're working to change the lives of everyone affected by asthma, bronchiectasis, COPD, ILD, mesothelioma, pulmonary fibrosis and all other lung conditions.

Our support helps people who struggle to breathe manage their lung condition and live well.

Our world-leading research finds new ways to prevent, treat and cure lung disease.

Our campaigns help make vital, lasting change.

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