

## **Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)**

**This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)**

**HSC PSS 43**

**Ymateb gan: | Response from: Asthma UK a British Lung Foundation Cymru |  
Asthma UK and British Lung Foundation Wales**

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### **Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

#### **C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?**

**Q1. Which of the issues listed above do you think should be a priority, and why?**

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Building on existing collaboration, in January 2020 Asthma UK and the British Lung Foundation merged to become the Asthma UK and British Lung Foundation.

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 Wales.

As we've seen with the COVID-19 crisis, acute respiratory symptoms can bring countries to a standstill and 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. We



want to see 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 breathe clean air with healthy lungs.

We think that the list of subjects suggested is very comprehensive, but we would prioritise public health and prevention; and access to COVID and non-COVID rehabilitation services.

### **Public Health and Prevention**

The single largest cause of preventable ill health and a significant cause of health inequality in Wales is smoking tobacco products. Tobacco dependency is directly or indirectly linked to millions of deaths.

It was difficult to meet the Welsh Government's target to reduce adult smoking rates to 16% by 2020, but early indications look like it was achieved. However we are concerned that there are no future targets to reduce the numbers further.

E-cigarettes can be a helpful smoking cessation tool, so it's essential 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-cigs 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.

We are calling for the Welsh Government to do the following and we think these are areas that the Health and Social Care Committee should consider:

- A new smoking and tobacco strategy with a target for a smoke-free nation by 2030 (5% or less smoking population).
- A ban on public smoking in high streets across Wales.
- The minimum legal age to purchase tobacco products in Wales 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.
- Continued support of "Help me Quit" services provided by NHS Wales and funding for promotion of the services and campaigns for quitting.
- Public Health Wales to develop independent guidance in the form of leaflets for smokers who choose to vape as a smoking alternative; stressing it is a short-term use to quit, highlighting "help me quit services" and requiring e-cigarette retailers to display this guidance at all their stores across Wales and online.
- More research into the impact of long-term use of e-cigarettes on the lungs of with people with lung conditions, particularly asthma.

In the absence of a new Tobacco strategy this is an ideal opportunity for Health and Social Care to find out if the current model of smoking cessation services is effective, consider what is the future of these services in a virtual world; and examine the Welsh Government policy on e-cigarettes. Are they a smoking cessation tool or a threat to public health? If there are a danger to public health we need to protect children and young people from them, but if they are a real solution for smokers struggling to quit, then we need to consider how to prescribe them on a time limited basis for this purpose. We would be happy to give evidence to such an inquiry alongside ASH Wales.

### **Access to COVID and non-COVID Rehabilitation**

We want people with lung disease to live full and active lives and continue to do the things that are important to them and their families. Unfortunately, at the moment the NHS is set up to help when things go wrong, rather than to help people stay well. While we look for a cure to lung disease in Wales, the evidence supporting self-management interventions for asthma is robust. 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 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.

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. We believe that more must be done to improve access to PR.

Following on from pulmonary rehabilitation, the National Exercise Referral Scheme (NERS) operates in every part of Wales to allow people to remain active and stay healthy in a local leisure centre. The scheme supports people with a wide variety of health conditions. Still, there has been an ongoing Welsh Government review, and funding has not increased for several years, restricting the number of people who can access these services.

Asthma UK and British Lung Foundation Wales is a member of the Right to Rehab Coalition led by the Chartered Society of Physiotherapy and we support a Right to Rehab for all. We want to see a model of support that allows for self-referral and joins us health and leisure services.

We would like to see the Health and Social Care committee examine rehabilitation services and consider how they can be restarted safely. Whilst there are some examples of services re-starting, many can't and have no space to exercise with required social distancing. We would like the committee to consider the role of technology in the future of rehabilitation. We would encourage the committee to look at the National Exercise Referral Scheme, review its positive outcomes and consider what more this service could be doing to keep people with chronic conditions active in the community.

We also support the committee reviewing COVID rehabilitation. Long COVID is now the third biggest lung condition in Wales and it is largely respiratory teams that are developing the services to support these people. We would like the committee to consider the effectiveness of this rehabilitation, examine whether GPs are referring into new Long COVID services and consider whether other rehabilitation for other conditions can learn from this work.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:**

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

**Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:**

- a) health services;**
  - b) social care and carers;**
  - c) COVID recovery?**
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### **Gwasanaethau iechyd**

#### **Health services**

We would like the committee to consider a short inquiry into the National Clinical Plan and Quality Statements, and how they will replace Delivery Plans. Since 2014 there has been a Respiratory Health Delivery Plan with a funded national clinical lead, national co-ordinator and the ability to direct new projects across Wales. The 2014 and 2018 delivery plans were ambitious and focussed doctors, nurses and allied health care professionals to target Wales-wide outcome measures and innovate. The Respiratory Health Delivery Plan (alongside delivery plans for other conditions) have been very successful in delivering positive change, but we are concerned the new approach of the NCP and Quality Statements risks undermining this work. We would like to see the Health and Social Care investigate whether the new Health and Social Services Minister will be continuing this approach.