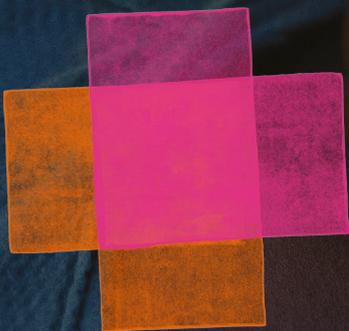


OUR BATTLE FOR BREATH

Policy Priorities for the next **Scottish Government**



**ASTHMA+
LUNG UK**
SCOTLAND



Foreword from our **Chief Executive**

As we look towards the Scottish Parliament elections, we see an opportunity to transform the lives of the one in five people in Scotland living with a lung condition. Right now, too many people are developing preventable lung conditions, too many people are not getting the diagnosis, treatment and support they need, and too many people are breathing polluted air.

Lung conditions are Scotland's third biggest killer, and we have some of the worst respiratory death rates in Europe¹. Yet for too long, lung conditions have been overlooked and underfunded. Without change more people will die needlessly and more people will live in fear of breathlessness, without diagnosis or effective treatment.

When breathing is hard, nothing is easy. That is why Asthma + Lung UK Scotland is setting out its manifesto for lung health to improve respiratory care and outcomes across the nation. To meet this challenge, the next Scottish Government must take on board our policies covering diagnosis, treatment, care, self-management and prevention.

The last five years have seen numerous achievements in some of these areas, such as the implementation of Low Emission Zones in Scotland's big four cities, tackling the rising scourge of cheap vaping products aimed at children and young people, a new set of unified asthma guidelines for all four nations of the UK and patient pathways developed for different lung conditions.

Unfortunately, we cannot count the Respiratory Care Action Plan (RCAP), published prior to the 2021 election, as one of these achievements. Despite the hard work of healthcare professionals, RCAP did not have the investment that was hoped for and has had little impact on the lives of people with lung conditions.

The next Scottish Government will inherit a new Long-Term Conditions Framework, but we will still need specific policies that will improve lung health. To ensure that respiratory is a priority, we ask that the next government takes forward the following policies to create a Scotland where everyone can breathe clean air with healthy lungs.

We are Asthma + Lung UK Scotland. **This is our battle for breath.**



Sarah Sleet

Sarah Sleet, CEO, Asthma + Lung UK

Lung Conditions in Scotland

One in five people in the UK will have a lung condition at some point².

Lung conditions are the **third biggest killer**³.

Fourth most costly disease area, costing the NHS Scotland in excess of **£500 million** annually.

720,000 people are estimated to have asthma in Scotland⁷.

240,000 people are estimated to have COPD⁴, with thousands more undiagnosed.

Around **210,000 people** are believed to be living with bronchiectasis in the UK⁵.

33,000 people live with interstitial lung disease in Scotland⁸.

Men over 45 are more likely to be living with **obstructive sleep apnoea** compared to women over 45⁹.

Two thirds of asthma deaths are women⁶.

Living with a lung condition in the **most deprived areas in Scotland** increases the risk of hospitalisation with a lung condition.

NOTE: Key information relating to lung health diagnoses is no longer routinely collected and published.

These statistics are estimates from health boards before the SPIRe dataset ended in 2023 and from publications such as Thorax. This is a deeply concerning issue for Asthma + Lung UK Scotland as we question how the Scottish Government and health boards can effectively prioritise respiratory issues and invest in respiratory services without knowing the scale of the challenges.

The next Scottish Government must address the gap in data for lung conditions from the point of diagnosis to the treatment and care of lung diseases.



JAMIE

Jamie from East Lothian has had asthma since childhood. He ended up in a coma after a near-fatal asthma attack just over 4 years ago.



I've lived with asthma since childhood and, as long as I can remember, I've carried a blue reliever inhaler which I'd use when I felt wheezy. In hindsight, this was just papering over the cracks. I wasn't managing my asthma, just continually responding to symptoms.

"I wasn't taking a preventer inhaler, and I had the odd asthma check-up but mainly relied on the reliever inhaler. This continued into adulthood and before my asthma attack, I hadn't had a check-up in over five years. I was never properly educated on how serious asthma could be if not it's controlled, and I lived with the reliance on my blue reliever inhaler.

"Looking back, I can see that I was needing to use my blue reliever too much. I was putting in repeat prescriptions in the years leading up to the asthma attack and this should have been a red flag that this guy isn't coping with his asthma. I feel like I should have received more support, but I also accept some responsibility for not educating myself about my condition.

"It's shocking and sad that it took something like this to happen to me and my family for us to fully understand how important asthma care is and how dangerous asthma can be. I want people with asthma to see that they are not 'just wheezy' and that by getting the right care, including taking their preventer inhaler, and they can lead a full and fit life. There isn't enough focus on lung conditions and people are being left behind."

Diagnosing Lung Conditions

AIM: Guaranteed, speedy access to diagnostic tests

Timely and accurate diagnosis is critical to living a long and healthy life with a lung condition. But the reality is that thousands of Scots are living without a diagnosis that can be both lifesaving and more cost effective for health and social care services. Access to diagnostic tests has not recovered from the COVID-19 pandemic, with long waiting lists for respiratory medicine and a lack of understanding of breathlessness and lung health symptoms.

Without a diagnosis, people cannot get the care and preventative treatment they urgently need, worsening their symptoms and resulting in people requiring ambulances and hospitalisations. This costs the NHS more than needed, leaves many unable to continue in the workplace, and can lead to premature death.

Lung cancer accounts for 20% of all cancer deaths in the UK¹⁰ and is still the least survivable cancer, with symptoms often not presenting until it is too late. Targeted screening is therefore essential to ensure patients have a chance to survive.

The lack of data for lung condition diagnoses is unacceptable in a major cause of ill health in Scotland. Without a full understanding of the scale of such conditions, how can the Scottish Government and health boards appropriately fund respiratory services that patients need to live long and healthy lives with a lung condition?

Asthma + Lung UK Scotland is calling for the next Scottish Government to urgently invest in ambitious targets for diagnosis, with funding attached, to make sure everyone who struggles to breathe gets the care and treatment they deserve:

- Develop a £3 million recovery fund for spirometry and Fractional Exhaled Nitric Oxide (FeNO) testing, to address the backlog of patients without an objective diagnosis of asthma and COPD. Either in primary care or through diagnostic hubs, all patients should have access to the world standard diagnostic tests spirometry and FeNO.
- Roll out lung cancer screening, including appropriate follow-up of incidental findings, focussing on smokers, which has been proven to find treatable early-stage lung cancer, before symptoms present.
- Audit respiratory diagnoses in Scotland to properly record and report on the numbers of people living with a lung condition in Scotland.

Treatment, Care + Self-Management

AIM: End the crisis in basic care of lung conditions

For people with a lung condition, good access to basic care is an essential part of keeping well, but for far too many, that is simply not happening.

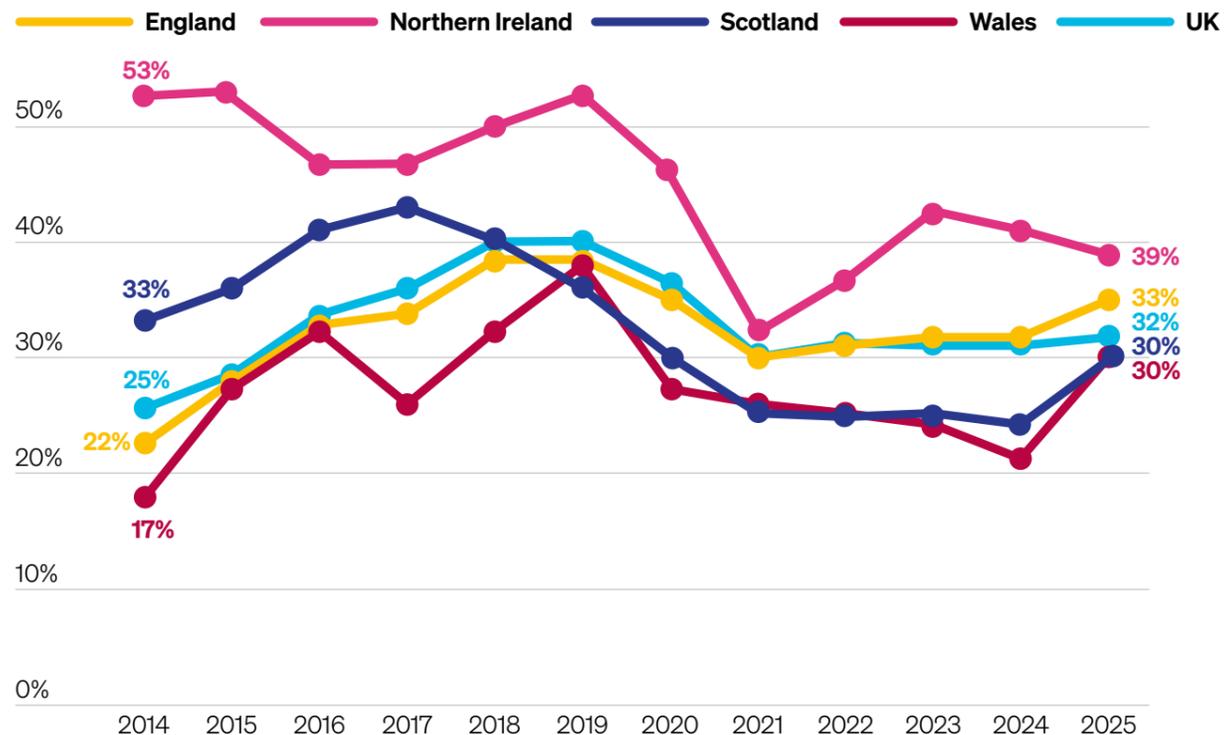
Providing good basic care is crucial to shift the burden of care from hospital to community. Not only can basic care be readily delivered in the community, and more accessible for patients, it's also a cost-effective way of providing treatment and reducing the strain on the health service by preventing exacerbations and deteriorating lung health.

Asthma + Lung UK has surveyed people with lung conditions in recent years in our *Life with a Lung Condition survey*¹. Using the responses from people living with a lung condition, we can see a pattern of worsening or stagnant basic asthma and COPD care that shows an urgent need for investment.

Basic asthma care consists of:

- 1 An annual asthma review
- 2 Written asthma action plan
- 3 Inhaler technique check

Basic asthma care levels 2014 - 2025



Asthma + Lung UK Scotland is calling for the next Scottish Government to end the crisis in basic care to ensure that everyone with a lung condition can live a long and healthy life with well-managed symptoms:

- Ensure that 100% of adults and children with lung conditions get the basic care they need, to manage their condition, improve their well-being and reduce hospitalisations.

AIM: Make pulmonary rehabilitation a right for everyone with a lung condition

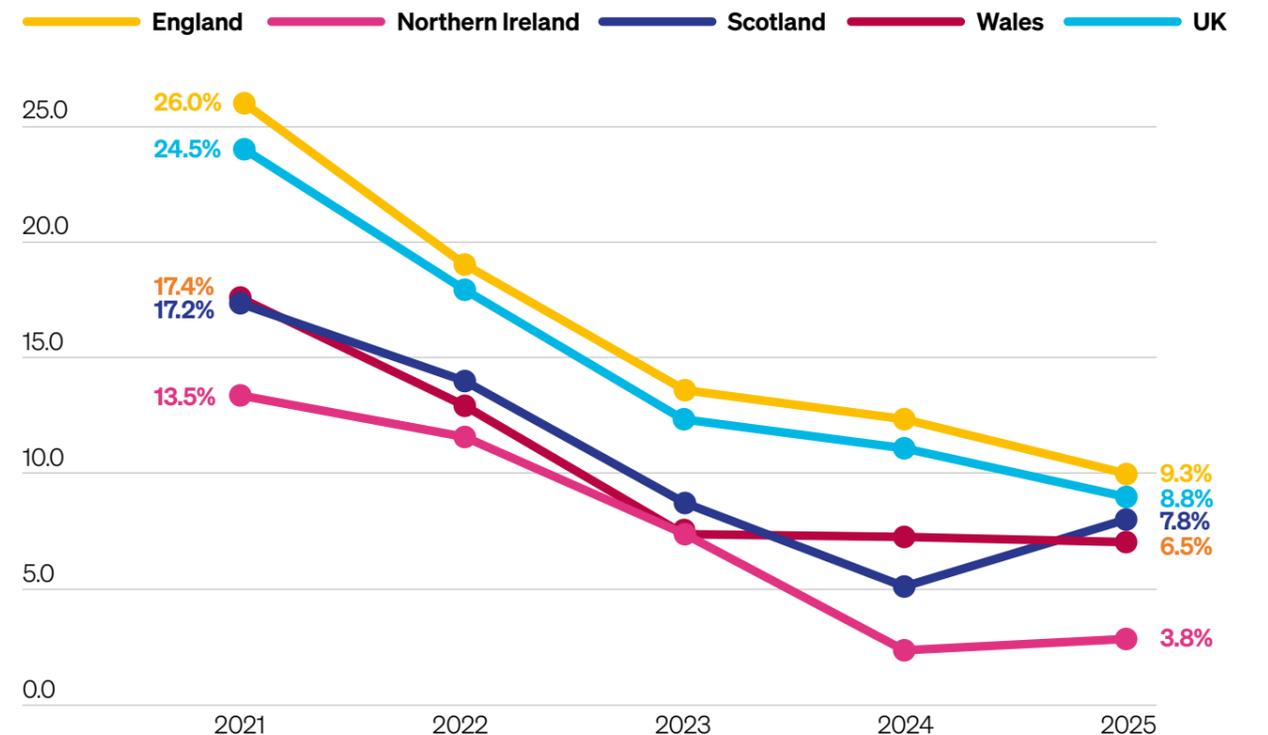
Pulmonary rehabilitation (PR) is a treatment programme designed for people with a lung condition that offers exercise classes and information, advice and techniques on managing breathlessness. Anyone with COPD, bronchiectasis, severe asthma and pulmonary fibrosis should be referred to PR when they need it.

PR combines exercise, education, nutrition, and well-being support to improve overall quality of life. No single professional can cover all these areas: exercise professionals guide safe physical activity, nurses teach self-management, dietitians tackle nutrition, and psychologists help with anxiety and depression. Working together, the team ensures care is tailored to the person's physical, emotional, and social needs, making PR far more effective than exercise alone.

The Five Fundamentals of COPD¹² are:

- 1 Smoking cessation
- 2 Flu and pneumococcal vaccines
- 3 Pulmonary rehabilitation
- 4 A personalised self-management plan, co-developed with a clinician
- 5 Optimised treatment for co-morbidities

COPD 5Fs 2021 - 2025



Far too many people are waiting months, if offered the chance, and in some cases over a year, to access a PR course which usually last six to eight weeks. PR is a cost-effective treatment for conditions like COPD that better supports people to live with their condition and can reduce emergency hospitalisations and worsening conditions. It is estimated that for every £1 invested in PR, the NHS saves £1.03 but the long-term societal savings could reach £8.17¹³. PR is cheap and effective, and most importantly patients value it. Yet it is not made available to all.

Asthma + Lung UK Scotland is calling for the next Scottish Government to address the lack of resources in PR services that cause long waiting lists and work with Asthma + Lung UK and partners in the Right to Rehab Coalition to improve the offer of PR across Scotland:

- Guarantee equitable access to pulmonary rehabilitation across the nation.
- Encourage the use of digital technology to improve access for those with work and caring responsibilities.
- Ensure that every pulmonary rehabilitation service has a fully staffed multi-disciplinary team.
- Entrench the right to pulmonary rehabilitation for all eligible patients by expanding referral pathways, increasing capacity and integrating digital options.

AIM: Increased access to digital support and tools to support self-management

Supporting self-management can come in many forms, yet the growing number of digital tools at our disposal can play a key part in self-management. Self-management helps people stay healthy with a lung condition and reduces the demand on health services. From smart inhalers to respiratory apps, recording and reporting how someone with a lung condition is managing with their health can help clinicians to support their self-management journey and improve outcomes for people to live healthy with a respiratory illness.

For too long the culture of self-management has been reactive and triggered when an exacerbation of symptoms occurs. There must be a shift to a proactive approach where patient data is used to monitor and predict when someone is at risk of an asthma attack or a COPD hospitalisation.

Education about lung conditions needs to include the risk of the environment around people. There are a wide range of triggers for lung conditions, such as tobacco smoke, pollen, dust and mould, but the biggest environmental threat to public health is air pollution. Campaigning for clean air is key to effective prevention, and we know that clinicians are overwhelmingly concerned about the impact of air pollution on our lungs.

Asthma + Lung UK Scotland is calling for the next Scottish Government to enhance the opportunities for self-management of lung conditions:

- Invest in digital tools to support self-management of lung conditions (e.g. action plans, prescription orders, medication optimisation).
- Provide clean air and trigger education for patients and healthcare professionals.

Prevention

AIM: Improve air quality to reduce exposure to emissions from all sources

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. Air pollution can exacerbate symptoms, such as an asthma attack or a COPD flare-up. People with asthma may notice that they need to use their reliever inhaler more than normal when pollution is high.

Air pollution is the biggest environmental threat to public health, second only to smoking. At a cost of £1.1 billion per year to the Scottish economy, air pollution is draining our resources, straining our health system and cutting short over 2,700 lives a year in Scotland. It is a public health crisis.

We have worked with the Scottish Government and local authorities to support measures such as Low Emission Zones, which are showing reductions in harmful emissions from vehicles. Emissions from vehicles and indoor wood-burning (domestic burning) pose the biggest risk to Scotland's respiratory health, and we believe that more can be done to prevent air pollution exposure by tackling these sources and educating the public on the risks they pose.

To meet the ambition of having the cleanest air in Europe, the next Scottish Government must go further than it has before to improve air quality and public health:

- Ensure a right to breathe clean air for everyone, by reintroducing the plan for *A Human Rights Bill for Scotland*, including a right to a healthy environment.
- Launch targeted behaviour change campaigns on sustainable transport, vehicle engine idling, domestic burning, and the health risks of air pollution.
- Address vehicle engine idling through local and national initiatives and increase the fixed penalty notice to act as a greater deterrent.
- Establish Low Emission Zones in other cities and large towns and expand the boundaries of LEZs in Aberdeen, Dundee, Edinburgh, and Glasgow.
- Gradually eliminate domestic wood burning in urban areas, support rural households in transitioning from wood as a primary heating source, and provide financial assistance to those in fuel poverty.
- Create a comprehensive monitoring network integrating local and national modelled and measured data.

AIM: Reduction in smoking rates and levels of health inequalities caused by tobacco

The largest cause 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 20% of Scottish deaths - more than suicide, alcohol, homicide, drug, fire and accidental deaths combined¹⁴. Not all lung conditions are caused by smoking, but smoking can make all lung conditions worse.

Asthma + Lung UK Scotland welcomes the actions by the Scottish Government to date and those of the UK nations in work together to tackle tobacco and vape use, such as the four nation approach to the *Tobacco and Vapes Bill*. Yet, Scotland's smoking rate remains the highest of the four UK nations at 14%¹⁵.

For Scotland to become a smoke-free nation, we are calling for the next Scottish Government to target smoking cessation services in the most deprived communities and create more smoke-free and vape-free spaces:

- Target smoking cessation services to deprived areas where smoking prevalence is higher.
- Improve general access to smoking cessation services, which include support for people who wish to stop vaping.
- Expand the number of smoke-free and vape-free places in areas where children are likely to be present.

AIM: Strengthened housing standards for health

Cold, damp and poorly insulated homes exacerbate lung conditions making a home a dangerous place for the most vulnerable. Mould is dangerous to those with lung conditions, as not only can it exacerbate symptoms in those who already have illnesses like asthma or COPD, increasing the likelihood of an asthma attack or COPD flare up, but long-term exposure to mould can cause lung conditions like asthma in previously healthy individuals. The new *Housing (Scotland) Act 2026* implements 'Awaab's Law' and should ensure that landlords act swiftly on housing standards.

However, there is more the next government can do to ensure that no child or vulnerable person has to experience poor housing standards that makes them ill or causes needless deaths.

To make sure no child dies from poor housing and to make homes warm and free from damp and mould, the next Scottish Government must:

- Expand and clarify warm homes schemes with the prioritisation of air source heat pumps, adequate insulation, and appropriate ventilation to ensure safe indoor air and the minimisation of seasonal triggers in the home.

Summary list of actions for the next **Scottish Government** to make lung health a priority and improve Scotland's overall health.

→ **Diagnosis:**

- **Develop a £3 million recovery fund for spirometry and fractional exhaled nitric oxide (FeNO) testing, to address the backlog of patients without an objective diagnosis. Either in primary care or through diagnostic hubs, all patients should have access to spirometry and FeNO.**
- **Roll out lung screening, including appropriate follow-up of incidental findings, focussing on smokers, which has been proven to find treatable early-stage lung cancer, before symptoms present.**
- **Audit respiratory diagnoses in Scotland to properly record and report on the numbers of people living with a lung condition in Scotland.**

→ **Treatment, Care + Self-Management**

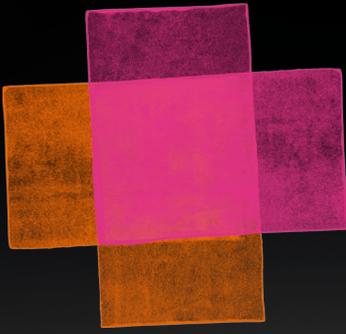
- **Ensure that 100% of adults and children with lung conditions get the basic care they need, to manage their condition, improve their well-being and reduce hospitalisations.**
- **Guarantee equitable access to pulmonary rehabilitation across the nation.**
- **Provide that every pulmonary rehabilitation service has a fully staffed multi-disciplinary team.**
- **Entrench the right to pulmonary rehabilitation for all eligible patients by expanding referral pathways, increasing capacity and integrating digital options.**
- **Encourage the use of digital technology to improve access for those with work or caring responsibilities.**
- **Invest in digital tools to support self-management of lung conditions (e.g. action plans, prescription orders, medication optimisation).**
- **Provide clean air and trigger education for patients and healthcare professionals.**

→ Prevention

- Ensure a right to breathe clean air for everyone, by reintroducing the plan for a *Human Rights Bill for Scotland*, including a right to a healthy environment.
- Launch targeted behaviour change campaigns on sustainable transport, vehicle idling, domestic burning, and the health risks of air pollution.
- Address vehicle engine idling through local and national initiatives and increase the fixed penalty notice to act as a greater deterrent.
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- Gradually eliminate domestic wood burning in urban areas, support rural households in transitioning from wood as a primary heating source, and provide financial assistance to those in fuel poverty.
- Create a comprehensive monitoring network integrating local and national modelled and measured data.
- Target smoking services to deprived areas where smoking prevalence is higher.
- Improve general access to smoking cessation services, which include support for people who wish to stop vaping.
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