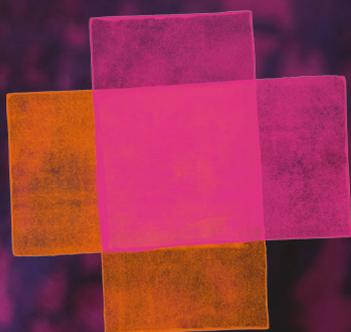


# OUR BATTLE FOR BREATH

Policy Priorities for the next **Welsh Government**



**ASTHMA+  
LUNG UK**  
CYMRU



# Foreword from our **Chief Executive**

**As we look towards the Senedd elections, we see an opportunity to transform the lives of the one in five people in Wales 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 the third biggest killer in Wales, and we have the worst respiratory death rates in Western Europe<sup>1</sup>. 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 Cymru is setting out its manifesto for lung health to improve respiratory care and outcomes across the nation. To meet this challenge, the next Welsh Government must take on board our policies covering diagnosis, treatment, care, self-management and prevention.

Since the last Senedd election, Wales has made progress with the establishment of NHS Wales Performance and Improvement's respiratory clinical network in 2023, creating a structure for collaboration across health boards.

However, the Quality Statement for Respiratory Disease, published in 2022, lacked measurable targets and an implementation plan. Unfortunately, many of its aspirations remain unrealised. Basic asthma care has stagnated at under one third of patients receiving all recommended elements, less than a tenth of people receive the fundamentals of COPD care. Our latest survey found that over two thirds of people in Wales are concerned about their own respiratory health, and that of their family. Without clear goals and accountability their valid concerns will not be addressed.

The Environment (Air Quality and Soundscapes) (Wales) Act 2024 was a landmark achievement, offering Welsh Government new powers to tackle air pollution, which is a major contributor to lung disease, as well as other serious health issues. Yet consultations and draft regulations since then have been unambitious, maintaining the status quo rather than setting bold targets for cleaner air. This failure to act decisively undermines the potential of the Act to protect people with lung conditions and improve public health. Welsh Government must use the full powers of the Act to deliver world-leading air quality standards.

One person dies of a lung condition every 2 hours in Wales and it costs the Welsh economy £772 million every year<sup>2</sup>. Yet respiratory has not been a priority, despite the last Senedd election being shrouded in COVID-19 and the challenges that brought. For this reason, we are demanding that the Welsh Government gives respiratory health the attention it deserves.

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



**Sarah Sleet, CEO, Asthma + Lung UK**

# Lung Conditions in Wales

**One  
in five**

people in the UK  
will have a lung  
condition at some  
point<sup>3</sup>.

Lung conditions  
are the

**third  
biggest  
killer in  
Wales<sup>4</sup>.**

**185,000 people**

are estimated to have  
**COPD** in Wales (2019)  
with thousands more  
undiagnosed<sup>7</sup>.

**Wales has the  
highest death  
rate,** for those with  
**lung conditions,** in  
Western Europe<sup>5</sup>.

**590,000  
people**

are estimated to have  
**asthma in Wales<sup>6</sup>.**



LIZ

Liz, 63, was diagnosed with COPD 5 years ago. She lives in Cardiff.

“

During the cold winter months, I get frequent chest infections which often leaves me struggling to breathe.

“I am worried about the rise in costs as I need a warm home to keep me well. Having COPD, the drop in temperatures massively affects my health and wellbeing. The increase in my bills means I no longer have any spare cash for emergencies, it’s really worrying.

“I am also really concerned about people turning to wood burning as an alternative to gas, as smoky air can affect me. Air pollution from busy roads can affect me too.

“Having COPD can be very frustrating at times, especially when I’m trying to have a conversation, and I have to pause to take a minute to get my breath back. I can also sense people’s frustration with me. I wish there was more understanding of what it’s like to live with COPD, more patience and more empathy.

“I think lung conditions do not get the attention they deserve, and I would very much like to see the Welsh Government invest more in helping those living with COPD as well as other lung conditions.”

## 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 people in Wales 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.

Fixing the crisis in diagnosis, can save the NHS money. Our 2023 *Saving Your Breath* report found that if Fractional Exhaled Nitric Oxide (FeNO), a test used to help diagnose asthma, were made available to all GPs across Wales, its use could save £6.6 million by optimising asthma treatment. The report also found that increasing access to spirometry, a test used to help diagnose COPD, to up to 40% of eligible patients in primary care would result in just over £3 million in direct NHS cost savings in reduced COPD exacerbations – a reduction of 3,420 hospital bed days<sup>8</sup>.

Accurate diagnosis for asthma and COPD in Wales remains far below best practice. Despite NICE guidelines requiring spirometry to confirm COPD and objective measurements for asthma, most patients are still diagnosed through trial and error<sup>9</sup>.

Lung cancer accounts for 20% of all cancer deaths in the UK<sup>10</sup> and is still the least survivable cancer, with symptoms often not presenting until it is too late. Targeted screening, therefore, is essential to ensure patients have a chance to survive.

**Asthma + Lung UK Cymru is calling for the next Welsh 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 £2m recovery fund for spirometry and FeNO testing, to address the backlog of patients without an objective diagnosis. Either in primary care or through diagnostic hubs. All patients should be able 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.

# 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.

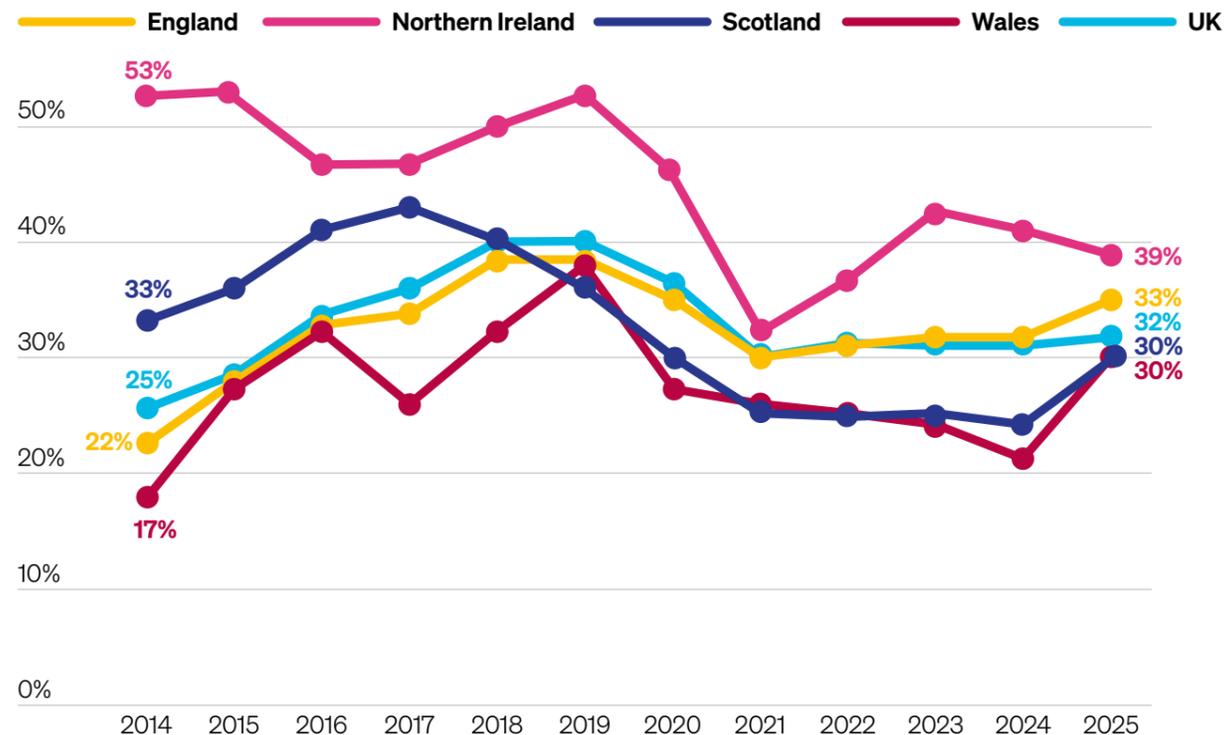
Providing good basic care is crucial to shift the burden of care from hospital to community. Not only can basic care be readily delivered in the community, and more accessible for patients, it's also a cost-effective way of providing treatment and reducing the strain on the health service by preventing 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*<sup>1</sup>. 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 Cymru is calling on the next Welsh 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

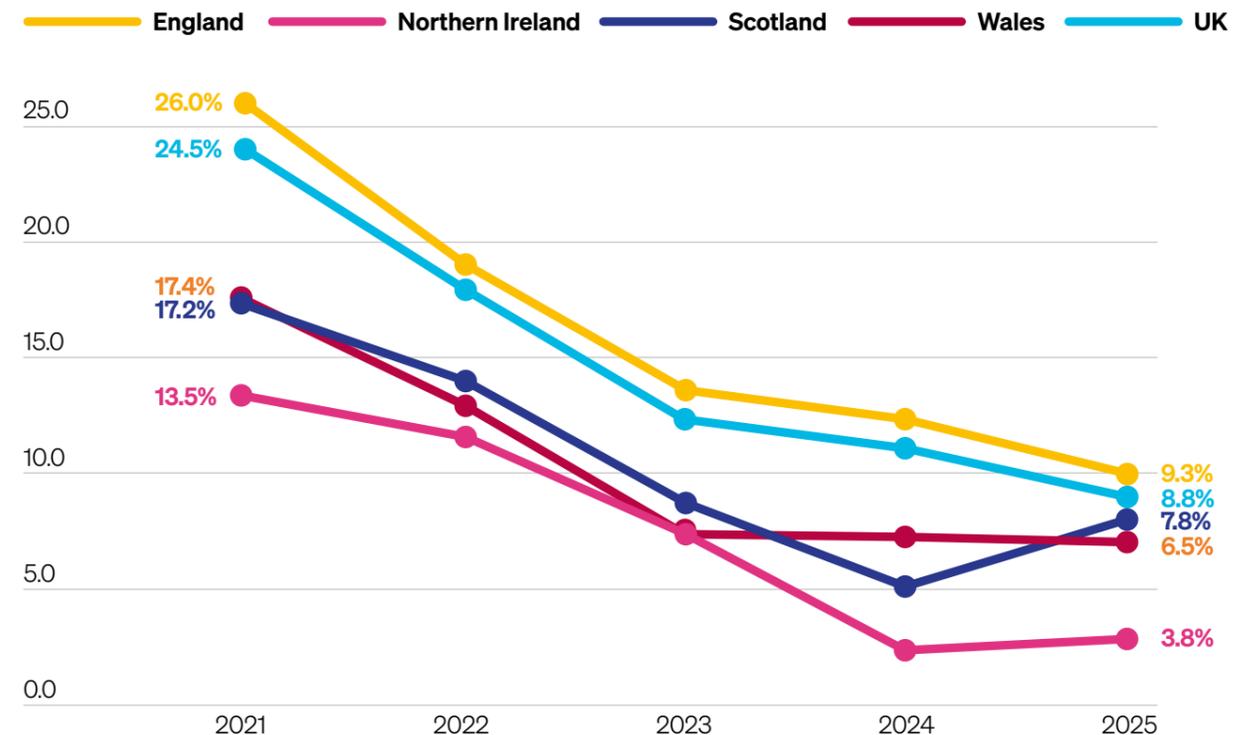
Pulmonary rehabilitation (PR) is a treatment programme designed for people with a lung condition that offers exercise classes and information, advice and techniques on managing breathlessness. Anyone with COPD, bronchiectasis, severe asthma and pulmonary fibrosis should be referred to PR when they need 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 COPD<sup>12</sup> 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



At the start of 2025, a survey by Asthma + Lung UK Cymru found that some PR services had a waiting list of up to 17 months<sup>13</sup>. Given that this rehabilitation can mean the difference between someone going back to work, being able to play with their grandchildren or being severely affected by their symptoms. This length of wait is unacceptable.

PR is a cost-effective treatment for conditions like COPD that better support people to live with their condition and can reduce emergency hospitalisations and worsening conditions. Our 2023 *Saving Your Breath* report found that if expanded to everyone who needed it, PR would result in £7.7 million of direct NHS savings related to reduced exacerbations, as well as a reduction of 10,500 bed days<sup>14</sup>. PR is cheap and effective, and most importantly patients value it. Yet it is not made available to all.

**Asthma + Lung UK Cymru is calling on the next Welsh Government to address the lack of resources in PR services that cause long waiting lists and work with our partners in the Right to Rehab Coalition to improve the offer of PR across Wales:**

- 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**

Self-management apps such as the NHS Wales Asthma Hub and COPD Hub have proven to be highly effective tools for patients in Wales. Evaluation of these apps shows that people who used them for over six months reported fewer GP visits, a reduction in hospital admissions and more confidence in managing their condition<sup>15</sup>.

Despite their success, support for the apps varies between health boards. Services must provide both online and offline options ensuring that those without devices or internet access are not left behind.

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. Air pollution is a trigger of lung disease, as well as a cause<sup>16</sup>, and dirty air prevents people from staying well.

**Asthma + Lung UK Cymru is calling for the next Welsh 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. At a cost of £1billion per year to the Welsh economy, air pollution is draining our resources, straining our health system and cutting short around 1,300 lives a year in Wales<sup>17</sup>. It is a public health crisis.

The passage of the *Environment (Air Quality and Soundscapes) (Wales) Act 2024* was a major success, giving Welsh Government unprecedented powers to tackle air pollution and protect public health.

This legislation has the potential to transform lung health by embedding health considerations into every environmental decision. However, these powers have not been used to their fullest effect. Draft regulations since its enactment have largely maintained the status quo, setting targets that Wales was already on track to meet and failing to put health at the heart of policy making.

**To meet the ambition of the *Environment (Air Quality and Soundscapes) (Wales) Act 2024*, the next Welsh Government must step up to the challenge and use these new powers to their full effect:**

- Use the powers in the *Environment (Air Quality and Soundscapes) (Wales) Act 2024* to adopt the latest WHO air quality guidelines into law and develop a clear roadmap for compliance. This must include stronger commitments to tackling pollution at its source, accelerating the transition to cleaner transport, and protecting vulnerable groups from the harmful effects of dirty air.
- Launch targeted behaviour change campaigns on sustainable transport, vehicle idling, 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.
- Implement Clean Air Zones in urban areas to reduce air pollution.
- 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 causes of preventable ill health and a significant cause of health inequality in Wales are smoking tobacco products. Over 10% of deaths in Wales are due to smoking<sup>18</sup>. Not all lung conditions are caused by smoking, but smoking can make all lung conditions worse.

Asthma + Lung UK Cymru welcomes the actions by the Welsh 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*.

Wales's smoking rates have fallen to 12%, however in Wales's most deprived communities over 22% of people still smoke, so there is a long way to go to meet the less than 5% smoke-free target by 2030<sup>19</sup>.

### **For Wales to become a smoke-free nation, we are calling on the next Welsh Government to target smoking cessation services in the most deprived communities and create more smoke-free and vape-free spaces:**

- 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.
- 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 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<sup>20</sup>. Welsh Government must act decisively to prevent lung conditions linked to poor housing by learning from Awaab's Law, which sets strict deadlines for addressing hazards like damp and mould in England.

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

- Expand and clarify warm homes schemes, such as NEST, 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.
- Adopt and implement legislation to ensure mould- and damp-free social housing.

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

## → **Diagnosis:**

- **Develop a £2m recovery fund for spirometry and FeNO testing, to address the backlog of patients without an objective diagnosis. Either in primary care or through diagnostic hubs, all patients should be able to access 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.**

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

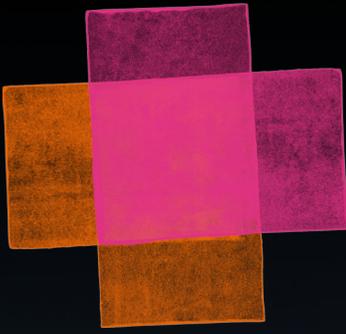
- **Ensure that 100% of adults and children with lung conditions get the basic care they need, in order to manage their condition, improve their well-being and reduce hospitalisation.**
- **Guarantee equitable access to pulmonary rehabilitation across the nation.**
- **Encourage the use of digital technology to improve access for those with work and caring responsibilities.**
- **Provide that every pulmonary rehab service has a fully-staffed MDT.**
- **Entrench the right to PR for all eligible patients by expanding referral pathways, increasing PR capacity, and integrating digital options.**
- **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

- Use the powers in the *Environment (Air Quality and Soundscape) Act 2024* to adopt the latest WHO air quality guidelines into law and develop a clear roadmap for compliance. This must include stronger commitments to tackling pollution at its source, accelerating the transition to cleaner transport, and protecting vulnerable groups from the harmful effects of dirty air.
- 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.
- Implement Clean Air Zones with careful consideration to economically disadvantaged groups and disabled people.
- 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.
- Expand the number of smoke-free and vape-free places in areas where children are likely to be present.
- Expand and clarify warm homes schemes, such as NEST, 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.
- Adopt and implement legislation to ensure mould and damp-free social housing.

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# ASTHMA+ LUNG UK

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