

LUNG DISEASE IN SCOTLAND: BACKGROUND BRIEFING

There are over **129,000 people diagnosed with COPD in Scotland**. There is estimated to be another 200,000 people who have the condition but are not diagnosed and so are missing out on the appropriate treatment/ management. **In Dumfries & Galloway, there are a recorded 4,599 people with COPD.**

An estimated 8% of hospital admissions are related to respiratory disease, and 10% of bed days.

WHO are predicting that COPD will become the **3rd most common cause of death** worldwide by 2030.

COPD accounts for the **most presentations to A&E departments** in Scotland, and is responsible for over **120,000 emergency bed days** each year in Scotland. **An estimated 8% of hospital admissions are related to respiratory disease, and 10% of bed days.**

Only 8.4% of people who would benefit from Pulmonary Rehabilitation (PR) are referred to services – **and in the Borders, there is no provision of PR at all, the only regional Health Board not to provide it.** PR is clinically proven to be highly effective, and is a cost effective means of delivering treatment.

Scotland has one of the poorest records of lung disease in the UK and Europe, with some of the worst prevalence rates, and high mortality rates. There are strong links with social deprivation and inequalities, and the impact of heavy industry remains a significant factor. Urban Scotland has the highest death rate from lung disease in Britain.

Unlike heart disease and stroke however, lung disease is not a national clinical priority in Scotland, and in contrast to the dramatic improvements made to the impact of those conditions, lung health prevalence and mortality rates are not declining. In 2015 for the first time the number of deaths from respiratory system diseases (excluding lung cancer) was greater than the number from coronary heart disease.¹

The most prevalent lung illnesses in Scotland are asthma and Chronic Obstructive Pulmonary Disease, known as COPD. COPD is an umbrella term which includes emphysema and chronic bronchitis, which cause permanent and irreversible damage to the airways, leading to breathlessness and fluctuating health that impacts on all aspects of sufferers' lives.

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/registrar-generals-annual-review>

LIVING WITH COPD

People living with COPD experience symptoms such as breathlessness and fatigue, which can make them very anxious about being active – but conversely by keeping active, these symptoms can be managed. People therefore need reassurance from health professionals, but also crucially peer support from others, which provides a social and fun element which means people return every week.

COPD is incurable, but with support people can self-manage their symptoms and maintain their quality of life. With increasing pressures on the NHS, third sector organisations such as Chest Heart & Stroke Scotland provide a safety net in many communities. Our website [My Lungs My Life](#) helps support people to self-manage their COPD in their homes.

We are currently campaigning for better provision of ‘**Pulmonary Rehabilitation**’ – this is a programme of treatment delivered by health professionals which provides advice, support and information, and exercise. It’s clinically proven to be effective, and is also one of the cheapest treatments available. Yet access to Rehab is not consistent across Scotland, with variable waiting times, sometimes limited capacity, and NHS Borders has withdrawn funding for Rehab entirely.

People living with COPD often face difficulties in accessing the Rehab that is available to them. Their health can quickly fluctuate, and with the fatigue and breathlessness they experience, it can be difficult to travel to classes only available at fixed times and venues.

Chest Heart & Stroke Scotland supports some 150 volunteer-led support groups across the country, with members from across our health conditions. Many provide exercise opportunities – which are crucially also social groups. When people are able to keep active after their Rehab, evidence shows that they maintain the gained health benefits. Without physical activity, those benefits can be lost within 6 months, and people are at greater risk of ‘exacerbations’ of their COPD

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Our report on Pulmonary Rehabilitation shows an estimated 2,452 people in Dumfries & Galloway would benefit from Pulmonary Rehab. The maximum capacity of the service provided is presently just 382.

LUNG DISEASE – STRATEGIC PICTURE

Together with the British Lung Foundation, we have founded the new Cross Party Group on Lung Disease, convened by Emma Harper. The CPG aims to influence Government and raise awareness in Parliament – particularly about the need for lung disease to be treated as a clinical priority, like heart disease and stroke.

Links:

CHSS campaign on Pulmonary Rehab:

<https://www.chss.org.uk/chss-campaigns-policy-projects-for-longer-stronger-lives/pulmonary-rehab/>

Information on COPD:

<https://www.chss.org.uk/chest-information-and-support/common-chest-conditions/copd/>