

**Joint Meeting of the  
Cross Party Group on Lung Health, Cross Party Group on Heart Disease & Stroke, and  
Cross Party Group on Cycling, Walking and Buses**

4 September 2018 6pm-7.30pm  
Committee Room 4, Scottish Parliament

**MINUTES**

Attendance

**MSPs**

Emma Harper (Convener)  
Alexander Stewart (Co-Convener)  
Claudia Beamish (Co-Convener)  
Mark Ruskell  
Colin Smyth  
Graham Simpson  
Alison Johnstone

**Members and guests**

Joseph Carter	British Lung Foundation (Scotland)
Alison Sweeney	British Lung Foundation (Scotland)
Graeme Sneddon	British Lung Foundation
Katherine Byrne	Chest Heart & Stroke Scotland (CHSS)
Lawrence Cowan	Chest Heart & Stroke Scotland
Daniel Jones	British Heart Foundation
David McColgan	British Heart Foundation
Colin Oliver	Stroke Association
Linda Gray	NHS Borders
George Chalmers	NHS Glasgow
Mostyn Tuckwell	Breathtakers
James Wildgoose	Breathtakers
George Mair	CPT Scotland
Mike Harrison	Scottish Accessible Transport Association (SATA)
K Haig	Levenmouth Rail Campaign
David Newby	University of Edinburgh
Mark Millar	University of Edinburgh
Tom Fardon	NHS Tayside
James Chalmers	NHS Tayside
Bruce Whyte	GCPH
Ian Findlay	Paths For All
Stuart Hay	Living Streets
Suzanne Forup	Cycling UK
Martin Charters	Patient representative
David Giles	SAPT
Alex Quayle	Sustrans Scotland

Jemima Traill	British Heart Foundation
Dr Iain McLellan	University of West Scotland/BREATH project
Jim Dorman	St Andrew's First Aid
Calum Cook	Go Bike
Natalie Dilworth	Unicef UK
Harriet Edwards	Unicef UK
Frederike van Wijck	Glasgow Caledonian University
Martin McDonnell	Spokes
Mark James	Transform Scotland
Kenneth Anderson	RCPS Glasgow
Colin Howden	Transform Scotland
Vincent Fisher	Police Scotland

## **1. Welcome from Convener**

Emma Harper (Convener of CPG Lung Health) welcomed everyone to the joint meeting of the three Cross Party Groups, to consider the issue of Air Quality. She confirmed Joe Fitzpatrick, Minister for Public Health, had been invited to the meeting but extended his apologies.

Emma highlighted Scotland's poor record on lung disease, and the impact of air pollution on increasing the risk of hospital admissions and mortality.

Claudia Beamish (Co-Convener of CPG Cycling, Walking Buses) highlighted the impact of poor air quality on people living locally. The CPG is keen to contribute to cutting pollution and promoting active lifestyles.

Alexander Stewart as Co-Convener of the CPG Lung Health and CPG Heart Disease & Stroke noted the cross-cutting nature of air quality.

## **2. Speakers**

### **2.1 Professor James Chalmers, Chair in Respiratory Research at Dundee University:**

- James presented his research in Tayside using data resources which link air quality information with patient data and admissions, to examine how air quality impacts on patients with lung disease. Patients are more susceptible to spikes in air pollution, which causes inflammations and exacerbations of their conditions, leading to hospital admissions and trips to their GPs.
- The research looked at nitrogen dioxide and particulates, using patients as controls (ie comparing low pollution vs high). High pollution increased the likelihood of hospital admissions by more than 10%. Risk doubles in the summer when people are outside more.
- The study used modelling to estimate the impact of small reduction of air pollution. A reduction by 10micrograms would have resulted in 1,000 less hospital admissions. Tackling air pollution could reduce the burden on NHS.

### **2.2 Dr Mark Millar, Senior Research Fellow in Cardiovascular Science, University of Edinburgh**

- Research begun 15 years ago has looked at the effect of air pollution (particulates PM2.5 or 10, and a range of gases) on the heart and blood vessels, and highlights why action is

needed. Studies at population level show particles are linked to cardiovascular disease. Ultra-fine or nano particles are particularly prevalent in vehicle exhausts, especially diesel vehicles.

- The project has used controlled exposure to air pollution (equivalent to air quality experienced if cycling on a busy street) and has shown striking results. Just a 1 hour exposure effects the cardiovascular system; on blood vessels, increased likelihood of clotting, changed rhythm of heart. The effect is not dissimilar to the difference between smokers/non-smokers, and the effects are still apparent after 24 hours. Repeated exposure encourages disease. Interventions such as filters for car exhausts have a positive impact.

### 2.3 **Bruce Whyte**, Public Health Programme Manager, Glasgow Centre for Population Health

- Bruce noted the supportive policies in place at different levels focusing on active travel. These include a doubling of the active travel budget by the Scottish Government, new infrastructure (such as the Avenues project) and behaviour-change programmes. However there are few councils, other than Edinburgh, where improvements have yet been seen in numbers of cyclists. New cycle routes in Glasgow have led to increased usage, and the new bike hire scheme, forthcoming low-emission zone, and possible 20mph zones are all positive initiatives.
- There are still challenges however. The distances driven are still rising; bus use is in decline (except Edinburgh), funding is not at the levels needed (eg 10% of transport budget, currently far below European cities). Active travel infrastructure needs to be accessible, and decisions made about where investment should be made to avoid exacerbating inequalities, for example prioritising deprived areas. Europe's experiences show that leadership is important. Technological fixes aren't the only solution. Electric vehicles still contribute to congestion and some pollution, and don't tackle physical inactivity. Lots of different action is needed across different areas in order to see improvement.

### 3. **Round-table discussion**

A wide-ranging discussion took place amongst attendees. The points raised are grouped thematically below.

#### Transport emissions

- There are key problems with 'spikes' in levels of pollution at times of congestion. Even with small reductions in traffic at these times, there would be a major improvement in air quality. (James Chalmers)
- A 10 microgram reduction in pollutants might make the difference between Edinburgh and London's rates of pollution. Effective steps include compulsory filters on cars. (Mark Millar)
- Air pollution does not just have immediate acute effects on people's health, but also on their long-term health. (George Chalmers)
- There are particular spikes in pollution at school gates, including from idling vehicles. Should there be an exclusion zone around schools? New schools in Dundee are including facilities for parents to drop off their children by car – could Scotland take action on this? (Tom Fardon)
- School crossing patrols ('lollipop' men/women) will be exposed to poor air quality on a daily basis – should their exposure be monitored to highlight the impact near schools? (Emma Harper)

- Some spikes are due atmospheric conditions – but these aren't modifiable. The major reversible contributor to air pollution is traffic. (James Chalmers)
- Need to educate people about the fumes that car drivers are exposed to, not just pedestrians and cyclists. (Joseph Carter)
- Electronic billboards displaying air pollution levels are used effectively in cities including Delhi. Should they be adopted in Scotland as an awareness-raising measure? (James Chalmers)
- London has live air-pollution data for example at bus-stops. Could live data be built into patient apps? Better air quality monitoring is needed across the board. (Joseph Carter)
- Norway provides an exemplar, with its network of electric charging points for cars. (Daniel Jones)
- MSPs often hear from constituents about parking problems (including parents about school drop-offs), but not about air pollution. (Colin Smyth)
- Part of the solution to traffic congestion relates to reducing the availability of parking. Glasgow currently has an over-provision of parking – without this, it could widen pavements, provide segregated cycle lanes, and green corridors. (Bruce Whyte)
- European cities including Lisbon and Barcelona have high use of bicycles and electric bikes and scooters, which should also be viewed as a low-carbon form of transport – but they need investment. (Graham Simpson)
- Important to make it easier for people to change their behaviours rather than just banning activities. Are there lessons to be learned from the behavioural change with tackling smoking? (Lawrence Cowan)
- There is a need to 'sell' improving people's health through active travel, in the same way the smoking ban was 'sold' to people (Mark James)
- There are contradictions in the Scottish Government's policies. The public inquiry into the M74 extension advised against proceeding. The road budget is at its highest, whilst just 3% of budget goes on active travel nationally. (Calum Cook)

### Active transport

- There are higher levels of cycling in middle-class areas; it can be seen as an expensive sport. In Glasgow the infrastructure is improving in less affluent areas. Areas of deprivation though may have lower levels of employment and so less use of active transport to commute. (Bruce Whyte)
- There are examples of areas supporting people to cycle (eg Victoria Road in Glasgow) through low-cost bike hire and opportunities to purchase. The Government's review of the Air Quality Strategy should identify how to support deprived communities. (Claudia Beamish)
- There is a good understanding of transport-related solutions to air quality, but it is difficult to prescribe national solutions. Much comes down to local planning and place-making, designing healthier communities. (Mark Ruskell)
- There needs to be a paradigm shift, reducing the need to travel through the planning system and by putting services close by. The transport hierarchy should be re-ordered to focus more on active travel/public transport and less on cars. (Ian Findlay)

## Air Quality regulation

- There is already a system of air quality in regulation in place through Air Quality Management Areas (AQMAs), which are mostly designated on basis of transport pollution. How can improvements be delivered within AQMAs, does it need to be on a community basis, or wider population? Planning is a key factor. (Mark Ruskell)
- There are no AQMAs in Dumfries & Galloway or in Ayrshire, despite some of the highest levels of COPD (lung disease). There need to be portable sensors, not just monitoring at fixed locations. (Ian McLellan)
- Should local authorities be allowed to borrow money to invest in Low Emission Zones areas? (Joseph Carter)

## Lung and cardiovascular health

- Children with asthma have higher rates of admission to hospital when they return to school – is air quality a factor in that, or adherence to medication? (Emma Harper)
- Change of environment must be a factor in children's asthma attacks. (Tom Fardon)
- Data from Europe on deaths from asthma show a correlation with proximity to main roads. (James Chalmers)
- Through the developing lung improvement plan, Scottish Government has mapped urban/rural/ remote areas and can look at mapping prevalence of lung conditions with these. (Tom Fardon)
- It is possible to predict and broadcast air pollution levels, which BBC now does after pressure. Hot summers lead to high pollution levels but people aren't aware of the risks. Other countries are examples of educating people, including USA, France and Greece.
- Pollution effects everyone, including apparently healthy people. With cardiovascular disease the damage can't be seen until someone has eg a heart attack. Research is monitoring how successful different interventions are. A broadbrush approach including different strategies is probably needed, including incentives, strong 'policing', electric vehicles and charging points, encouraging behavioural change. Low Emission Zones have and haven't worked, in different cities.
- Planning for transport should be built around the right to health. (Bruce Whyte)

## **4. Next steps**

Membership of CPGs and MSPs attending could collectively write to the relevant Ministers about the action needed to tackle air quality, putting the discussion on the record, particularly during health budget consideration. (Alison Johnstone)

The Cross Party Groups could also jointly feed into consideration of the Transport Bill, particularly highlighting best practice in other countries. (Emma Harper)

A further joint meeting could be held in around 6 months to consider progress made. (Emma Harper)

For the CPG on Lung Health, it was suggested that the CPG invite Dr John Lockhart, from the University of the West of Scotland, to speak at a future meeting about his research on COPD and the BREATH project (Emma Harper)