



January 2018

British Lung Foundation

Taskforce for lung health - scoping research

Final debrief

britainthinks.com

01 Objectives and methodology

Project background and objectives

- In January 2018, the Taskforce for lung health will launch its work programme.
- Ahead of the launch, the BLF asked BritainThinks to conduct research with patients and the public to understand:
 - Awareness of and attitudes towards lung disease
 - Perceived prevalence of lung disease
 - Perceptions of the care available to those with lung disease
 - Responses to messages about lung disease
- The findings from this research will be used to inform the development of the taskforce

Methodology

STAGE 1: QUALITATIVE RESEARCH

Qualitative fieldwork ran from 22/11/17 to 07/12/17

4 focus groups and 4 in-depth interviews:

- 2 focus groups with adults with a lung condition that seriously affected their lives (min. 4 had COPD per group)
- 2 focus groups with the general public, 1 with those aged 20-40, and 1 with those aged 50+
- 4 face-to-face interviews with adults with severe lung conditions that impacted day-to-day activities - 2 interviewees used oxygen (1 in-home and 1 portable)

STAGE 2: QUANTITATIVE RESEARCH

Quantitative fieldwork ran from 04/01/18 to 10/01/18

10-minute online survey of 1,137 UK adults, including a boost of 105 people living with lung conditions. Data weighted to be nationally representative of the UK by age, gender, social grade and region.

- 51 of the booster sample had a lung condition other than asthma

Across the report we highlight differences in the total sample between three key groups in particular:

Total sample of UK public and lung conditions boost (n=1137)

All with lung conditions other than asthma* (n=90)

All with asthma and no other lung condition (n=168)

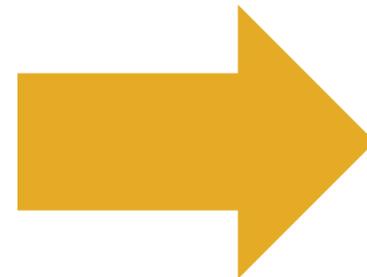
02 Awareness and understanding of lung disease

Self-reported levels of knowledge about lung disease are strikingly low - even amongst those with lung conditions

Across the sample as a whole, just 8% of respondents strongly agree (8-10) that they know a lot about lung disease



“COPD? Is it related to the lungs?...I don't really know much about lung disease, I am really drawing a blank.”
(Public, focus group, Stockport)



Amongst those with asthma only, just 9% strongly agree they know a lot about lung disease...



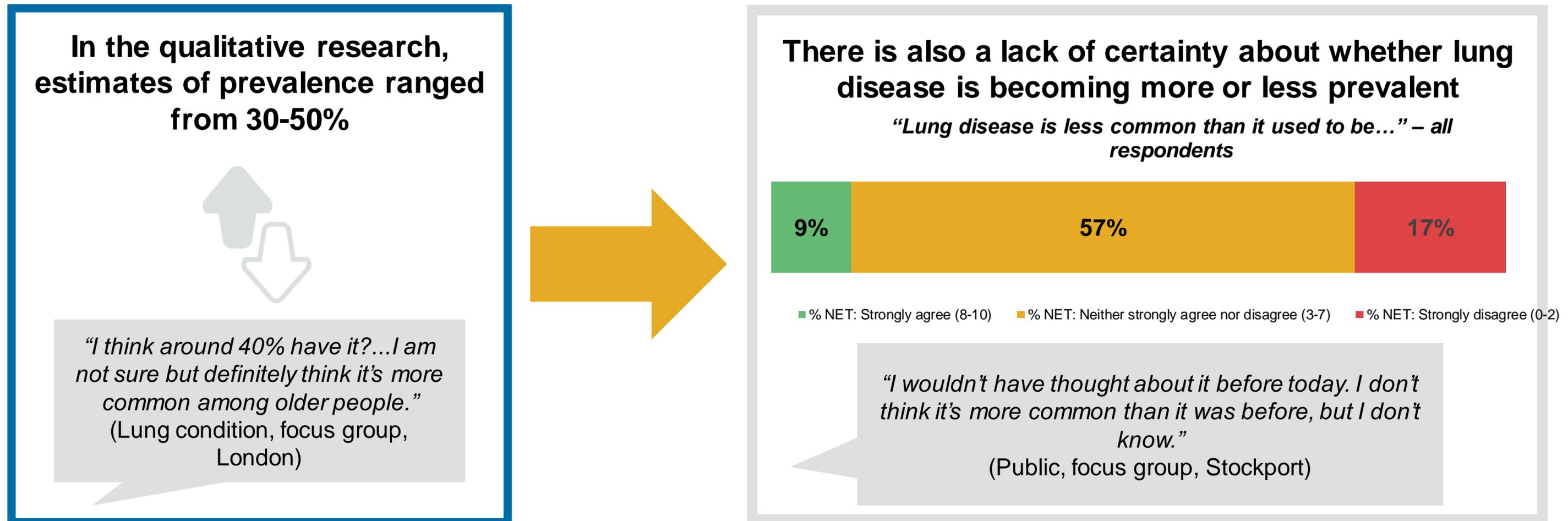
■ % NET: Strongly agree (8-10) ■ % NET: Neither strongly agree nor disagree (3-7) ■ % NET: Strongly disagree (0-2)

...Rising to 35% amongst those with lung conditions other than asthma*



■ % NET: Strongly agree (8-10) ■ % NET: Neither strongly agree nor disagree (3-7) ■ % NET: Strongly disagree (0-2)

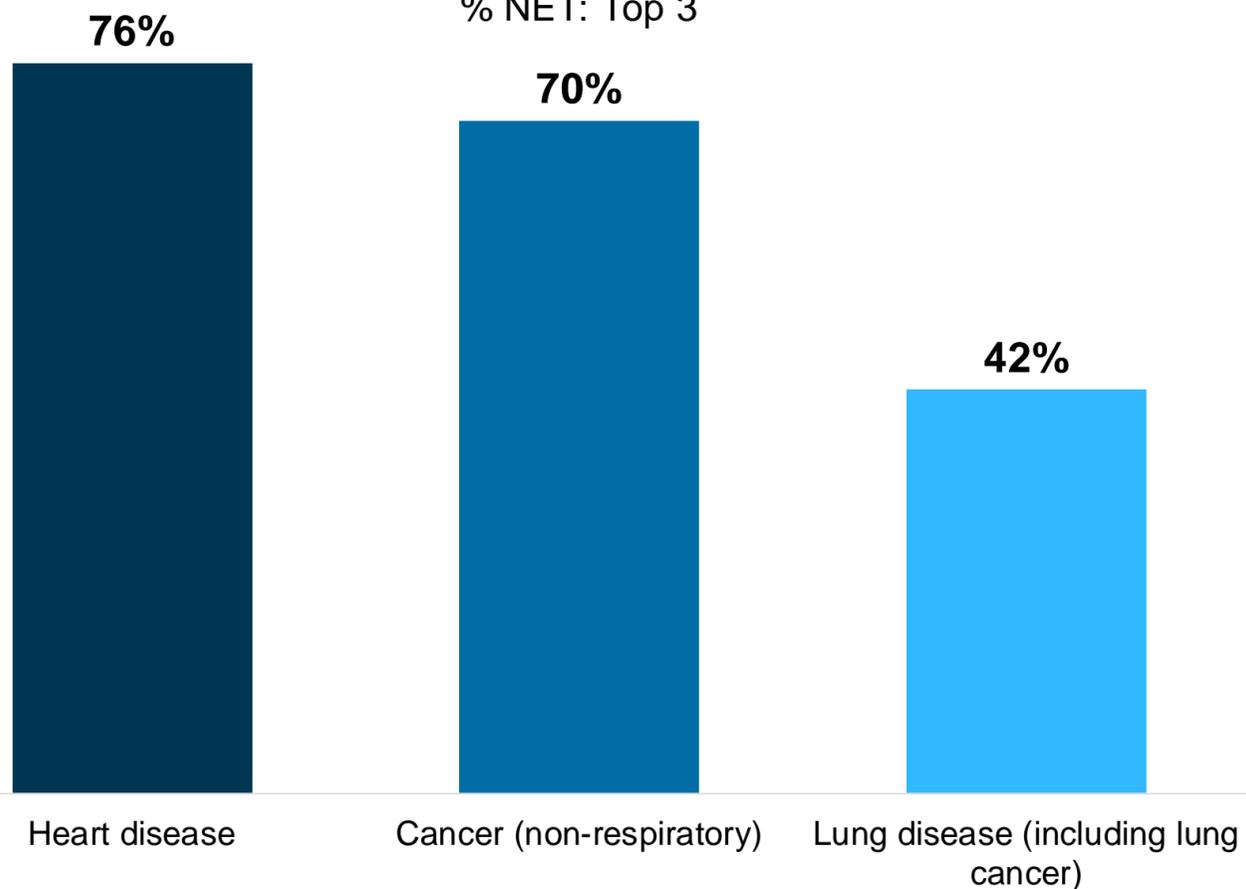
This feeling of being uninformed is reflected in widespread uncertainty about the prevalence of lung conditions



Fewer than half of respondents identify lung disease as one of the top 3 killers

Conditions listed amongst the top 3 killers – all respondents

% NET: Top 3



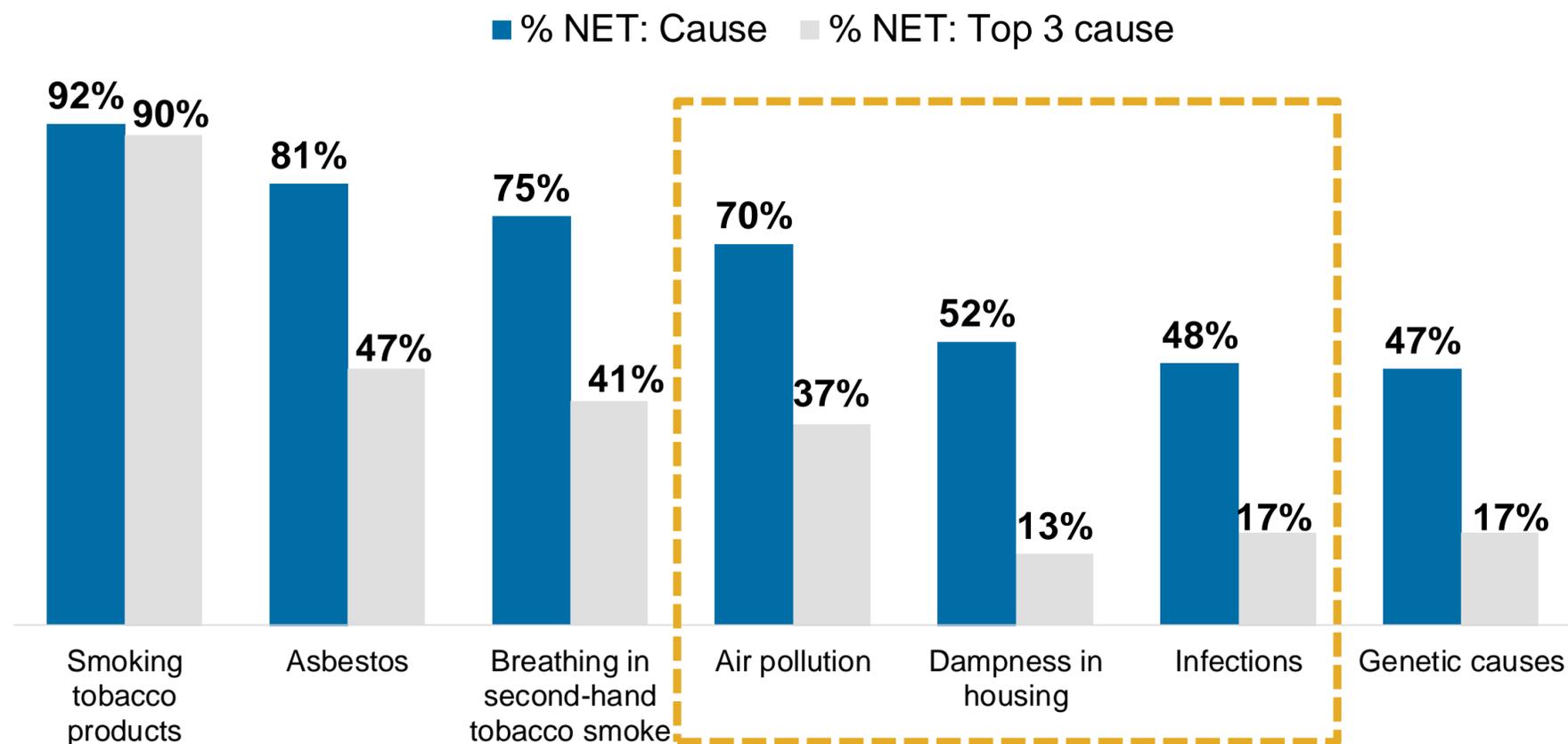
- A significant majority of 18-34 year olds do not place lung disease in the top three killers



- As well as just over half of smokers

Across all audiences, smoking is overwhelmingly seen as the main cause of lung disease

Causes of lung disease – all respondents

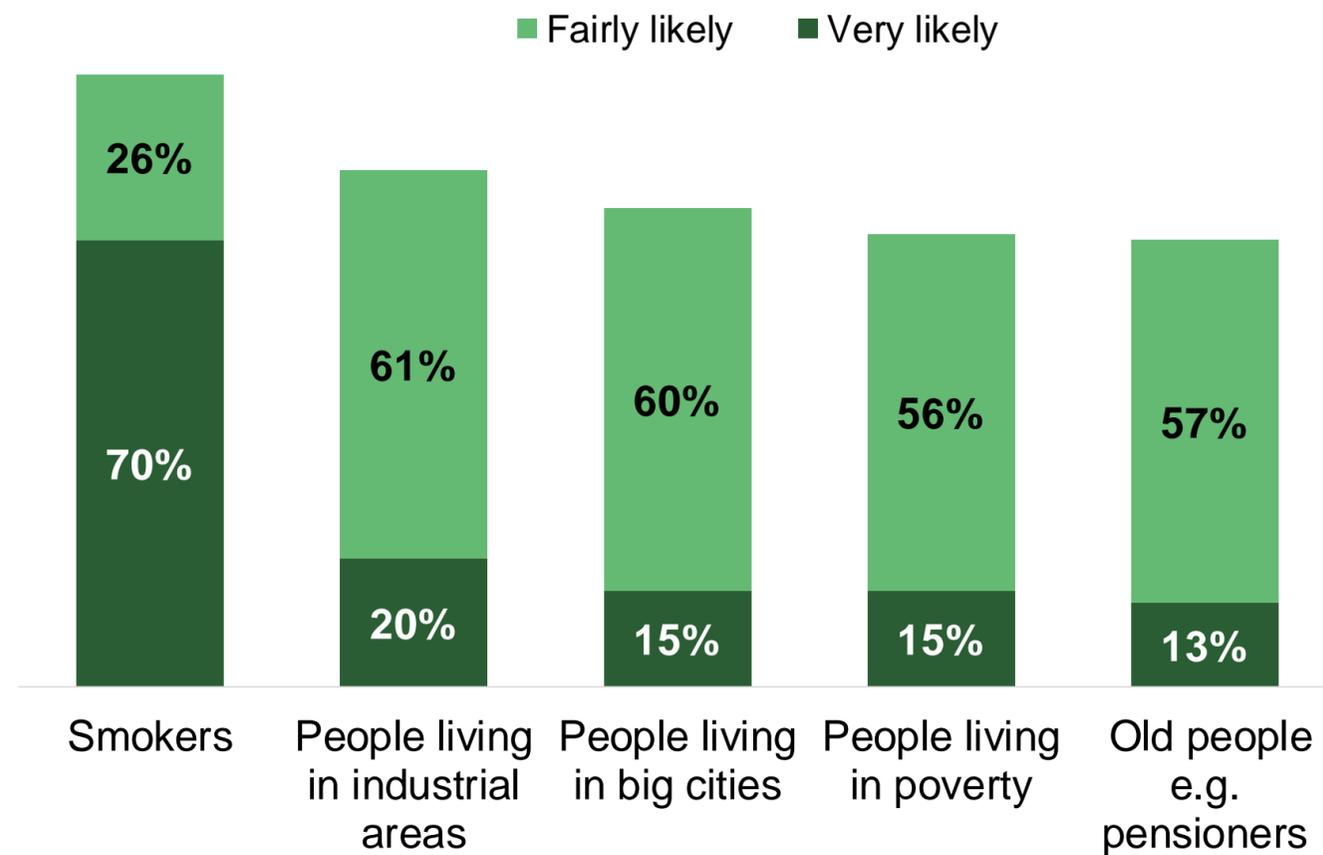


94% place smoking (of some kind) amongst the top 3 causes of lung disease

“You can get lung disease if you’re exposed to pollutants like asbestos, I know that’s a big one.”
(Lung condition, depth interview, London)

In line with this, smokers are seen to be most at risk of lung disease – but there is also concern about other key groups

Likelihood of getting a lung disease – all respondents



64% strongly agree that anyone can be diagnosed with a lung disease (8-10)

“When I think of someone with lung disease, I think of a fat ‘Santa Claus’ who can’t go up the chimney because of his smoking!”
 (Public, focus group, London)

“My father-in-law worked in the mines and died of a lung disease – cancer in one of his lungs. He didn’t smoke though, but they reckon the mines contributed to it.”
 (Public, focus group, Stockport)

03 Attitudes towards lung disease

For those with lung conditions other than asthma, the symptoms of their condition often have a significant impact on their daily life

- Across the research, the symptoms of lung disease are seen to make daily tasks a challenge - breathlessness and coughing are most likely to be cited as the biggest barriers to completing daily tasks

"I have to go for a walk in the evenings, I can't even think of going for a walk during the day...it just becomes hard to breathe because of the pollution."

(Lung condition, focus group, London)

"I don't go to the cinema with my friends as much anymore as it is sometimes too difficult for me to go outside."

(Lung condition, depth interview, Stockport)

"I hate going on the underground as the air is so thin down there, it is hard to breathe."

(Lung condition, focus group, London)



53%*

of people with lung conditions other than asthma (e.g. COPD or IPF) say their condition makes everyday tasks, like going to the shops, very challenging (8-10)

For those with lung conditions other than asthma, the symptoms of their condition often have a significant impact on their daily life



Case study: Mark*

As a result of his severe COPD, Mark had part of his lungs removed around 10 years ago. Since then, he has been reliant on oxygen in his home, and needs to stay connected to an oxygen tank 24/7.

He described this change to his life as 'Earth shattering', as he became unable to do the things he used to enjoy, like attending his Bridge Club, dancing, or walking in the countryside near his home.

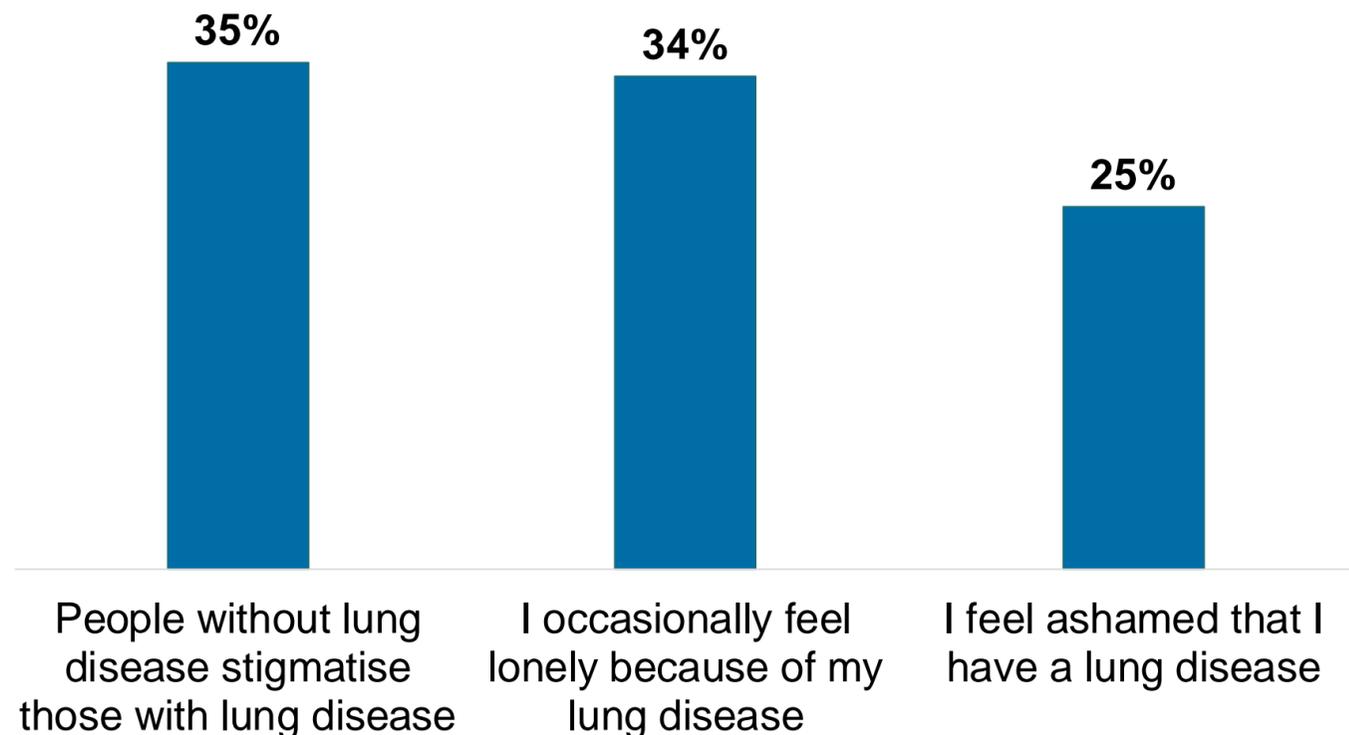
He struggles to breathe when moving, so spends most of his time in his chair in his living room, leaving him largely immobile.

*Please note, names have been changed to ensure anonymity

For a sizeable minority, feeling socially isolated and stigmatised exacerbates the negative impacts of their symptoms

Perceptions of stigma and isolation – all with lung conditions other than asthma*

■ % NET: Strongly agree (8-10)



“Lung disease has an aura of being self-inflicted...people think you deserve it if you smoked.”
(Lung condition, focus group, London)

Case study: Jim**

Jim has COPD, and currently has 30% of his lung capacity.

As Jim’s COPD has got worse, he’s found that his family has stopped including him in activities, because they don’t think he will be able to take part.

Just recently, he was planning to go on holiday to Florida with his wife and daughter. He was excited to go, but they decided to go without him because they didn’t think he’d be able to walk with them anywhere.

As a result, Jim feels lonely and isolated.

When asked directly, there is unwillingness to stigmatise those with lung conditions...

Attitudes towards adults with a lung condition – all respondents

■ % NET: Strongly agree (8-10)

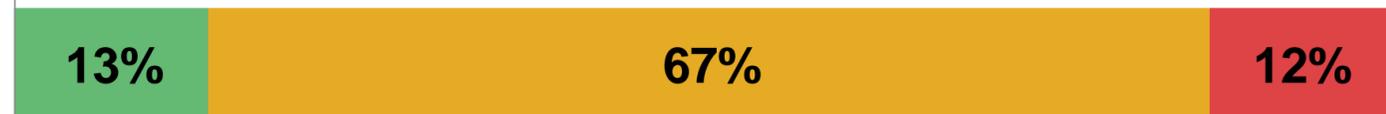
■ % NET: Neither strongly agree nor disagree (3-7)

■ % NET: Strongly disagree (0-2)

If I hear someone with a persistent cough, I assume they are a heavy smoker



Most people with a lung disease are ill because of the consequences of choices they made

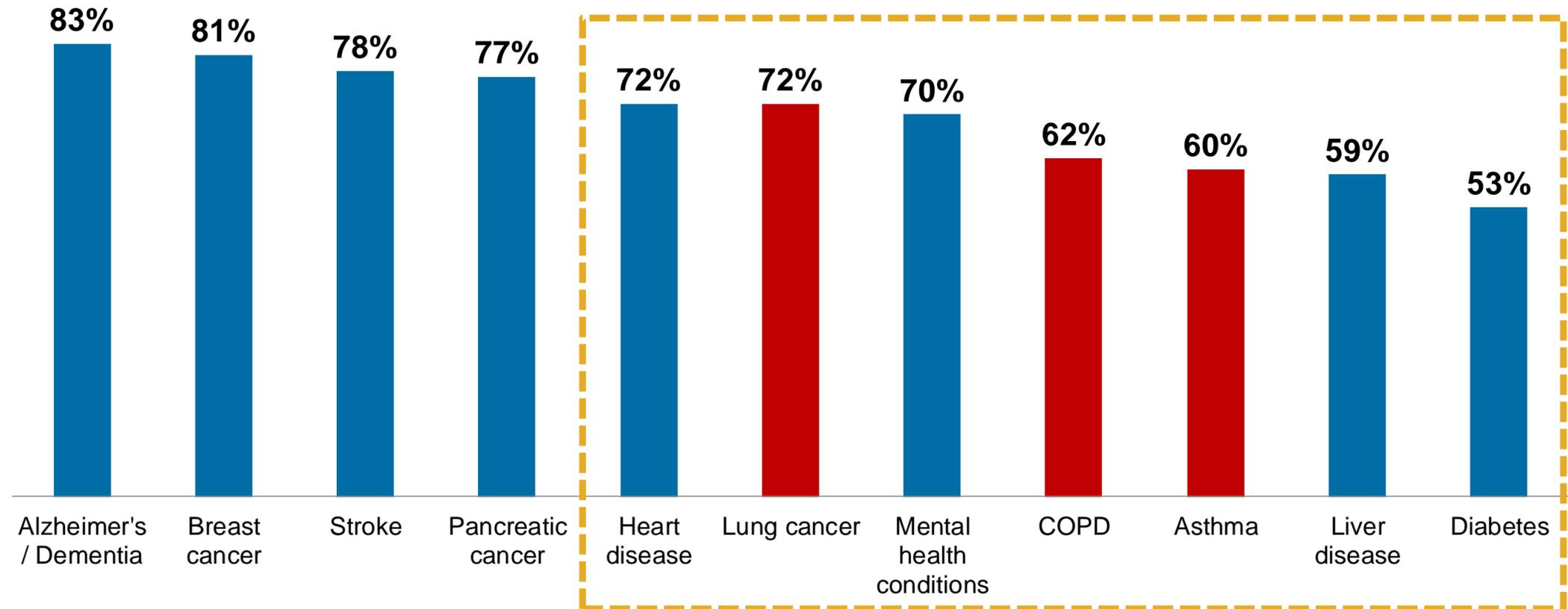


...However, there is less sympathy for those with lung disease relative to other conditions

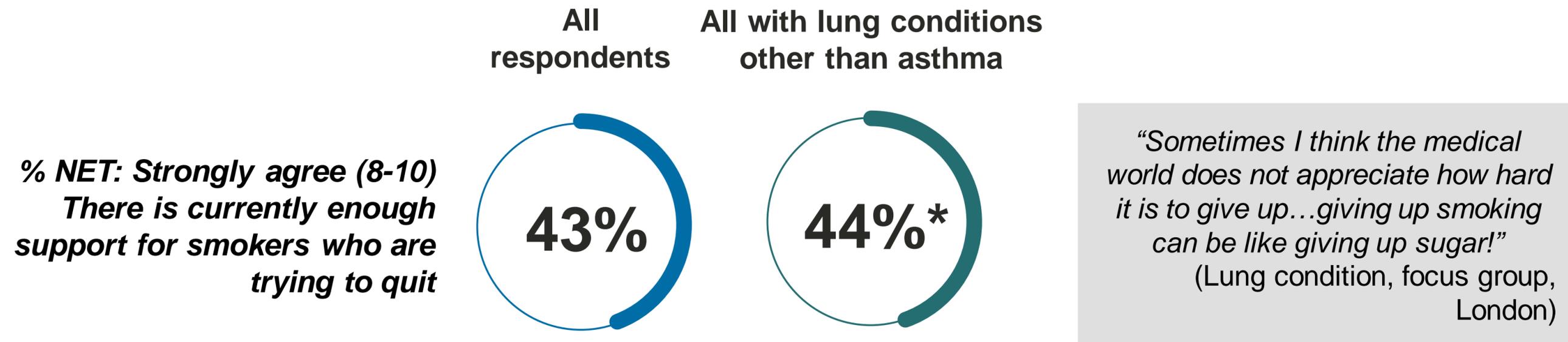
Sympathy towards different conditions – all respondents

% NET: Very sympathetic (8-10)

“I think I am more sympathetic now...but if you told me about lung disease I would have said I don't care and would think 'bloody smokers.'”
(Public, focus group, London)



The research indicates perceived need for increased support for smoking cessation from the NHS...



...And a need for greater support for those with lung conditions

% NET: Strongly agree (8-10)
I am satisfied with the quality of care I receive from the NHS for my lung disease

All with asthma and no other lung condition



All with lung conditions other than asthma



- In the focus groups, those with lung conditions highlighted 2 key areas for improvement:
 - More education and support is required on the benefits of exercise and living a full life
 - There was a view that current information focuses on just ‘managing the inevitable’ progression of their disease
 - Greater acceptance of those with lung disease from HCPs
 - Many described feeling ‘judged’ for their condition
- In addition, there was considerable concern from some participants in Stockport that cost-cutting across the NHS is affecting the quality of care received by patients

“I can’t really fault the NHS, the service I have received has been excellent. However, the only thing missing was receiving information on how best to live with my condition...the information on this is light.”
(Lung condition, focus group, London)

“I think people are looked after, but also frowned upon...you might get the same treatment [from a doctor], but a different attitude.”
(Lung condition, focus group, London)

“I could see the doctor change my inhaler from one that cost 80p to one that cost 8p and asked why this was happening...I got no clear answer and was told it would be better for me.”
(Lung condition, focus group, Stockport)