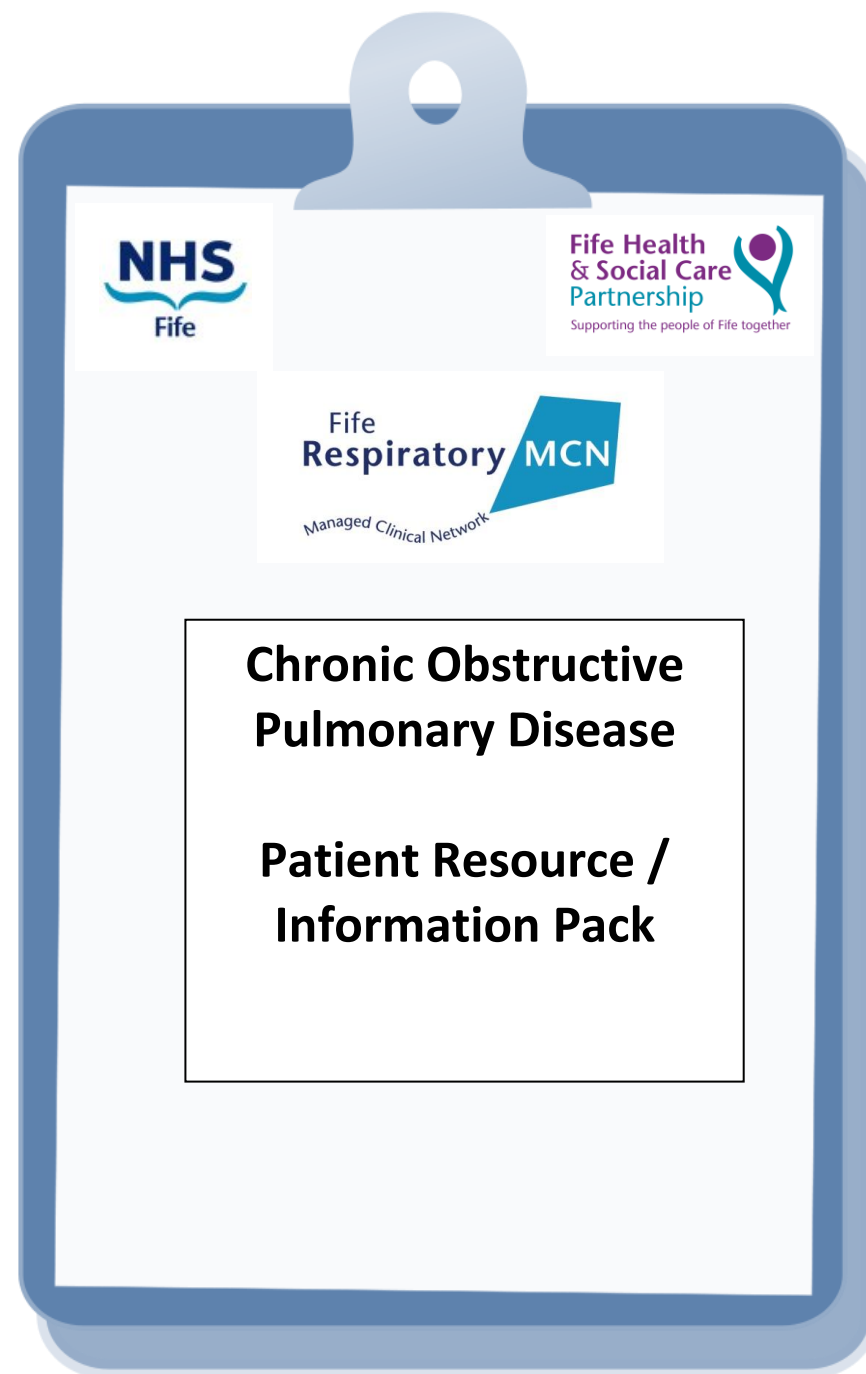


Thanks and acknowledgement is expressed to the following for their contribution to the development and content of this information booklet:

- * Gill Dennes, Respiratory MCN Joint Clinical Lead and Advanced Nurse Practitioner (Primary Care), NHS Fife
- * Lynsey McGregor, Respiratory Specialist Nurse (Primary Care), NHS Fife
- * Professor Robin Taylor, Consultant, NHS Lanarkshire
- * Shirley Cowie, MacMillan Cancer and Palliative Care Educator, Practice & Professional Development, NHS Fife
- * [Respiratory MCN Steering Group – TBC]
- * [Respiratory MCN Patient Group – TBC]
- * BreatheEasy Support Groups Fife – TBC]



The information contained in this patient information resource is intended to give a brief outline of Chronic Obstructive Pulmonary Disease, how the disease is diagnosed, treatments available and how to look after yourself on a daily basis and during an exacerbation – or flare-up - of your condition.

The information in this resource is intended to be brief and relate to management of your condition in Fife. Chest Heart & Stroke Scotland has a website for patients called My Lungs My Life - <http://mylungsmylife.org/>. This website has very in-depth information covering all aspects of the patient's COPD journey.

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Section 1 – Diagnosis

WHAT IS COPD?

Chronic Obstructive Pulmonary Disease – also known as COPD – is a term that is used to describe a mixture of lung conditions including:

- Chronic bronchitis – a narrowing of the airway
- Emphysema – damage to the delicate air sacs
- A mix of chronic bronchitis and emphysema

The most common cause of COPD is cigarette smoking. Other causes include work factors, for example mining, but may also be hereditary.

COPD will affect different people in different ways. Some people can have mild to very severe COPD. Mild symptoms may have very little impact on daily life, however as the disease progresses and becomes more severe, daily activities may become difficult to manage.

COMMON SYMPTOMS

- Breathlessness
- Cough
- Wheeze
- Mucous production

HOW IS COPD DIAGNOSED?

COPD is characterised by airflow obstruction.

If COPD is indicated, your GP or Nurse will ask you to perform a breathing test (or a lung function test) called Spirometry. You should be provided with a patient information leaflet prior to attending for a Spirometry test.

Further examinations may be carried out in the hospital including chest x-rays

SPIROMETRY

Spirometry tests help your nurse or doctor to diagnose your respiratory condition(s). The tests may take up to 40 minutes depending on the type of testing required.

The Test

You will be sent a [pre-spirometry patient information leaflet](#), which outlines what to expect and instructions on what to do and not to do prior to the test appointment.

Your nurse or doctor should demonstrate the procedure to you first.

You will be asked to breathe in to fill up your lungs with air, then blow into a tube connected to a machine for as long as you can. The machine will record your lung function.

You will be asked to perform **three relaxed blows** first using a nose clip or nose pinch.

You will then be asked to perform at least three forced blows (also known as Forced Expiratory Volume or FEV₁).

The results of the relaxed and forced blows will be calculated together and compared against standard values of someone of similar age, height and weight. The percentage predicted will determine your current level of COPD – mild, moderate or severe. Treatment will be based on the results.



A video showing a patient performing a Spirometry test is available to watch on the [My Lungs My Life](#) website.

Section 2 – Next Steps

PHARMACOLOGICAL TREATMENT

Your condition will be treated with medicines dependent on the severity of COPD as was confirmed by Spirometry.

Prescribed medicines may include inhalers and / or tablets.

Your GP will prescribe according to the recommended options available on the Fife Formulary.



The Fife Formulary is an index of locally approved medicines that have been agreed by specialists – from both within the specialist service and NHS Fife Pharmacy – to treat specific conditions.

Prescribed medicines should take into account how likely the symptoms are expected to respond, any potential side-effects, the patient's ability to use a particular inhaled device and likelihood of reducing flare-ups – also known as exacerbations.

Effectiveness of COPD treatment should be assessed by looking for improvement in patient symptoms, activities of daily living, exercise capacity and symptom relief.

INHALED MEDICINES FOR STABLE COPD

Inhaled medicines are used to help treat symptoms of breathlessness in COPD. Inhalers are hand-held devices, which may also be prescribed with a spacer. A spacer ensures all the medicine is delivered into your lungs. Spacers are useful for people who may have difficulty – for example hand-mobility or dexterity - to use their inhaler effectively.

- **Inhaled Bronchodilators:** are used to treat breathlessness by opening up the airways and are often referred to as ‘relievers’ or ‘reliever medication’ due to the quick relief they provide, and are often blue in colour. Inhaled bronchodilators are available as Metered Dose Inhaler or Dry Powder Inhaler

Metered Dose Inhaler

A Metered Dose Inhaler (MDI) delivers a measured dose of medication to the lungs using a pressurised system. Some MDIs now include a counter which allows for patients to see exactly how many doses are left.

Dry Powder Inhaler

A Dry Powder Inhaler (DPI) delivers a measured dose of medication – usually in a capsule - in a dry powder format.

Bronchodilators can be either short-acting or long-acting, depending on level of severity.

In Fife, the recommended short-acting bronchodilators that are prescribed are called Salbutamol (Beta₂ agonist / SABA) or Ipratropium (antimuscarinic / SAMA).







The recommended long-acting bronchodilators that are prescribed are called Formoterol (Beta₂ agonist / LABA) or Incruse Ellipta or Acclidinium (antimuscarinic / LAMA).

- **Inhaled corticosteroids:** are used to treat severe COPD with recurrent exacerbations. In Fife, either Fostair or Relvar Ellipta is the recommended medication.





Combination inhalers are also available which combines:

- long-acting beta₂ agonist and long-acting antimuscarinic
- Inhaled corticosteroids with short-acting and long-acting beta₂ agonists and antimuscarinics. These combination inhalers help to reduce medication burden and aid compliance.

- **Nebulisers:** are not routinely prescribed. They will only be prescribed following assessment by a Respiratory Consultant where they may be indicated for patients with persistent distressing and disabling breathlessness despite maximal therapy with inhalers. Patients who purchase their own nebulisers cannot be prescribed nebulised medication by their consultant or GP.

Current Formulary Inhaler Devices		
	Metered Dose Inhaler	Dry Powder Inhaler
Short-acting beta ₂ agonist	Salbutamol 	Easyhaler® Salbutamol 
Long-acting beta ₂ agonist	Formoterol (Atimos Modulite®) 	Easyhaler® Formoterol 
Inhaled corticosteroid + long acting beta ₂ agonist	Fostair® 	Relvar Ellipta® 

Short-acting antimuscarinic	Ipratropium	
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Long-acting antimuscarinic	Incruse Ellipta® (Umeclidinium)  Once daily	Or	Eklira Genuair® (Aclidinium)  Twice daily
Long-acting beta ₂ agonist + long-acting antimuscarinic	Anoro Ellipta® 	Or	Duaklir Genuair 

Triple Therapy	Trimbow 	Trelegy Ellipta® (need image from Fiona Eastop)
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INHALER TECHNIQUE

When patients are prescribed an inhaler or new inhaler device, you should be shown how to use the device by either your Practice Nurse, GP or Pharmacist. This is usually done using the 'Teach Back' method which allows you to demonstrate your understanding of what you have been shown.

Basic steps pertinent to all inhalers:

- 1) Prepare the inhaler device
- 2) Prepare or load the dose
- 3) Breathe out, fully and gently, but not into the inhaler
- 4) Place inhaler mouthpiece in the mouth and seal the lips around the mouthpiece
- 5) Breathe in:
 - Metered Dose Inhaler (MDI): slow and steady
 - Dry Powder Inhaler (DPI): quick and deep
- 6) Remove the inhaler from the mouth and hold the breath for up to 10 seconds
- 7) Wait for a few seconds then repeat as necessary

Seven Steps of Inhaler Technique (UK Inhaler Group, Inhaler Standards and Competency Document, December 2016)



My Lungs My Life provides a '[Practical Guide to Inhalers](#)' which includes film clips to show you the correct way to prepare, use and clean your inhaler.

[Asthma UK](#) also have information and advise on how to use inhalers.

ORAL THERAPY

Oral therapy is medicine which is taken in either a tablet or liquid format.

Oral corticosteroids are prescribed when a patient is experiencing a flare-up - also known as an exacerbation. Short courses of Prednisolone (steroid) tablets will be prescribed to relieve breathlessness which is interfering with daily activities and not responsive to your usual daily inhaler treatment.

Section 3 – EXPERIENCING AN INCREASE IN SYMPTOMS

EXACERBATIONS – WHAT ARE THEY?

Suddenly being more short of breath or having more spit could be a sign of an exacerbation. This is a sustained worsening of your COPD, which requires a change in your usual self management and treatment. The cause is usually either a bacterial or viral chest infection. The combination of the underlying COPD with the addition of the infection leads to an increase of symptoms. These symptoms might be increased:

- Fatigue
- Cough
- Wheeze
- Breathlessness
- Chest tightness
- Volume of sputum production
- Changes in the colour of sputum
- Purulent sputum (containing pus)

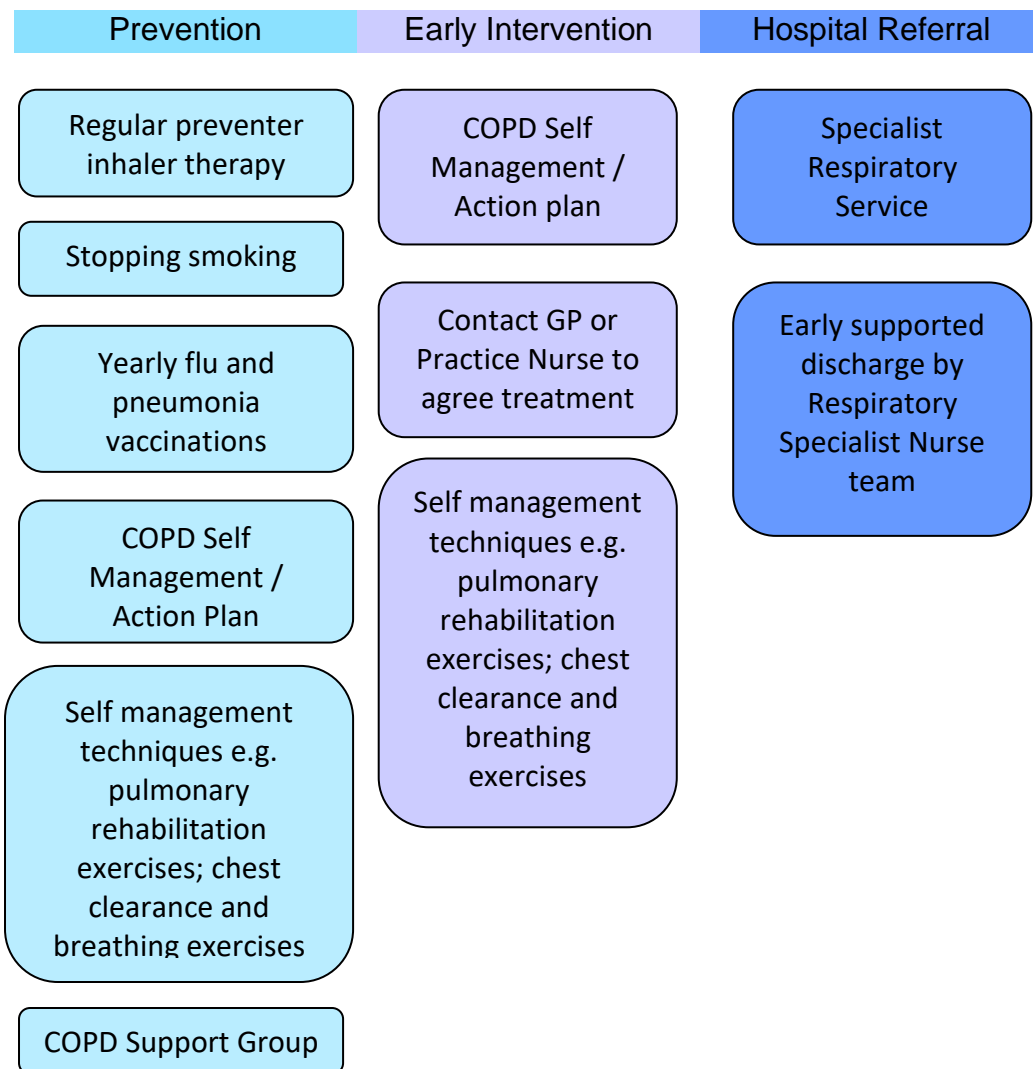
Exacerbations in COPD are common. Recognising triggers and early warning signs of infection is important – always seek prompt treatment for an exacerbation.

WHAT TO DO IF YOU EXPERIENCE WORSENING SYMPTOMS

Number one rule: follow your [COPD Action Plan](#). The plan will help you to begin prompt treatment to reduce the effects of the exacerbation. Your Action Plan may allow for starting steroid tablets kept at home for such occasions. It will detail the number of tablets, how often and for how long you should take them. You should always notify your GP or Practice Nurse when starting home rescue medication.

If you do not have a COPD Action Plan, telephone your Practice straight away for an appointment, explaining your symptoms. Ask your GP or Practice Nurse for a personalised COPD Action at your next visit.

Prevention and early intervention are key to reducing the effects of an exacerbation, however, at times the best treatment for you might be an admission to hospital. This will be decided by your GP.



Section 4 – OXYGEN THERAPY

Oxygen may be prescribed to relieve symptoms of long term respiratory conditions. It will only be prescribed if you have low blood oxygen levels.

Oxygen is not a treatment for breathlessness. Breathlessness may be relieved by sitting beside an open window or directing a hand held fan to your face.

Home oxygen therapy will only be prescribed following specialist assessment by a Respiratory Clinician. The assessment will include what flow rate of oxygen and for how many hours per day you require it. It will also take into account your suitability and where in the home the equipment will be used. Your smoking status and anyone living with you will also be assessed – including the use of e-cigarettes.

Home oxygen therapy will not be prescribed if you are a smoker.

The home oxygen service is provided by the nationally approved supplier – Dolby Vivisol.

Section 5 – HOW TO KEEP YOURSELF WELL

ATTEND FOR REGULAR COPD REVIEWS

It is important that you attend any follow up and annual review appointments offered by your Practice.

Even if you are feeling well and have not experienced any exacerbations, these appointments allow the healthcare professionals looking after you (GP, Practice Nurse, Practice Pharmacist) to assess how well you are managing, provide education and advice on medications including inhaler technique, assess any increasing levels of breathlessness, and discuss potential referral to exercise programmes or further assessment and tests within secondary care.

The review appointments also provide you with the opportunity to raise any questions you may have about your condition and tips and advice on how to self manage.

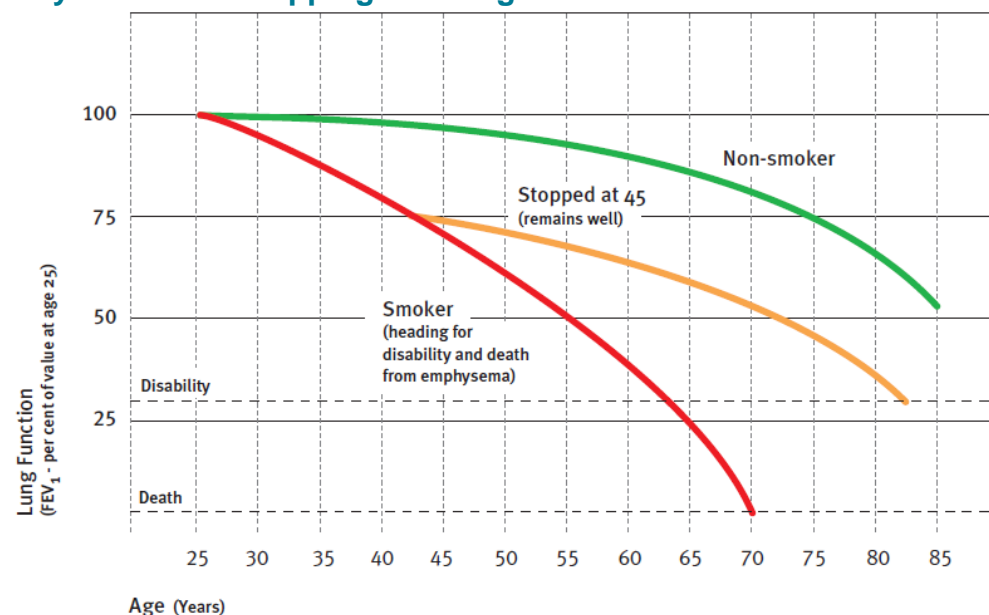
KEEP UP TO DATE WITH VACCINATIONS

It is important to attend for any offered vaccinations. These may include yearly vaccination against the expected flu virus for a particular year, and vaccination against pneumonia.

STOPPING SMOKING

It's never too late to give up smoking. You may think that the damage has already been done and so what's the point. But evidence proves that giving up smoking – even after a diagnosis of COPD – is one of the best things you can do to help reduce the severity and progression of the disease.

Why it is worth stopping smoking



Fletcher-Peto Graph, 1977: The Natural History of Chronic Airflow Obstruction, BMJ

The diagram shows that smokers with chronic airflow obstruction can avoid disabling breathlessness if they stop smoking in middle age.

Where to access help to stop smoking

If you are a smoker and want help in trying to stop smoking, NHS Fife Stop Smoking Service can help. They offer individual and group support:

- Individual support sessions with a trained advisor are available in a number of local GP practices and community venues throughout Fife at different times, including evenings. The support consists of a 12-week programme of support to help you stop smoking, plus advice on nicotine replacement therapy.
- Local support groups are very relaxed and information and run by trained staff. They are suitable for anyone who wants to give up. The group support provides an opportunity for quitters to share how they are getting on and provide general encouragement. The groups run for 10-12 weeks.

To contact the NHS Fife Stop Smoking call free on 0800 025 3000. Help and support is also available within local pharmacies and your GP Practice:

- Your local community pharmacy offers 12-week programmes of individual support and advice. Pop into your local pharmacy and ask about support to stop smoking or contact the support line on 01383 565376.
- Many GP Practices offer individual support for people who want to stop smoking. They can prescribe nicotine replacement therapy, but it is important that you also get support in stopping smoking. Ask you Practice what type of support is available.

Nicotine Replacement Therapy – the pros and cons

NRT GUM	
Pros	Cons
<ul style="list-style-type: none"> • It's easy to control the amount that suits you • Chewing can keep your mind off the cigarettes • It can stop you overeating 	<ul style="list-style-type: none"> • You may find the taste unpleasant • Early side effects can include hiccups and indigestion • A proper chewing technique is needed • It is tricky to use with dentures • You need to chew enough or it won't work

NRT PATCHES	
Pros	Cons
<ul style="list-style-type: none"> • They deliver the correct amount of nicotine automatically • They are very easy to use • The 24 hour version may help with early morning cravings 	<ul style="list-style-type: none"> • Some people may experience a skin reaction • 24 hour patches can cause vivid dreams and disturbed sleep • They won't help imitate the mouth action associated with smoking

NRT NASAL SPRAY	
Pros	Cons
<ul style="list-style-type: none"> • Very effective relief from cravings • Fast acting • Easy to alter doseage 	<ul style="list-style-type: none"> • May cause nasal irritation at first • May cause embarrassment in public • More likely to cause dependency

NRT INHALATOR	
Pros	Cons
<ul style="list-style-type: none"> • Helps to occupy the hands • Copies the hand to mouth action associated with smoking • May help to prevent overeating • Convenient to carry • Allows the user to regulate their own dose 	<ul style="list-style-type: none"> • Not as effective for heavy smokers • May be embarrassing to use in public • Imitating the smoking action may increase cravings.

NRT MICROTABS	
Pros	Cons
<ul style="list-style-type: none"> • Convenient and discreet to use. • Easy to control. • Something to occupy your mouth. • 	<ul style="list-style-type: none"> • Side effects may be heartburn, mouth irritation, hiccups, nausea, dizziness, headache and a sensation of a lump in the throat. These may be offputting • Need to take enough of the product for it to work. • Needs to be taken regularly.

NRT LOZENGES	
Pros	Cons
<ul style="list-style-type: none"> • Can be used discreetly. • Easy to use. • Sugar free 	<ul style="list-style-type: none"> • May cause throat irritation or indigestion.

NUTRITION AND COPD

Common symptoms of COPD include dry mouth, taste changes and shortness of breath – all which may impact on your appetite and enthusiasm for food.

To help protect yourself from risk of malnutrition, either from being undernourished or obese, it is important to eat a balanced healthy diet.

Information for patients and carers on dietary advice and advice on eating well with COPD, is available online from www.malnutritionpathway.co.uk/copd.

NHS Fife Nutrition and Dietetic Department also have a range of information leaflets for patients, including

- [A Guide to Healthy Weight Loss](#)
- [Nutrition and Lung Health](#)
- [Nourishing Drinks](#)

EMOTIONAL WELLBEING

Adjusting to any change or loss in life can be difficult and when health changes or diagnosis is received, it can be hard to take on board. It can affect emotional wellbeing and create distress, which can then impact on activity levels, thinking, relationships and even physical wellbeing.

People can be prone to stress, anxiety or low mood. As breathing affects everything we do, it can be hard to forget about a respiratory condition and it might feel overwhelming at times.

We all respond differently, and patients might experience a range of emotions and feelings such as feeling shocked, helpless, down , angry, frightened, guilty, demoralised or alone. These feelings can be totally natural responses to a diagnosis of a chronic condition and patients may just need some time to adjust to how things have changed for them and how their day to day life will be affected.

It can be important to find ways to minimise and manage stress and learn to cope with difficult feelings. Sometimes even every small changes can be helpful and can make patient's feel better.

Some basic examples might include:

- Sharing concerns with how you are feeling with a trusted friend or family member so that they can understand and support you better
- Pacing strategies and listening more to your body, rather than overdoing it and becoming over tired
- Where possible, adapting previously enjoyed or valued activities so that you can still do things that are important or meaningful to you
- Try, where possible, to maintain a reasonable and varied routine
- Break down tasks into smaller more manageable chunks and set realistic goals
- Acknowledge some of the changes and limitations are as a result of your condition and make allowances for this
- Ensure time for relaxation and effective rest
- Be aware of how you are thinking about things. Sometimes we can get caught up in unhelpful thought patterns (without even really being aware of it), which can make us feel frustrated or upset. Sometimes it can help to write down some more realistic statements to remind us, for example "I can manage this. I've managed it before if I just take my time".
- Remind yourself that you have coped in the past in difficult circumstances and the constructive strategies that were used then which could be used now
- Be aware of any activities you are avoiding (for fear of breathlessness) and see if there are ways to gradually try that activity again in a more manageable way
- Recognise all the things that you are managing to do!

If you are feeling that you could benefit from more targeted strategies and interventions, speak to your GP or Practice Nurse about referral to NHS Fife Clinical Psychology self management courses: Beating the Blues, Step on Stress and the Book Prescription Scheme, or visit their online self help website www.moodcafe.co.uk.

COPD SELF MANAGEMENT / ACTION PLAN

The COPD Self Management / Action Plan is designed to assist you to self manage your condition. It allows for personalised guidance on how to respond appropriately to signs of an exacerbation. The plan is completed in agreement between you and your GP / Nurse and allows for provision of antibiotics or oral steroids to be kept at home in the event of an exacerbation if it is appropriate to do so.

The plan follows a traffic light approach:

- Green section – for when you are well and condition is stable
- Amber section – for when you are experiencing an exacerbation
- Red section – what to do in the event of an emergency situation

If you have not already been issued with a COPD Action Plan, please ask your GP or Practice Nurse the next time you see them.

EXERCISE AND PULMONARY REHABILITATION

Do you want to get back to doing the things you used to enjoy?

Do you want to become more active, despite your condition?

If you have a lung condition, being active and exercising can help you to improve your breathing, your fitness and your quality of life. (British Lung Foundation)

There is a difference between physical activity and exercise:

- **Physical activity:** is ordinary, everyday movement and activities such as housework and gardening.
- **Exercise:** is specific targeted activities such as exercise classes

People who experience breathlessness as part of their condition are often anxious about taking part in physical activities and exercise. However, being breathless does not have to stop you from taking part in life's daily activities.

Being physically active can bring benefits including improving your breathing, strengthening your muscles and feelings of general wellbeing. Pulmonary Rehabilitation, pacing and breathing strategies will help you to learn to know your limits.

Pulmonary Rehabilitation

EXERCISE
PRESCRIPTION

Pulmonary Rehabilitation (or Pulmonary Rehab) is a programme of exercise and education for people with breathing problems associated with long-term lung conditions.

The programme aims to help patients learn more about their condition and how to manage it. Pulmonary Rehab Physiotherapists will help patients to learn skills to build their confidence. Each class is a mixture of exercise and education, combining physical exercise and discussion and advice on lung health. The programme is designed to help patients manage symptoms of their condition, including getting out of breath.

[Insert patient quotes / endorsement??]

Pulmonary Rehab programmes run for 6-8 weeks, with two classes each week. You will learn how to control your breathing whilst doing everyday activities. You will always be supervised. You will never be asked to do more than you really think you can.

Even if you are receiving oxygen therapy as part of your treatment, you may still be able to participate in the classes. This can be discussed with your respiratory healthcare professional.

The programme has classes that run throughout Fife. If feel you are ready to commit to the programme, please discuss referral to the programme with your GP or Practice Nurse. Pulmonary Rehabilitation may not be suitable for everyone though. If you have also have a cardiovascular condition such as unstable angina, PR may not be recommended.

The British Lung Foundation provides further information on Pulmonary Rehabilitation: <https://www.blf.org.uk/support-for-you/keep-active/pulmonary-rehabilitation>

I've attended Pulmonary Rehabilitation, so what next?

If you have attended Pulmonary Rehabilitation and are keen to continue with a programme of exercise, Active Options 2 may be an option for you.

Active Options 2 is a programme of health classes which deliver exercise tailored to a person's functional ability regardless of what long-term condition they have.

Delivered by Fife Sports and Leisure Trust, the classes are led by specialist instructors. There are four levels of health classes:

- Level 1: chair-based for those who have limited standing balance and require mobility aids
- Level 2: for those who are mobile (with or without an aid) but have difficulty with movement or activities of daily living.
- Level 3: for those who are independently mobile
- Level 4: for those who are independently mobile and who are already physically active.

Referral to Active Options 2 can be self referral (following Pulmonary Rehabilitation) or via Physiotherapist or GP / Practice Nurse.

The classes are not time-bound, and you can dip in and out as you feel able. Classes are run within Leisure Centres across Fife. There is a cost attached – approximately £3.00 per class.

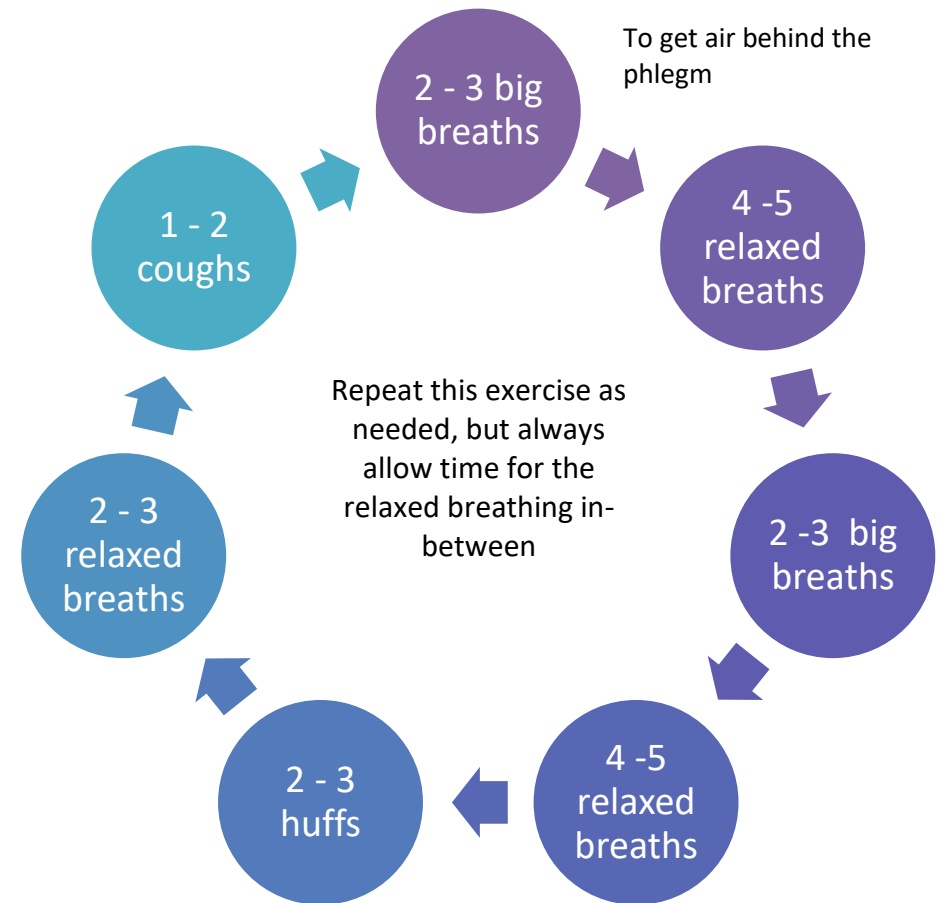
Breathlessness Management

A patient advice leaflet is available to provide advice on how you can control and improve your breathlessness. The leaflet covers breathing exercises, pacing, 'blow as you go' technique, relaxation and positions to ease breathlessness. The leaflet is available to view or download from the NHS Fife website (link provided at the end of this booklet).

Clearing phlegm from your lungs

It is important that phlegm does not stay in your lungs as it can damage the lining of the lungs and it may cause a chest infection. Coughing only shifts phlegm from your upper airways. If you have phlegm deep in your lungs it can be very difficult to clear it with coughing. Repeated coughing can be tiring and can irritate the airways. Try to avoid coughing fits by sipping cold water or swallowing and then performing a breathing exercise to clear the phlegm.

Try the following breathing exercise instead:



This is the type of breath you would use to steam up a glass before polishing it. Perform with an open and relaxed mouth and throat. Huffs move phlegm up through the lungs

Section 6 – TRAVELLING WITH A LUNG CONDITION

The British Lung Foundation and Chest Heart & Stroke Scotland provide information for patients with lung conditions who wish to travel both within the UK and abroad, including holiday tips, insurance and medication.

Before you book a holiday, it is recommended that you consult with your doctor or health care professional to ask whether you are fit enough to travel. If you are travelling abroad or flying, you may need to take some tests.

Similarly, if you are on oxygen treatment you will need to speak with your GP / Respiratory Specialist Nurse prior to booking / flying.

Oxygen for use on holiday is only available free of charge for holidays in the UK, and can be arranged through Dolby Vivisol (current provider of home oxygen therapy in Scotland).

Many people believe their lung condition will prevent them from flying. This is not necessarily true. Most people with a lung condition can travel by plane, even if they need oxygen.

Once you have discussed air travel with your doctor or health care professional, you will need to contact individual airlines to discuss your requirements and their policies for carrying and using oxygen on planes.

If you need oxygen for use throughout your holiday, you will need to make arrangements for the oxygen to be provided before you travel. Your home supplier will not be able to provide oxygen for you if you are travelling overseas. Further information is available at www.european-lung-foundation.org, which provides detailed information on air travel with oxygen.

Dolby Vivisol website: www.dolbyvivisol.com

SYMPATHETIC INSURANCE COMPANIES

Travel agents may not be able to provide adequate cover for patients travelling abroad with specific health problems. Sometimes more specialised insurance policies are more suitable.

Chest Heart & Stroke Scotland provides contact information for travel (and motor) insurance for people affected by chest, heart and stroke illness. The factsheet is available on their website: <https://dev.chss.org.uk/documents/2014/05/travel-and-motor-insurance-factsheet-pdf.pdf>

Section 7 - BENEFITS

ADVICE AND SUPPORT

The benefit system can be complicated and it is best to take advice on entitlements and how to apply for a benefit as individual circumstances can affect what a person can claim.

The list below gives an overview of a number of agencies who can provide further advice or assistance. This is not intended as a comparison or ranked list of advice providers but merely a snapshot of advice and information available.

ORGANISATION	OVERVIEW	TELEPHONE
Citizens Advice Rights Fife	Provides information and advice on claiming benefits	0345 1400 095
Fife Carers Centre	Provides information to carers on benefits for themselves and those they care for.	01592 624999
Fife Council	Help and advice on all aspects of Benefits and Council Tax	
DirectGov	Information on money, tax and benefits	
Chest, Heart & Stroke Scotland	CHSS offers Personal Support Grants and benefits advice to those in financial difficulty because of the effects of illness. Personal Support Grants are intended to improve the quality of life, independence, mobility and dignity of anyone who has a chest, heart or stroke illness, particularly those with limited financial resources	

Parking Badges

The Blue European Parking Badge Scheme is intended to help those who would be unable to visit public buildings, shops and other places unless they can park close to their destination.

On 1st April 2011 amendments to the Blue Badge Scheme were introduced by the Scottish Government. This included updating the description of a disabled person for the purposes of the scheme to a person who is “**unable to walk or virtually unable to walk**” from a person who is “**unable to walk or who has considerable difficulty walking**”. This has meant that some people who previously qualified for a badge find that they no longer qualify when they reapply for a badge. This change was made to bring the description in line with that used for applications for the higher mobility component of the Disability Living Allowance.

Details on applying and renewing Blue Badges are available on the Fife Council website

<https://www.fifedirect.org.uk/topics/index.cfm?fuseaction=service.display&p2sid=10EC1DC8-BF3D-EFDF-43B5798BB53A52CB&themeid=568AF4CE-B036-4E67-93AB-36B1E13DFA11>

Section 8 – SUPPORT GROUPS AND USEFUL CONTACTS

BREATHE-EASY SUPPORT GROUPS (FIFE)

Following diagnosis, people with lung conditions often feel they have no-one to talk to about their experiences and can end up feeling isolated and alone. However, Fife is home to three long-standing BreatheEasy Support Groups, which provide a forum for discussion, sharing stories and general peer support in relaxed, social environments.

The BreatheEasy Support Groups provide support and information to people with conditions such as asthma, COPD and pulmonary fibrosis. Regular features of group meetings include breathing exercises, medication discussions and guest speakers e.g., pharmacy, respiratory / practice nurse, pulmonary rehab physiotherapists. Furthermore, BreatheEasy Groups often arrange for day-trips out and meet with other groups locally and regionally.

BreatheEasy Contact and Meeting Details

North East Fife Group	Meets:	Third Monday of each month
	Where:	Viceroy Memorial Hall, St Marys Place, St Andrews
	Time:	13:00 – 15:00
	Contact:	Raymon Gray: breatheeasynortheastfife@rocketmail.com

Kirkcaldy Group	Meets:	Third Tuesday of each month
	Where:	Glebe Park Community Centre, Kirkcaldy, KY1 1BL
	Time:	13:00 – 15:00 (there is also an exercise and singing session which starts at 12noon prior to the meeting)
	Contact:	Agnes White: breatheeasykirkcaldy@yahoo.co.uk

Dunfermline Group	Meets:	Fourth Thursday of each month
	Where:	St Margaret's RC Church Hall, East Port, Dunfermline
	Time:	12:30 – 15:00
	Contact:	Agnes Whyte: breatheeasydunfermline@yahoo.com

RESPIRATORY PATIENT & CARER GROUP

The Patient & Carer Group is a working group of patients and carers. The Group aims to support patient-centred care and Patient Focus Public Involvement in relation to respiratory care in Fife. The Group is led by patients, for patients.

Supported by the Fife Respiratory Managed Clinical Network, the group works to promote the importance of self management of respiratory conditions and provides a forum to discuss respiratory services across Fife.

For further information or an informal chat about joining the Group, contact: Jim Crosbie at jimcrosbie12@gmail.com or phone 01383 822969.

RESPIRATORY CHARITIES / VOLUNTARY ORGANISATIONS

British Lung Foundation (BLF)	
BLF Scotland works to provide support, advice and information to those living with lung disease across Scotland. It is also heavily involved in shaping the future of respiratory care within the Scottish NHS system.	British Lung Foundation Scotland Suite 110-111 Baltic Chambers 50 Wellington Street Glasgow G2 6HJ Tel: 0141 248 0050 e-mail: scotland@blf-uk.org https://www.blf.org.uk/
Chest, Heart & Stroke Scotland	
<p>The charity was formed a century ago to help in the fight against tuberculosis. That fight was won, but today the battle goes on against ailments which continue to blight the well being of the nation. Chest Heart & Stroke Scotland's strategy is to direct resources on a number of fronts.</p> <p>The Chest Heart & Stroke Scotland (CHSS) Advice Line aims to meet the needs of patients, their families and health professionals by providing confidential, independent advice on all aspects of chest heart and stroke illness.</p> <p>The Advice Line is staffed by specialist nurses from 9.30 am – 4.00pm, Monday to Friday.</p>	<p>Head Office Third floor Rosebery House 9 Haymarket Terrace Edinburgh EH12 5EZ Tel: 0131 225 6963 e-mail: admin@chss.org.uk http://www.chss.org.uk/</p> <p>Advice Line: 0808 8010899 / advice@chss.org.uk www.chss.org.uk/chest-information-and-support/</p>

Fife Carers Centre

Fife Carers Centre provides help and support to unpaid carers of people with all types of illness and disabilities throughout Fife.

Fife Carers Centre
157 Commercial Street
Kirkcaldy
KY1 2NS
Tel: 01592 205472
Text: 07881 691391
Email: centre@fifecarers.co.uk
<http://www.fifecarerscentre.org/>

ADVICE WEBSITES

Living with My Condition in Fife - NHS Fife

Here you can access information on the range of services on offer in NHS Fife for people who are living with an illness that has a long term impact on their lives, as well as specific information about each condition and how it may affect you.

You may find this helpful in managing your own condition or in supporting someone you know who has a condition. You will also find information on a number of lifestyle issues and the services provided locally to support you if you wish to make changes to improve your lifestyle.

[Living with my condition in Fife](#)

NHS Inform

NHS inform is a new health information service designed to give you access to the information you need, when you need it.

Phone 0800 22 44 88 (8am-10pm).

<http://www.nhsinform.co.uk/>

For translated health information.

www.healthinmylanguage.com

My Condition My Life

My Condition My Life is a website providing advice and information for people with a Long Term Condition.

Phone 0141 404 0231

Fax 0141 246 0348

Email info@lucas.org.uk

<http://www.myconditionmylife.org/>