Professional development

What three things?

Ren Lawlor, *Education Lead and Deputy Chair, PCRS*

The Fit to Care document was initially developed to guide and support clinicians working with patients with respiratory disease. Since it's first publication primary care has seen huge changes in the dynamics of the workforce providing this care. The document now applies equally to doctors, nurses, pharmacists, physiotherapists, paramedics and other allied healthcare professionals involved in the care of people with respiratory conditions. This variation in disciplines aligns with national programmes aimed at improving patient care such as Getting it Right First Time – GRIFT (NHS England & NHS Improvement) and the Primary Care Improvement Portfolio (Health Improvement Scotland) both of which work to the principle that a patient should expect to receive equally timely and effective investigations, treatment and outcomes wherever care is delivered, irrespective of who delivers that care, improve sharing of responsibility within practice teams and the wider primary care system, and promoting effective multidisciplinary working.

As this diversity of healthcare professionals continues to grow within primary care, it is essential that those who have responsibility for the delegation and supervision of clinical interactions between members of staff and patients, not only have sufficient knowledge and expertise to do so safely, but are also willing to provide education, updates, and support to ensure accurate approaches to safe practice. The skills of supervision are often easier for clinicians in your own professional speciality but with many other disciplines working in primary care good supervision requires an understanding of the training and skills of other professional groups as well as understanding the experience that each individual brings. It is easy, but dangerous to assume that clinicians have all been trained in and think in similar ways.

In the last issue of *Primary Care Respiratory Update* we introduced a new section called What Three Things where we introduce three areas of work that can be supported with clinical supervision, whole team meetings or protected learning times.

1. Vaccine Hesitancy

With flu season underway and the autumn COVID 19 booster programme continuing across the country, practices may be aware that some of their higher risk patients are reluctant to receive potentially lifesaving vaccines. There has been documented hesitance in the Black, Asian and Minority Ethnic (BAME) communities in particular due to myths about vaccines and historical misgivings.

A poll commissioned by the Royal Society of Public Health published in December 2020[1] found that only 57% of respondents from BAME backgrounds were likely to accept a COVID-19 vaccine, compared to 79% of white respondents. Black Women in Health undertook an exploratory survey and observed that myths, misconceptions and outright fallacies were the barriers to engagement in the vaccine programme amongst the BAME community. That said, there was encouraging information from the survey that suggested respondents who were not willing to be vaccinated were especially receptive to offers of further health information from their GP. Over one third (35%) said they would likely change their minds and get the jab if given more information by their GP about how effective it is – almost twice as many as the 18% of white people who were initially unwilling.[2] As such, a practice wide approach to contacting

and encouraging patients to book their vaccine appointment or to just have a discussion around their concerns can be helpful. Involving members of the team from reception and administration staff to all clinicians can ensure the same message is given at each opportunity making every patient contact count. Evidence shows that the use of the **4 A's plus** approach can encourage vaccine uptake.

- Acknowledge concern
- Address the problem
- Answer: get answer from reliable source
- Act on information you get
- Verify before you amplify

Making sure all members of your team are educated and up to date is imperative, there may well be vaccine hesitancy among your own team and this will also need to be addressed if we are to improve coverage in our practice populations, reduce morbidity and mortality, and to reverse the worrying trend of vaccine refusal.

2. Deteriorating indoor air quality during winter

With the rise in cost of living many people will struggle to keep their homes warm enough to maintain health. Cold homes are one of the factors that contribute to poor indoor air quality with impacts on respiratory health. Other factors include poor ventilation due to closed windows and the consequent high humidity for example from drying laundry, and greater accumulation of harmful gases and dusts from plastics and paints and cleaning agents inside the home.

Contrary to popular belief this does not just affect old or 'poor' housing. A study commissioned by the Department of Communities and Local Government (MHCLG) investigated ventilation and indoor air quality in 80 new homes during winter 2015/16 and found that the risk of poor ventilation in these properties was high. This was due to a number of factors including the fact that homes are built to be more 'air tight' now that heating efficiency standards are mandatory. But the second reason was 'occupant behaviour' and this is where we can educate our patients about the importance of air circulation and reducing the risk of humidity, damp and mould. PCRS already has guidance available about how best to do this. People are reluctant to open windows in cold weather or to reduce outside noise from traffic etc. but this can be beneficial in terms of air circulation, putting the heating on regularly for shorter periods can ward of humidity and damp and utilising trickle vents where available are simple strategies for people to employ. Practice staff should advise people that the following lead to poor air quality indoors and to increase ventilation when in use:

- Gas cookers
- Open fires
- Candles
- Gas heaters
- Cleaning products, sprays and paints
- Baths and showers
- Drying clothes

Other actions could include:

- Encouraging people not to smoke indoors
- Advising that indoor pollutants can trigger asthma
- Asking about housing as part of a respiratory review if control is not achieved or worsening
- Tell people with asthma to avoid sprays, air fresheners and aerosols
- Advise pregnant women and people with children under one of increased risks of indoor air pollution and make a referral for a housing assessment if relevant.

3. Who on Your Practice List will be Homeless this Winter?

The 2022 NICE guidance on care for people experiencing homelessness[3] includes within the definition:

- Sleeping rough
- Temporary residence e.g. bed and breakfast properties
- Using homeless day centres
- Are obliged through necessity to stay with others
- Squatting
- Newly homeless
- Past history of homeless with health and social needs making them high risk for a new episode

Patients are often not considered as homeless if they are in transitional accommodation, however they have worse health outcomes from the perspective of health-related quality of life and premature mortality. Children and young people in unstable accommodation are more likely to suffer from asthma and to be exposed to indoor pollutants which can make asthma harder to manage.

Whilst practices will always aim to record an address for a patient, what is equally important is the type of accommodation it is and whether this has implications for respiratory health. This is important for receptionists and administration staff to comprehend to ensure that the correct information is added to the patients notes, and as such highlighting to clinicians the added risks to health that the patient may be facing.

References
1. Tull, K. (2019). Vaccine hesitancy: guidance and interventions. K4D Helpdesk Report 672. Brighton, UK: Institute of Development Studies.
2. NICE (2021) Available at: COVID-19 vaccine hesitancy – debunking the myths using a community engagement approach underpinned by NICE guidance | NICE (accessed 31/10/22)
3. NICE (2022) Integrated health and social care for people experiencing homelessness Available at: https://www.nice.org.uk/guidance/ng214

PCRS News round-up

At this year's conference Carol Stonham handed over the baton of PCRS chair to Dr Katherine Hickman. Carol has been a trailblazer for the organisation in many ways (see https://www.pcrs-uk.org/sites/default/files/pcru/2019/2019-Spring-Issue-17-CarolStonham-Trailb.pdf); the first female chair of the PCRS Executive, the first nurse to lead the PCRS Executive and we are all so grateful for her leadership and sound direction delivered through the COVID-19 pandemic. Here are just a few quotes from her colleagues at PCRS:-

"Carol is a personal inspiration to me. As a primary care nurse myself she has so often made me feel so proud to be in the profession and served as a beacon for good practice. Her passion for high standards of care is so important; and she has campaigned passionately to have our profession and primary care recognised and included in national plans. She is both uncompromising when it comes to what she asks of care standards and realistic in understanding the challenges professionals face." **Nicola Standring-Brown**

"I took over as Service Development Committee Lead just before Carol took over as Chair of PCRS - and who would have predicted what followed? Not only has Carol been the first Nurse Chair of PCRS but she had to steer the stormy seas brought by the pandemic, meet and work with a new CEO and adapt to the role herself. She has been the calm we have all needed in the midst of the storms and I am grateful for her capable skippering skills" **Dr Daryl Freeman**

"Carol has made an enormous contribution to respiratory primary care and to PCRS over many years. As the first nurse to act as Chair of the Executive - and this during a time of unprecedented challenge and change - her wisdom and enthusiasm, her good humour, and her talent for getting the best from a multidisciplinary team have been hugely appreciated by everyone in the organisation." **Dr Duncan Keeley**

"The Trustees of PCRS were incredibly grateful to Carol for her superb work as Chair of the Executive during a very testing time. Absolutely professional, very hard working, utterly reliable and also knowledgeable and a very safe pair of hands. Carol was correctly viewed with great respect and her work enhanced the way in which others viewed PCRS." **Professor Martyn Partridge**

"Carol arrived as chair of PCRS at a time of a new CEO. She had to cope with the challenge that none of us had been involved in before in our clinical lifetimes - a global serious respiratory pandemic (COVID-19). What has been the result…. Carol has helped steer PCRS through the adaptations needed for communication (virtual executive committees), through a time that has greatly increased our profile nationally with involvement in many rapid guidelines used to help clinicians across the UK cope with the pandemic. If that is not enough, she has led us through virtual conferences (arranged at speed) and kept a national profile for PCRS going with breathlessness, spirometry, severe asthma and COPD as well as the green agenda. I am aware of the role of chair from a considerable time ago - and take my hat off to Carol. Amazing leadership, kept the ship afloat and made it safer at a time when it would have been easy for PCRS to sink. We are all very grateful for such incredible leadership." **Dr Steve Holmes**

"What can one say that others have not already said? I believe that Carol is an amazing ambassador and role model for non-doctors in the PCRS (and probably for doctors too). Carol has risen in the ranks of the PCRS to eventually lead the organisation, and has done so brilliantly. She has shown that if you have the drive, the enthusiasm and the desire to do what is best for our patients, then you can rise to the top. Common sense and sense of humour have made working with her a real pleasure." **Dr Vince Mak**

"Carol is one of the most approachable and down to earth people you'll ever meet; a really good friend who I look up to. What she has achieved is remarkable. She's an amazing team leader, a strong voice for primary care who has shown to be more than capable to stand her ground in challenging situations. She respects the valuable role that pharmacy plays and inspires me to voice my opinions. It's easy to assume, to lead PCRS you need to be a GP and have an XY chromosome; we now know these are not essential." **Darush Attar Zadeh**

"Carol chaired the organisation at a time of significant change both internal and external to the organisation. She has a focus and knowledge that I am in awe of. Carol has delivered over multiple and complex challenges with great efficiency and really drives positive change for the organisation. Her impact on the Greener Respiratory Pathway showcases her passion for improvement and collaboration. She is a kind and welcoming chair who has supported others to develop their potential while working alongside her. She is truly person-centered in her leadership holding the respiratory population and the workforce in her heart as she leads. She has championed schemes to increase membership participation in many aspects of the organisation and has significantly invested in the development of others, who share the passion for Primary Care and Respiratory services." **Clare Cook**

"Carol was one of the reasons why I joined the PCRS family. A great mentor who always inspired me with her energy and enthusiasm. She has been always approachable and ready to answer all my beginners questions. An amazing leader who took over the role at a difficult time and we are so grateful for her incredible leadership. It's amazing to learn that she is the first nurse and women chair of the PCRS." **Dr Maisun Elftise**

"Carol is an inspirational leader and has led PCRS successfully though an unprecedented level of challenge and rapid transformation. She is a fabulous ambassador for both respiratory care and a role model for all respiratory professionals. On a personal note, throughout my early meetings with Carol as a delegate on the respiratory leader's programme, to my 1st days on the education committee, Carol has always been approachable and encouraging. I also highly value the support and wisdom she provided through the PCRS leader's support group in the 1st wave of the pandemic. Thank you, Carol, for your dedication, resilience, support and talented leadership." **Siobhan Hollier**

"Carol provided mentorship to me early on in the development of my respiratory career. She provided amazing support and advice and has continued to do so. She has steered PCRS through probably their most challenging time, during the pandemic. To have done so is a testament to her passion and commitment to respiratory care and her skills in motivating the multidisciplinary team." Dr Fiona Mosgrove

"When I think of Carol - this quote comes to mind, ***"If your actions inspire others to dream more, learn more, do more and become more - then you are a leader" John Quincy Adams*** *- and this epitomises Carol in my opinion - she is not just a 'Nurse Specialist per se' she is a leader and a wonderful ambassador for not only the nursing profession but respiratory care and of course the PCRS - Carol is a true inspiration! "* **Frances Barrett**

After many years of service to PCRS, Dr Duncan Keeley has also recently retired. Duncan has been a calming port in the stormy seas and always been valued for his sage and practical advice. Duncan has served on many committees, most recently the PCRS Policy committee. Said Carol Stonham, "Duncan has always been a font of knowledge and the voice of reason but above all else has always offered sensible, pragmatic and considered advice. He has always advocated for better patient care delivered by competent, compassionate healthcare professionals. He is the person that sits quietly but when he speaks people listen, and for good reason. To me, Duncan is someone I have looked up to as a role model and has supported me to shape and develop my career. I wish him a long, healthy, happy retirement", and Dr Kevin Gruffydd-Jones added, "Duncan has never been a person to seek the limelight, but been a key member of PCRS since soon after it's inception as the GP's in Asthma Group in the late 1980's. He has served on the Executive Committee on several occasions and is ex policy lead. He really is someone who is passionate about promoting high quality respiratory care in general practice. In addition to his work with PCRS, he has served on NHS respiratory board, been an active member of RCGP and provided incisive editorials on respiratory topics for the *BMJ*. It has been a pleasure to work with Duncan and thank him for his immense contribution to PCRS over many years".

At this time PCRS would also like to take this opportunity to thank and acknowledge the hard work of all our committee members and trustees both past and present. Without the hard work and dedication of these inspiring and talented individuals we would not be able to deliver the work that we do. If you are interested in getting more involved with the organisation why not consider applying for one of our committees in 2023.