Respiratory Leadership Programme

Leadership skills enable respiratory nurse to raise standards of care


Fran Robinson talks to **Deirdre Siddaway** Respiratory Specialist Nurse, Suffolk

When Deirdre Siddaway came up against some obstacles while trying to improve respiratory care it was the PCRS-UK Respiratory Clinical Leadership programme that gave her the support she needed to succeed.

Deirdre, a respiratory nurse specialist in Suffolk, was instrumental in persuading her CCG to commission a 6-month integrated care pilot to improve the management of respiratory patients in primary care.

But she had to overcome a number of challenges along the way.

Deirdre first tried raising her idea for improving standards of care at local CCG meetings. She spoke to the CCG Chair and the official responsible for medicines management.

It was only after she learned about stakeholder mapping at a respiratory leaders' workshop that she realised she had been approaching the wrong people. She explains: "The workshop taught me to identify who the local key players were that could help me to drive my idea forward. I was able to work out who might be an advocate, who could help with funding and who would be interested in commissioning services. I also understood how to avoid the 'blockers', people who will prevent the project from progressing."

She says the workshops helped her to find the levers to encourage the right people to listen to her idea and to engage those who were influential.

She also learned the importance of aligning the aims of her project with those of the CCG. This meant looking at the CCG's five-year plan which identified avoiding hospital admissions and cost-effective prescribing were a priority. "Respiratory conditions weren't specifically mentioned but they fitted within that umbrella," recalls Deirdre.

The project began to move forward when Deirdre identified a respiratory consultant at her local hospital who was involved in setting up a respiratory taskforce. She also found the CCG official responsible for long-term conditions was supportive.

Other valuable backing came from people she met at the respiratory leaders' workshops who had worked on and achieved success with similar projects. "I was able to use a lot of their ideas and their levers to engage the CCG. One of the delegates had launched a similar project across a very large CCG with a similar demography and geography to mine and they were happy to share with me virtually everything that they had done. This included the way they had worked out their figures, the savings that could be achieved and the potential improvement that could be gained in patient outcomes. I was able to take that to the CCG and say this is how it could work," says Deirdre.

With the hospital consultant on board, the project began to take shape. However, Deirdre recalls that during the process of developing the project with secondary care there were at least half a dozen frustrating meetings where hospital managers talked about the issues that were important to them and were concerned about ring fencing their own pools of money. She was initially the only representative from primary care. However, influencing

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The PCRS-UK Respiratory Clinical Leadership programme offers a rolling three-year programme of workshops to help give you the tools, knowledge and skills to drive improvements for patients with respiratory disease in your area. We run two residential workshops each year which are free of charge to members of PCRS-UK. Each workshop is a stand-alone event with a focus on hot clinical topics and policy or guidance changes, teaching essential professional skills such as understanding your team or your own leadership style, as well as one or more relevant management techniques such as making a business case, mapping your stakeholders, pitching your case for change or evaluating data.

The programme also facilitates an active network discussion group through which participants share dilemmas, ideas, best practice and solutions.

The next workshop is to be held on 9 and 10 November 2018 at the University of Birmingham and the title is 'Utilising Patients' Feedback for Service Evaluation: Patient-Centred Outcomes Based Care'.
For more details see https://www.pcrs-uk.org/event/november-2018

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skills, managing conflict and project planning techniques and tips she learned at the respiratory leaders' workshops all helped her to progress the scheme.

Eventually the meetings were scaled down to involve only the key players and a 6-month pilot was launched.

The project

The pilot was established to improve the respiratory patient pathway between primary and secondary care, reduce outpatient appointment waiting times (at that time between 12 and 16 weeks) and enable cost-effective prescribing.

It involved:

- Deirdre and a respiratory consultant went into 15 practices to work alongside and train and upskill primary care staff
- A full-time respiratory nurse specialist in hospital, assessing patients prior to discharge and liaising with primary care
- An agreement was put in place to ensure that practices would see patients within 48 hours of discharge from hospital
- A treatment pathway for management of asthma and COPD was established and rolled out, resulting in savings in prescribing spend
- A self-management plan for asthma and COPD was produced for use across the CCG
- Breathless patients with symptoms of anxiety were given access to an Improving Access to Psychological Therapies Service
- The number of places for pulmonary rehabilitation were trebled and filled

Feedback shows that healthcare professionals are now more confident about managing patients in primary care and are less likely to refer unwell patients to secondary care.

For various reasons the pilot didn't continue beyond the 6 months, but Deirdre says the additional training and resources that were introduced have left a legacy of improved care.

"I was very disappointed that the pilot came to an end. However, I do feel that I was able to raise the profile of respiratory care in my area, gain the support of local practices and make a difference to a wider group of patients beyond my own practice."

"This project has been the high point of my career so far. I could not have got it off the ground without the skills I gained from the respiratory leaders' programme."