Service Development

10 top tips for PCN clinical directors: the respiratory long-term condition perspective

The 10 Top Tips for PCN Clinical Directors was written by **Stuart Shields** a *GP in Cambridgeshire & Peterborough*. He has for several years had a significant role in designing respiratory and other long-term conditions care in his CCG.

The PCRS felt that, in July 2019 when all Primary Care Networks (PCNs) were in place, we (PCRS) had to encourage and enable the Clinical Directors to look at how they were going to improve respiratory care within their PCN.

PCRS recognises the speed at which these posts were developed and implemented, and seeks to ensure that respiratory care does not become lost under a pile of other clinical priorities. The article enables Clinical Directors to focus on respiratory care with real examples and encouragement from a clinician who has worked in a similar field (albeit in commissioning) for years, and who understands the rewards, pitfalls and barriers to providing excellent care.

The PCRS hopes that Clinical Directors when they have read this article will feel inspired, encouraged and enabled to tackle the issue of incorporating respiratory care into their PCN's priorities in line with the respiratory section and priorities of the 10-year Long Term Plan (LTP).

How one long-term condition might be used to fulfil the potential of PCN investment

(1) Vision

A PCN consists of groups of general practices working with a range of local providers across primary, community, social care and the voluntary sector to offer more personalised, coordinated health and social care to their local populations. For information about this, visit https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/. Don't lose sight of this. Your PCN should not try and do anything without help from allies.

(2) Analysis

Primary care has a lot of live data; use it to plan where to make improvements in pockets of poor outcomes. You do not have to do it yourself – you need to ask your health informatics department and you can use the RightCare website (https://www.england.nhs.uk/rightcare/workstreams/respiratory/). Your CCG have informatics resources for your use – you just need to ask them.

(3) Scenarios

Discuss what needs to be done to improve respiratory care within your PCN – you all know what needs to be done. Choose the scenario that addresses what you think needs to improve respiratory care in your locality. See www.pcrs-uk.org for examples of best practice.

(4) Options

Who is going to deliver the changes? Will it be a motivated primary care team working across practices? Will it be a collaboration with a community provider? Will secondary care come out and work in your locality? Will any options become slowed down by contracting and commissioning? Choose an option that will deliver most of your expectations rather than one that is too good to ever happen.

(5) Legal implications

You are going to be sharing data, accessing

records, prescribing and treating respiratory patients on behalf of the group. Run your option through a 'what if' table-top exercise and invite critical friends in to try and 'break' it. Learn and adjust.

(6) Policy and strategy

There are national strategies for respiratory care. They are both clinical and environmental. Map them against your population from pre-conception to 'end-of-life care'. These strategies direct other providers and agencies. PCRS has done some of the work for you (see https://www.pcrs-uk.org/sites/pcrs-uk.org/files/Respiratory_services_Framework.pdf).

(7) Resources

You should now have an idea about what resources you need, and what is available for your chosen option. You could make a case for investment if there is a gap. Patient groups are vital – don't plan without them as they will be your data when you demonstrate a reduction in smoking/admission/ED attendance rates.

(8) Planning and doing

The PCN contract does not give you a lot of time. You cannot deliver this alone. Each member practice is already delivering respiratory care. Your aim is to assure that it reaches the whole population with consistent fair access to sustainable primary care.

(9) Policy performance

Your respiratory performance data are mostly generated by QOF and this can be collated live. Your patient groups can be involved in reported experiences. Consider delegating patient experience data to your patient groups.

(10) Evaluation

The PCN programme will change year by year. Social prescribing, pharmacists, physiotherapists, paramedics and improved access appointments will all be part of the investment. When the question comes "But what did they actually do?", your respiratory care plan will provide the answer. Start with the end in mind. What matters? Are there already some priorities illustrated by your PCN group? If so, ensure outcomes are aligned with them.

Good quality of life? Minimal emergency admissions? Medication used well with minimal waste? The fewest number of clinical hours to achieve all your aims? These are either being measured or could be measured from the beginning.