

# Incoming Chair's Perspective

## Delivering cleaner and kinder respiratory healthcare

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As I anticipate my role as Executive Chair, I have been asked many times what I intend to concentrate on, and what I will change during my term as Chair, especially being the first non-doctor to become Chair, and the first woman. This is an organisation in good shape with an eye on the present, the horizon and the future, so there is little to change. My professional background or gender should not and will not be the dominating factor in leading PCRS, although I am proud and excited; it is an honour.

That said, change is inevitable as healthcare evolves and adapts to suit the future, the changing demographics of the population and the political landscape. The secret, I have discovered, is to move with it in a proactive way, but also to have the ability to be reactive. PCRS continues to develop in just that way.

Having come into PCRS at a time, not too long ago, when the membership was open to GPs only, we have emerged as a multidisciplinary, non-hierarchical professional society. We still have a way to go in encouraging healthcare professionals newer to the primary, community and integrated care environment – paramedics, pharmacists working in practice or community, physiotherapists and the broader therapy team. I would like to see an even greater diversity of our membership representing the patient journey from all touch points, and from all of the UK.

PCRS has become a driving force for change. We are represented on guideline committees, delivery boards and national respiratory work streams. We have a voice that is important, considered and listened to. Strong leadership has given us national standing – this is some-

thing that needs to be continued and increased. Although our policy team is changing, I have confidence that going forward we will continue our involvement where it matters. Working more closely with organisations that share our passion for optimal respiratory health for all will strengthen our voice further – together we will be stronger. As services integrate, the divide between care delivered by specialist teams and that delivered in primary care is less defined – the patient is the same person regardless of the setting in which care is received.

One area I am passionate about is delivering healthcare that is greener and kinder to the environment. I live in an area where we work hard to protect the environment, yet healthcare often sits outside of this agenda.

Recycling inhalers is a part of the greener healthcare agenda, but it is so much bigger than that. The whole patient journey has the potential to impact on environmental issues. Inaccurate diagnosis will potentially result in repeated unnecessary healthcare appointments as symptoms remain unresolved. Repeated appointments for tests, usually all done at different times. Prescribing for an inaccurate diagnosis causes unnecessary transportation of medication, side effects for patients, and waste from used inhalers that were never necessary.

Introducing a #nowaste campaign will include education of healthcare professionals, patients and the public, influencing guidelines and policy, working with suppliers of medication and recycling schemes. It is something I know we can do better, but change in a busy environment is never easy. It is a campaign that is bigger than caring for people with respiratory

symptoms and conditions. It applies to all areas of healthcare and can easily be applied to other disease areas, and more broadly to the way we approach the care we deliver on an individual and organisational basis. The RCP report 'Outpatients: the Future – adding value through sustainability'<sup>1</sup> considered how we add value through sustainability. It proposed that "a value-based approach to delivery of care takes into account the impact of service delivery on patients and their lives, ensuring their needs are met more efficiently".

With healthcare accounting for 5% of all road traffic in England,<sup>2</sup> the collateral damage beyond pollution, effect on working lives, childcare exists. A 2017 report from the Royal Colleges of Physicians and Paediatrics and Child Health estimated that UK-wide travel and transport impact on mortality is equivalent to 40,000 deaths a year, in addition to numerous effects on respiratory and cardiovascular health.<sup>3</sup> So the campaign certainly goes beyond recycling.

Part of the #nowaste campaign – but a part that stands on its own – is access to education for healthcare professionals delivering care. Focus has been on the introduction and implementation of the spirometry accreditation programme, but this is just a small part of the jigsaw. If we are to have clinicians delivering

optimal respiratory health for all, we need a workforce that is trained, competent and confident in their roles. We produced 'Fit To Care'<sup>4</sup> in 2017 as a document that advised clinicians and commissioners of the key knowledge, skills and training for clinicians providing respiratory care at standard, advanced and expert level, so that training can be commissioned and accessed at the required level. Time is a precious commodity and one that is in short supply, but the need for appropriate education and training cannot be overlooked for all professional groups delivering care.

My 3-year term will, I am sure, see challenges and opportunities along with the ever shifting sands of the NHS. I am ready for the challenge in the knowledge of leading an organisation that is adaptable, and a membership with a shared vision of delivering high value care in a changing environment.

#### References

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2. Sustainable Development Unit. Health Outcomes Travel Tool V3.0 <https://www.sduhealth.org.uk/delivery/measure/health-outcomes-travel-tool.aspx>
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4. Lawler R. Fit to Care: key knowledge, skills and training for clinicians providing respiratory care. PCRS, 2017. Available from: <https://www.pcrs-uk.org/resource/fit-care> (accessed 9 Aug 2019).