

# PCRS-UK 30th Anniversary

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2017 marks the 30th anniversary of the Primary Care Respiratory Society (PCRS-UK). In this article we celebrate our journey from a small asthma interest group of just six GPs who shared a passion for improving asthma care and the role primary care should be playing, to an influential UK-wide multidisciplinary professional society, supporting all health professionals involved in respiratory care in primary or community care.

This article chronicles how the original vision of PCRS-UK's founders of the role GPs should be playing in asthma care has expanded and flourished over the last three decades. A strong and influential group of primary care opinion leaders and a committed and passionate body of members have ensured that the Society has adapted, matured and transformed over the decades in order to continually meet the changing needs of primary care and the wider NHS and, most importantly, of the people with respiratory conditions.

**Noel Baxter**, GP and current Chair PCRS-UK Executive



## The first 20 years – putting primary care on the map in respiratory medicine

### 1987: The General Practitioners in Asthma Group (GPIAG) is launched

In the early 1980s, asthma as well as other respiratory conditions in the UK were managed in secondary care. There were no asthma or COPD guidelines and no tradition of primary care research into respiratory disease that could inform primary care decision-making.

During the 1980s, GPs started to question whether they could do more to manage respiratory conditions in primary care and academic papers began to talk about asthma as a chronic disease.

Against this background, GPIAG was formed in 1987 by six GPs with an interest in asthma. Their aim was to provide a forum for ideas, to become a source of expert advice and to form a research group. The first Annual Scientific Meeting, attended by over 60 GPs, was held in 1988.



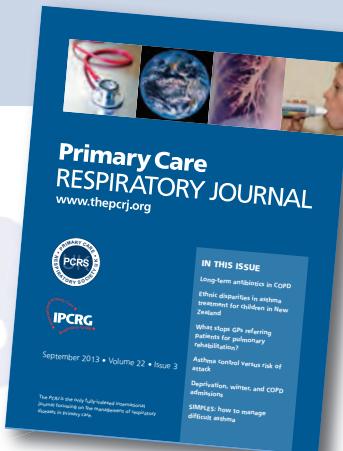
### 1996: Launch of a peer reviewed academic journal

What started life as a two-page newsletter in 1988 developed and became a peer reviewed academic journal called *Asthma in General Practice* in 1996, providing a vehicle for the publication of the increasing level of primary care audit and research being driven and initiated by the group.



## 1999: A broadening of the Group's interests and a change of name

By the late 1990s the Group's interests expanded to include COPD. Nurses, who were playing an increasing role in asthma care, were becoming more active in the Group. The name of the organisation was changed to reflect both these changes to General Practice Airways Group, while retaining the abbreviation GPIAG. The remit of the Journal was similarly expanded and in 2000 it was renamed the *Primary Care Respiratory Journal* (PCRJ) further reflecting the expanding horizons and respiratory interests of GPIAG.



## 2000: The first research chair in primary care respiratory medicine

One of the guiding principles of the GPIAG was the development of primary care solutions for primary care problems. Twenty years ago, most of the evidence for the management of asthma and other respiratory diseases in primary care was generated from trials conducted in secondary care on highly selected patient populations. This led Dermot Ryan, Chair of the GPIAG in 1996, to campaign for the first academic chair in primary care respiratory medicine. This was established in 2000 in the Department of General Practice at the University of Aberdeen and set the scene for real-life respiratory clinical studies in primary care. David Price was appointed to the post as the first Professor of Primary Care Respiratory Medicine.

## 2003: Registering as a charity

At the start of the new millennium the influence of GPIAG in academic, scientific and political arenas was growing. It was also a time of great change and many challenges, including increasing demands for GPIAG expertise to facilitate national developments. In order to evolve to meet the new expectations and to continue to develop its influence, GPIAG members agreed that the Group should be registered as a charity. This process was overseen by the then chair John Haughney and was finalised in 2003.

## 2005: Full membership extended to nurses and allied health professionals

By 2005, following the introduction of a new GMS contract, primary care nurses were playing an increasing role in managing respiratory disease. Nurses represented 50% of delegates attending the annual meeting.

Education for Health, originally set up as the National Asthma Training Centre in 1987 (also celebrating their 30th birthday this year), had spearheaded the development and training of practice nurses in respiratory care.

Whilst GPIAG had offered associate membership to nurses and allied health professionals from 2000, it was 2005 before full membership rights were given to non-GPs. A practice nurses' working party was established shortly thereafter to look at how the GPIAG could better support the needs of its practice nurse membership.

## 2006: Introduction of a paid membership scheme

Formal inclusion of nurses and other health professionals as members strengthened the mandate of GPIAG to speak on behalf of primary care in its policy influencing work. The introduction and successful uptake of a paid membership scheme in 2006 was an important milestone in further strengthening the credibility and independence of GPIAG as a professional society to influence respiratory care from a primary care perspective. This is now resulting in regular evidence-based improvements in care.



## The last 10 years – a fully-fledged professional society for primary care health professionals interested in respiratory care

One of the most fundamental landmarks in the last 10 years came in 2009 with a change of name from General Practice Airways Group (GPIAG) to the Primary Care Respiratory Society UK (PCRS-UK). The new name described what the organisation was by then about and paved the way for continued growth and development.

That continued growth and development in our programmes and activities is described through the following perspectives of three of our members.



### **Stephanie Wolfe, Independent Respiratory Nurse Specialist**

Stephanie was one of the first nurses to join GPIAG and was the first nurse member of the PCRS-UK Executive, serving from 2004 to 2013. She currently serves on the Education and the Primary Care Respiratory Update committees.

"I joined Thorpewood Surgery, Norwich in 1991 as a practice nurse, but I became increasingly involved in respiratory work with David Price (now Chair of Primary Care Respiratory Medicine at the University of Aberdeen) and he used to take me to GPIAG meetings in the early 1990s. In those days, nurses could only go if their GP invited them. I was the only nurse there at that time but I used to love it. The conference ran only on a Friday evening and the following Saturday. Eventually GPIAG voted to allow nurses to become members because they realised more and more nurses were attending and benefiting from the education.

"At first when I asked if I could apply to sit on what was then called the General Committee I was told I couldn't because I was a nurse, even though by then I was a member in my own right. That for me was like a red rag to a bull.

"Eventually I was allowed to stand in 2004. That was a difficult time, as some committee members were still very conservative. However, by then I think they had really put their thinking caps on and realised that nurses were making up a fair proportion of the membership, so maybe it was time they should be represented. Now nurses are represented in all aspects of the work of PCRS-UK. It was hard work being the first nurse on the

Executive. My aim was always to bring people back to the grass roots because of the generalist nature of most primary care nurses' jobs.

One of the things of which I am most proud are the PCRS-UK affiliated groups. We identified that nurses wanted local respiratory interested groups that they could get to with no more than 30 minutes' travel time from where they were based. I set up my own local group in Norwich and now there are about 50 all over the UK. My personal ambition is to have a local group in every area of the country. I've seen the groups grow from an acorn into an oak tree and PCRS-UK plays a big role in nurturing and supporting them.

"Another recent achievement of PCRS-UK has been our input into the launch of the new National Register for certification of health professionals who perform spirometry. This will have a huge impact and will raise standards by ensuring that everyone performing spirometry is accredited by 2021.

"The PCRS-UK annual conference is a highlight of the year, particularly for nurses.

"The big change that has occurred during my time as a member of PCRS-UK has been the expansion of the role of nurses in respiratory care. Now the Society welcomes everyone who delivers respiratory care in the primary care setting."

**“PCRS-UK is a fabulous, inclusive organisation. It does what it says on the tin – it is for primary care. ”**



## Carol Stonham, MBE, Primary Care Respiratory Nurse, Gloucestershire CCG, Queen's Nurse, PCRS-UK Vice Chair and Nurse Lead

"When I joined GPIAG I was asked to be part of the practice nurse working party which eventually became the formal nurse committee. A big thing that we were a part of was changing the name of the organisation to signal moving away from being a GP organisation to one that would encourage nurses to join.

"From being Nurse Lead and a member of the Executive to recently being appointed Vice Chair shows just how far PCRS-UK has moved towards including nurses as equal members.

**“Encouraging other health professionals as part of the wider multidisciplinary team very much reflects how PCRS-UK has broadened its horizons to reflect how primary care works now. ”**

"The introduction of the Lay Reference Group now ensures that patients influence the decisions we make and helps us to focus on patient-centred care.

"Working in partnership with Cogora to launch the Primary Care Respiratory Academy is another innovation that benefits the whole primary care team, especially nurses. A lot of generalist primary care nurses who would not necessarily join PCRS-UK are going along to the Academy clinical roadshows and getting a good respiratory update. At least 60% of attendees at the last six meetings have been nurses.

"The Respiratory Commissioning Platform of the Academy which launched this year will hopefully influence commissioners and practice managers to understand the value

## PRIMARY CARE RESPIRATORY ACADEMY

of health professionals being members of a professional organisation like PCRS-UK.

"Our influence on respiratory care is now far reaching. In addition to being involved with the launch of the National Spirometry Register, we are helping to improve inhaler use as members of the UK Inhaler Group, Noel Baxter and I sit on the Executive Board and steering group for the COPD National Audit and there is now a PCRS-UK member involved with the development of most national guidelines for COPD and asthma.

"Through our campaigns we are working to improve practice by ensuring respiratory health professionals are trained to do the job they do, we are focusing on improving diagnosis and encouraging health professionals to tackle tobacco dependency.

"My personal project is the affiliated group programme, and we need to work continuously to encourage new groups to set up and become part of the network. One way we support our current groups through the annual meeting for affiliated group leaders.

"I hope that PCRS-UK will continue to nurture the culture of support and development that I have been offered. I have been awarded an MBE for Nursing and Healthcare and I could not have achieved that had I not been a part of PCRS-UK."



## Noel Baxter, GP and current Chair PCRS-UK Executive

"For me the great achievement of PCRS-UK over the last decade has been the extent to which we have got our foot in the door of respiratory policy. It has been down to persistent lobbying from policy leads like Duncan Keeley and Kevin Gruffydd-Jones. This has ensured that the primary care voice has influenced developments such as respiratory clinical guidelines, quality standards and the Quality and Outcomes Framework. For example, when the draft of the NICE quality standards for COPD was published we lobbied heavily to ensure that they reflected what needed to happen in primary care as well as secondary care.

"Also for the first time ever NICE has looked at implementation of a guideline with the asthma diagnosis guideline. This followed lobbying from multiple stakeholders but very significantly from PCRS-UK.

"Another advance for us was the launch of the PCRS-UK Respiratory Leaders Programme 10 years ago, thanks in large part to the vision of Steve Holmes. This has played an enormous role in developing the talents and confidence of members to go away and develop projects and take on higher positions. Many clinicians have now been through the three year rolling programme gaining the skills and knowledge to improve respiratory services in their area.

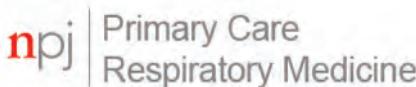
"Our annual conference has been a real success story having developed from humble beginnings as an event which could be held in one room to a national two-day event. The credit for this goes to Professor Hilary Pinnock, who had the vision for a primary care conference and to recent Conference Organising Committee Chairs such as Sandy Walmsley and Andy Whittamore.

"The conference now not only supports people who do grass roots work and offers them workshops where they can refresh their hands-on skills, but also provides leading edge presentations for people who want to innovate or redesign services. The research stream goes from strength to strength each year showcasing the latest academic developments.

"Our progress to becoming an independent society and charity has enabled us over the last decade to raise our profile and have a greater impact on the wider respiratory environment. For example we have recently developed some new partnerships with key stakeholders which have helped us to extend our influence.

"The Primary Care Respiratory Academy, developed in partnership with Cogora and now in its second year, is going from strength to strength. This year we launched the Respiratory Commissioning Platform which is providing workshops for commissioners and provider managers looking at population health and ideas for transforming services. This is something that other respiratory societies are not doing.

"Another major partnership with Nature Partner Journals has strengthened our journal, *npj Primary Care Respiratory Medicine*. The journal has a good impact factor, it continues to flourish and grow, its remit is broadening as increasing numbers of people submit articles and we have a new editor with a global view around tobacco.



"PCRS-UK now represents a broad church of health professionals, patients and other stakeholders. It's a forward-looking organisation which adapts with the times and is the place where health professionals come to connect with colleagues and be supported in their roles.

"Our Executive and committees have been transformed in recent years and are now much more representative of the whole primary care team and support the outward-looking vision of PCRS-UK while remaining a welcoming and supportive society."

## PCRS-UK today – a multidisciplinary Society

PCRS-UK has evolved over the years to become a Society for all health professionals involved in respiratory care in a primary or community care setting, as described below by some of our newer multidisciplinary team members.



### Vikki Knowles

Respiratory Nurse Consultant,  
Guildford and Waverley CCG

A former secondary care nurse, Vikki joined PCRS-UK when she took up a new role as Clinical Lead for a community respiratory team working across primary and secondary care.

"This move was extremely challenging and stretched my previous experience to the limits as I realised how poor my understanding was of the issues facing primary care. I discovered PCRS-UK has a fabulous support network, both from an information point of view and on a personal level.

"The first PCRS-UK conference I attended was a revelation as, having been to many international conferences in the past, the friendliness and relevance of this event to the work I was doing was better than anything else I had ever experienced.



"The PCRS-UK Clinical Leadership programme and the affiliated groups offer opportunities to maximise your potential and share good practice. PCRS-UK also offers a voice of reality which is sometimes missing in the national conversations around delivering quality respiratory care."



### Sanjay Tanna

Practice-Based Pharmacist

"When I started working as a pharmacist working in general practice I needed a supportive organisation to help with the day to day questions that arise when seeing patients. Looking online I came across the PCRS-UK website – the information was up to date, relevant and fairly concise with lots of useful practical information to help with my clinical work. The website was aimed at primary care and did not seem to make distinctions between doctors, nurses or any other healthcare professionals.

"As 'a new breed of pharmacist' – a pharmacist working in primary care – I decided to attend the annual conference one year. I met up with lots of different professionals interested in improving care for respiratory patients – the same as me! There was lots of practical advice about helping patients, up to date research/projects ongoing and a chance to network. Access to other professionals has enabled me to improve the care I provide for my patients."



## Vince Mak

Consultant Physician in  
Respiratory Integrated Care,  
Imperial College Healthcare  
NHS Trust

"As a secondary care physician, I was becoming increasingly frustrated that I was seeing patients who had advanced disease but who were being managed in a disjointed manner. This prevented me from addressing their needs in a patient-centred, holistic manner. In my own professional circle I feel we focus more on the diseases we treat rather than the patients who are afflicted by them.

"I was appointed to the London Respiratory Team where I met some members of PCRS-UK. They showed me that there is a body of professionals promoting a way of working that I strongly believe in. Within PCRS-UK I am able to engage with a range of other health professionals who play an equally valuable role in the care of our patients and give them an equal voice and standing. This reflects the multidisciplinary teams that we are building and provides a forum where we can share our experiences and knowledge."



## Clare Cook

Community Respiratory  
Physiotherapist, Bristol  
Community Health

"PCRS-UK helps me to stay current, inspired and enthused about respiratory care. I always feel very grounded and supported by PCRS-UK. This is reassuring in a changing climate.

"The annual conference is one of PCRS-UK's absolute strengths. It gives me a really accessible and meaningful level of education. Many members of my clinical team have attended and have learned something that resulted in them changing their practice.

"Both *npj Primary Care Respiratory Medicine* and *Primary Care Respiratory Update* help me to stay up to date clinically and the resources on the website are very useful for updates because they condense things into something that is do-able. I often use these tools in my teaching.

"The Respiratory Leaders Programme has opened up opportunities for me and given me a lot of self-confidence.

"I feel I can trust PCRS-UK's assessment of national respiratory issues and their assessment helps me to set my priorities for my own practice."

## OUR CORPORATE SUPPORTERS

Many thanks must go to a host of corporate supporters who have supported PCRS-UK throughout the last 30 years and without whom much of our progress would not have been possible.

GPIAG was set up launched with the help of financial support from Allen & Hanburys. Then followed support from AstraZeneca, Boehringer Ingelheim and Teva (initially as 3M, then becoming Ixax and most recently Teva), after we invited multi-company funding in 2000. We have also received help from a wide number of companies making a shorter foray into the respiratory area, including MSD, Schering Plough, Nycomed and Viatris.

### Our current corporate and /or conference sponsors are:

