

Championing Respiratory Care in Primary Care: The impact of a regional clinical network lead primary care respiratory champions programme.

AUTHORS: Reeve T¹, Cook C², Holmes S³, McConnell W⁴, Rogers A⁵, Sharp C⁶, Stonham C⁷, Williams R⁸

¹Clinical Network Manager CVDR & Diabetes NHS England - South West Region, ²NHS England South West Clinical Respiratory Lead; Physiotherapist & Clinical Team Lead COPD community team Bristol Community Health, ³NHS England South West Clinical Respiratory Lead; GP; The Park Road Medical Practice, ⁴NHS England South West Clinical Respiratory Lead; Consultant Respiratory Physician Dorset County Hospital, ⁵Clinical Network Manager CVDR & Diabetes NHS England - South West Region, ⁶NHS England South West Clinical Respiratory Lead; Consultant Respiratory Physician Gloucestershire Hospitals Foundation Trust, ⁷NHS England South West Clinical Respiratory Lead; Chair Primary Care Respiratory Society; Senior Nurse Practitioner NHS Gloucestershire CCG, ⁸NHS England South West Clinical Respiratory Lead; Senior Clinical Specialist Physiotherapist Cornwall Partnership NHS Trust

Twelve Respiratory Champions from the NHS E's South West Clinical Networks, six-month Primary Care Respiratory Champions Programme, volunteered to participate in an in-depth discussion in February 2022 around the development of their local services, what the challenges are and where they felt the opportunities lay.

All twelve Primary Care Respiratory Champions participating in the discussions demonstrated a real enthusiasm for building services in their local area. There was a widespread feeling that the 'time is right' for fundamental changes to happen. Integration of respiratory services had been mooted for many years but now with the advent of the integrated care systems (ICS) from July 2022 and the support of the South West NHSE Respiratory Clinical Network it feels achievable.

ACHIEVE INTEGRATION

Build local primary care support networks and drive Respiratory Pathway Integration by including:

- a) Regular access to secondary care respiratory advice and guidance by respiratory primary care nurses
- b) Access to regular "virtual" MDT clinics
- c) Access to complex case management support
- d) Creation of Local PCN Respiratory Hubs



ENHANCE QUALITY

Use PCN Quality Improvement Initiatives to develop a robust Respiratory Care model that includes:

- a) being driven by local data
- b) capacity for scheduling comprehensive consultations especially following hospital admission or an exacerbation.
- c) Face-to-Face holistic respiratory reviews
- d) development of PCN diagnostic hubs for timely access to Spirometry and FeNO
- e) Actively supporting Pulmonary Rehabilitation programmes
- f) embracing respiratory care as a career development with review of workforces respiratory skill development needs.



ACKNOWLEDGING VARIATION

Prioritise respiratory care in each ICS across the region to lessen the current "postcode-lottery" provision of accessibility to quality respiratory care across the care pathway. This will include:

- a) An increased focus on raising the profile of Respiratory Services in and across the region's ICS's.
- b) Support for systems to share and learn from each other's ICS's innovation and successes
- c) Prioritising respiratory self-management solutions early in the disease trajectory



WORK WITH HUMAN FACTORS & BEHAVIOURS

Recognise the various human or health behaviours that impact on care and work with individuals to personalise care. This may include:

- a) training for primary care clinicians to use "system thinking" to understand the underlying issues around DNA's, non-compliance and non-responders.
- b) develop a personalised approach to care by establishing flexibility within pathways and appointment scheduling.
- c) establish a proactive MDT approach for the more complex or challenging individual's such as those who repeated do not collect prescription.

Whilst this report only draws on the twelve discussion interviews with the self-selecting practice nurses from across the South West region, the similarities of responses were significant and therefore likely to be representative of the wider-primary care footprint.

The overarching recommendation would therefore be for respiratory ICS / integrated care partnership leads to work in partnership with primary care colleagues to better understand the reality of patient-flow through the various respiratory care pathways from perspectives of both local residents and local staff and to consider whether any of the approaches outlined above could be usefully applied within their ICS.