

Chair's Perspective: Influencing change

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It is spring finally and whilst I wouldn't want to suggest for one minute that we are now experiencing the end of winter pressures in the NHS there will hopefully be some time for reflection on why it happened and is there anything we need to do more or less of and is there anything we should stop or start doing. I am going to steer clear of the funding and resource arguments as that is well discussed elsewhere but focus on how the respiratory interested community whom we represent here at PCRS-UK can take the opportunity to support colleagues wanting to or having responsibility to find some solutions for the winter pressures problem in 2018/2019.

Many of us will have been championing better respiratory care for some years whether to clinical colleagues, our commissioners, or through writing business cases to managers within our organisations. What we will have found is that whilst our ideas will have been received positively, the priorities and national mandates influencing their decision making may have been coming from other areas such as cardiovascular disease and diabetes. So, we have lobbied and done what we can whilst we wait for our time to come.

As this winter has drawn on, I hope many of you will have seen these colleagues now seeking you out to go back over that pitch you made to them at some point in the past, I certainly have. Those solutions you suggested, they now wonder might make a difference to the 4 hour waits in ED, the increasing backlog of people waiting for routine operations and those busy Monday respiratory infection and exacerbation surgeries. So maybe it's time to unpack those service specifications, put plans on pages and slide sets or show at a practice meeting those asthma action plans and consultation templates. Could it be time to speak with your community colleagues about working together for better flu vaccination rates?

It seems that we are now in a place where the respiratory voice may be heard more clearly. As well as respiratory drivers causing NHS winter surges we also now have the RightCare programme for CCGs in the NHS in England (<https://www.england.nhs.uk/rightcare/>) with other countries also exploring value based healthcare opportunities in respiratory. Indeed, I met the National Clinical Director for Respiratory Services in England in recent weeks – Mike Morgan, whom I have never heard speak so positively about it now being the time for the respiratory voice.

Where should we now look for the evidence, measures and outcomes to make our case as robust as it can be? On December 19th 2017 the *Lancet Respiratory* published "Planning ahead to avert a respiratory winter avalanche"¹ where it calls for a focus on reducing infections and exacerbations. Clearly mid-December is too late to start planning for that winter but we can start to do something about it now. They make a call for (supported by data from the BLF "Out in the Cold"² winter report) a focus on training and reviews and planning in the relative downtime of the spring and summer, more self-management and good quality diagnosis communicated well to people with long term respiratory illness. These areas of focus fortunately align with the key campaign issues we have been working on since 2015 and so you will find a wealth of material not least in the last two issues of *Primary Care Respiratory Update* to provide guidance.

In this issue of *Primary Care Respiratory Update* we look at managing infections responsibly. Not too many, but early enough antibiotics in the right people and in those with long term conditions who feel supported to do so. We read also that yes, we need rescue packs, this could help but are these thoughtfully and responsibly issued? Value based care and Right Care are not just about prescribing the right thing i.e. the prednisolone dose, the inhaler drug

class, but also the right information, the right technique.

To help us ride the crest of this particular respiratory wave we have joined the BLF led "Taskforce for Lung Health" (<https://www.blf.org.uk/taskforce-consultation>) along with other patient and professional stakeholders. This programme aims to gather the latest best evidence on those interventions that will make the most difference soonest and then communicate this to motivate people to drive change. The taskforce is currently calling for evidence and I have certainly been informing the team about chronic breathlessness,³ an area that respiratory colleagues are taking a lead on but is cross-cutting amongst many specialist areas and is often unrecognised. My hope is that recognising and acting on this important symptom earlier than we are doing will make a difference to people's lives and help manage the NHS burden.

The PCRS-UK cause (<https://pcrs-uk.org/pcrs-uk-cause>) suggests that sometimes respiratory medicine just isn't taken seriously

enough but things maybe now are beginning to change. One thing that struck me reading through the material in this issue was that we struggle to connect with our non-respiratory focused colleagues because of a lack of agreement and 'exactness' about the tests we can do to help make respiratory diagnoses. I won't reprise here the NICE asthma diagnosis guideline⁴ as Luke Daines provides the perfect advice in his diagnosis and treatment article (see pages 9-14) however in this edition we continue to see debate about whether it really helps and how affordable will be the desktop CRP, and is the blood eosinophil test really the game changer in diagnosis of airways disease?

If you are wondering this year how you can take part in respiratory quality improvement (QI) then maybe look again at the results and materials of the National COPD Audits in England And Wales and in these resources for primary care (See goo.gl/xJCQiC) we suggest specific tests of change that are easily doable by anyone in practice. Watch out this year for the new national COPD and adult and child asthma audit programme (see goo.gl/nRyqng)

with the first results being analysed early summer and published late autumn. Maybe make a head start by ensuring you are using the right codes in your consultation templates so you know you are measuring the right things and can see your improvement locally and response to your test of change. If you want to know more about QI and speak to colleagues, the conference this September will be highlighting how to do this.

It is time to show leadership, whether in your team or practice or wider in your organisation. The resources are out there and the PCRS-UK community has the networks to help you (see <https://pcrs-uk.org/clinical-leadership-programme>). Let's look forward to change for better for people with respiratory disease.

References

1. Planning ahead to avert a respiratory winter avalanche. *The Lancet* 2018; **6** (2):75 [https://doi.org/10.1016/S2213-2600\(17\)30499-X](https://doi.org/10.1016/S2213-2600(17)30499-X)
2. Out in the Cold. British Lung Foundation 2017. see <https://www.blf.org.uk/policy/out-in-the-cold>
3. Understanding Breathlessness. Baxter N. Respiratory Futures. 2018 See <http://www.respiratoryfutures.org.uk/features/dr-noel-baxter-understanding-breathlessness/>
4. National Institute for Health and Care Excellence 2017. NG80. Asthma: Diagnosis, monitoring and chronic asthma management. See <https://www.nice.org.uk/guidance/ng80>