

had a spell in hospital for a smoking-related condition, asking if they are interested in quitting, and this has resulted in a further significant increase in the uptake of the smoking cessation service.

"Initially it took me around five hours in total to get the process up and running and now I just spend 10 minutes a week having an update with the smoking cessation provider. Promoting the stop smoking clinic is now a natural part of everyone's job, and for me it is a matter of just keeping an eye on it and pushing it all the time. It's got to be a priority for the practice 24/7 rather than once a year like flu," says Sonia.

She adds that even she has been surprised at how phenomenal their success has been in reducing unplanned hospital admissions. "In addition, the GP's lives have been really changed because they have more time – previously they were doing a ridiculous number of home visits per day, some days as many as eight or nine. Also, 20 extra appointments a week have been created – these really are gold dust! The main thing

is that patients' health and well-being have improved and they have a better quality of life as result of giving up smoking," says Sonia.

The process of setting up this initiative is very straightforward and could be replicated in any practice. Sonia says the key to making it a success and achieving the required outcomes is that hard work and commitment is required by the whole practice team who must recognise that smoking cessation is important and should be prioritised.

Sonia will be speaking about this initiative in a session on tobacco dependency at the PCRS-UK conference *Fit for the Future: a holistic approach to respiratory care* on 14–15 October at the Telford International Centre.

Reference

1. Smoking in England. Latest statistics. Top line findings from the STS. May 2016 <http://www.smokinginengland.info/latest-statistics/>

Making a difference locally – setting up a local group

Mistaken attendance at a PCRS-UK meeting leads to successful formation of new affiliated group



Jackie Dale leader of the PCRS-UK affiliated South Yorkshire Respiratory Group

I attended my first PCRS-UK conference in October 2015. I have a real passion for respiratory care and had managed to gain sponsorship from a pharma company to attend.

I got a little confused with the other meetings taking place around the conference and inadvertently attended the PCRS-UK affiliated group leaders meeting taking place immediately prior to the conference start. In the meeting I became quite anxious that the nurses in the room were all very experienced and they were talking about 'their groups'. It quickly became clear that they already ran successful meetings across the country. I felt like an imposter and felt 'out of my depth'. I kept quiet until we were put into groups and expected to feed back about our experiences. I had to come clean and admit I didn't have a group, let alone run one! Well! Everyone was very enthusiastic and it didn't matter because they said I could start one. I was so buoyed up by the warm welcome and enthusiasm of everyone that I even agreed it was a good idea.

The conference was amazing – so well organised and exciting – I loved every minute of it.

Back home. Oh heck what had I done! I didn't have the first clue how to organise or start a group and was regretting my 'eager beaver' approach. Still I had said I would, and if I say I will then I have to at least try.

A pharma company had been trying to hold regular respiratory meetings but could not continue on a single sponsorship basis so I approached them and two other companies (GSK, Boehringer Ingelheim and Cheisi) to see if they would sponsor the meetings and help me set up a local group. They were very keen and have given me amazing support and commitment to running the group.

PCRS-UK sent a starter pack with all the necessary documentation templates to help plan the first meeting and they were always at the end of the phone to provide any extra information and help. I was put in touch with Mel Canavan who runs the successful Leeds Respiratory Network. She provided much moral support and a listening ear when I felt that I was not really the sort of person who could chair a group and wanted to talk myself out of the idea.

The hardest part was thinking of a name. I wanted to have something catchy like 'Breath' or 'Inspire' but couldn't make it mean anything, so I settled on the South Yorkshire Respiratory Interest Group which has interestingly become called SYRIG. I wanted the name to reflect that all were welcome to the meeting from any discipline.

I held the first meeting in March. I was disappointed that only 12 people turned up but our local paediatric respiratory consultant was one and the other was the head of a large national chain of pharmacies. I had also invited a CCG representative. They were very enthusiastic that someone had thought to start a respiratory group affiliated to the PCRS-UK and were excited at the prospect of future meetings. Apparently 12 is good for a first meeting. Rather than have a speaker we discussed the need for a local group and I devised some questions on asthma/COPD and spirometry in the community and we did small group work between us which was very successful. Since then my network of contacts and people has expanded and I have met members of the CCG, sat on asthma template restructuring meetings, been invited to attend a meeting to review local COPD patient booklets and feel my network of colleagues and contacts has grown.

I have managed to secure a passionate consultant to speak at our next meeting on 6 July – Dr Rodney Hughes – who will be discussing "Optimising COPD management and improving patient experience". I have had a huge interest from pharmacists who are keen to become more engaged with the wider audience of healthcare practitioners and I have been contacted by both hospital and community nurses, pharmacists and doctors interested in attending the meetings to help improve the experience of respiratory care in our community. I have secured the help of an oxygen therapy nurse (Wendy Bradford) whom I met through the initial respiratory meeting and together we are chairing the next meeting.

It has been challenging setting up a group as I do not consider myself a natural chair or host as I am quite shy and would not have even thought of setting up a group if I had not been inspired by the passion and enthusiasm of people whom I met at the PCRS-UK conference and affiliated group leaders meeting.

GROUP INFORMATION

- **Name of Group:** South Yorkshire Respiratory Interest Group (SYRIG)
- **Group Leader:** Jackie Dale
- **How to contact group leader:** syrig123@gmail.com
Tel 07957 856692
- **Group composition:** nurses, doctors, pharmacists and anyone with an interest in respiratory medicine (multidisciplinary)
- **Goals/aims:** To inspire a passion and interest in respiratory care and improve the patient experience; encourage healthcare professionals to attend conferences and study days. Provide a conference within the next 2 years; communicate interesting information and local/national training via regular emails
- **What the group does:** Has passionate speakers, round table discussions and provides a network of respiratory contacts
- **How often it meets:** Quarterly
- **Latest activity:** 6 July, Holiday Inn, West Bawtry Road, Rotherham S60 2XL. Speaker: Dr Rodney Hughes "Optimising COPD management and improving patient experience".

I have since attended the PCRS-UK Respiratory Leadership Workshop and have found so much support and encouragement to start developing my skills and to find out what I am capable of achieving. I would urge anyone who is passionate about respiratory care to join PCRS-UK, attend the conferences and enjoy expanding their knowledge, networking with like-minded individuals, and to believe in themselves to help raise awareness of respiratory care.