A collective ambition

- For lung disease to have parity with CV disease and diabetes
- To challenge complacency, where respiratory diagnosis and management is not taken seriously
- That demands professionals are trained to do the job they do
- For the basics, informed by evidence and value, to be done the right way as standard
- To raise the bar and be 'cutting edge' through a passion for excellence and improvement
- To be the respiratory leader within the lung health community that thinks comprehensively about the whole person
- That prioritises respect, inclusivity, joy and camaraderie - bringing people together / providing the catalyst for change
2017 Clinical Priorities

- Asthma
- COPD
- Tobacco dependency
- Respiratory infection / antibiotics

In the context of multi-morbidities with greater attention paid to a symptom based patient centred and more holistic approach
## PCRS-UK Campaigns

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<tr>
<th>Campaign</th>
<th>Key Message / theme</th>
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<td>Better education = better care; be trained to do the job you do</td>
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<td>Diagnosis</td>
<td>Accurate diagnosis is the basic building block of good care</td>
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<td>Tobacco dependency</td>
<td>Long term health condition, key clinical responsibility for all health professionals; tackling it should be routine part of care</td>
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<tr>
<td>Structure of care</td>
<td>Making the most of available time (consultation) and resources</td>
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<td>Getting research into practice</td>
<td>Implementation evidence/considerations need to be a key driver throughout R&amp;D /guideline/policy development process</td>
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Education Campaign

Better education = better care. Be trained to do the job you do

• Setting and promoting the standards for training / educated

• Influencing employers to take education seriously

• Supporting health professionals to access education
  – Guide to funding sources & how to make the case for training
  – Education workshops – assertiveness/ getting your voice heard

• Supporting health professionals to apply their learning through tips for reflective practice(self) /audit (practice) on all PCRS-UK materials
Tobacco Dependency Campaign

• **CHANGING MIND SETS / BELIEFS**
  – reframing tobacco dependency as a long term health condition
  – Clinical issue, responsibility of all health professionals

• **MOTIVATE**
  – Most prevalent LTC (18%), high value intervention,

• **CALL TO ACTION**
  – practical advice
  – Health professionals; VBA, Rxing
  – Practice; knowing its data, system wide approach, target specific groups
  – CCGs- knowing its data, services in pace across NHS/local councils

LANGUAGE IS KEY – hard hitting but non judgemental
Diagnosis Campaign

Accurate diagnosis is the basic building block of good care

• CHANGING MIND SETS / BELIEFS
  – Respiratory diagnosis is complex & needs to be taken seriously by the whole team requiring both objective evidence/tests and clinical judgment
  – Think symptoms (cough, breathlessness) & explore with open mind – not pre-determined asthma/COPD

• MOTIVATE
  – Inaccurate diagnosis is major safety, waste, quality/value issue

• CALL TO ACTION
  – Spiro training/competence
  – Case finding based on symptoms to uncover undiagnosed and mis diagnosed
Research; new activities
Output of early career researchers meeting

• Creating on line portal / resource for primary care researchers /those working in primary / community care setting via website
  – Research training courses
  – Funding sources
  – Researchers directory; searchable, areas of expertise (oth topic and research methods)

• A discussion forum (via email, facebook, What's App) to
  – Share queries/problems
  – Link up for collaboration and people doing small projects where it might increase sample size to have small centres linking up to make multi-centre study.

• Annual meeting to share ideas, meet and skills-based sessions
• Provision of small grants to fund conference attendance, training, small projects?
Primary Care Respiratory Update

2016 Themes

- **Spring 2017** – Diagnosis
- **Summer 2017** – Making the most of time and resources – Practical Tips
- **Autumn 2017** – Infection and Antibiotics
- **Winter 2017** – Shared care and symptom management

Key articles /pullouts available as separate, searchable PDFs via website.
Patient passport: standards of care patients should expect

Service standards (population)

Standards for providers / commissioners to ensure services are available / can be delivered to achieve patient standards

COPD Quick Guide

Clinical advice that if adopted will meet patient expectations of Passport and in line with nationally accepted guidance

Health professional education standards

Self rating scale and Skills document to ensure individual HCPs trained and educated to a level appropriate to deliver what is in Passport and Quick Guide

Supported by other PCRS-UK core programmes and materials including:

Smoking cessation materials
Primary Care Respiratory Update
Policy work - guidelines
Resp Leaders Programme
PCRS-UK Conference
Inhaled Drugs Table
Membership/e-alerts
Affiliated Groups
Service development

• Population Level standards
• Joint offering with BLF for CCGs
• ‘Standard template’ /Supporting COPD ‘audit ‘ in England
• Promoting new models / good practice / innovation via Primary Care Respiratory Update, conference & Respiratory Commissioning Platform
Education

• Primary Care Respiratory Academy
• Education standards ‘Fit to Care’
• Education campaign
• Adapting professional development resources to be multi disciplinary
• Oversight of Quick guides / Primary Care Respiratory Update ‘getting the basics right’