Building confidence in a changing world

Fran Robinson reports on the PCRS National Respiratory Conference 2018 held at the Telford International Centre on 28/29 September

This year's PCRS National Respiratory Conference aimed to inspire delegates to think differently and find new ways of working with patients and colleagues in a changing world.

Speakers offered practical insights for improving respiratory care to help primary healthcare professionals to respond to the demands they face in primary and community care. Sessions offered a vision of a brighter future for respiratory patients and greater job satisfaction for respiratory professionals.

The conference opened with the unveiling of a PCRS rebrand which includes a new logo and redesigned website to reflect our move towards a more holistic and integrated approach to respiratory care.

PCRS Chair Dr Noel Baxter said: "The message that we want to strongly convey is that PCRS represents not only respiratory interested healthcare professionals working in primary and community care but also the interface with our secondary care colleagues as well. The new colours and redesigned website will ensure that we are more relevant digitally."

The plenaries

The opening plenary themed 'Confidence to treat the patient in front of you' began with a panel discussing how healthcare professionals could feel more confident diagnosing asthma and COPD and communicating the diagnosis effectively to the patient.

Mike McKevitt, Director of Patient Services for the British Lung Foundation, said when most patients were first diagnosed with COPD it was probably the first time they had heard of the condition. They were likely to have felt stressed in the consultation, may not have understood what the diagnosis meant and would forget what the doctor said to them. "One of the important things post diagnosis is to follow up with the patient and their carers, provide them with additional information and referrals on to other people and organisations like Breathe Easy."

Deborah Waddell, Asthma UK specialist nurse said: "Patients often have a preconceived idea in their heads and are filled with fear about a diagnosis of asthma. Healthcare professionals need to not only communicate how they have made the diagnosis but also to check that the patient has really heard what they said."

Toby Capstick, a pharmacist consultant at Leeds Teaching Hospital NHS Trust, said community pharmacists often had difficulties working with newly diagnosed patients if they were not sure what the diagnosis was and would welcome better communication with GPs.

Noel Baxter said a single patient record that the pharmacist could access was one solution.

Pharmacist Garry Macdonald said it would help to have the diagnosis written on the prescription.

The interactive case-based Grand Round session was based on the theme of the four ages of lung health.

The key messages were:

- Treating patients is a partnership based on mutual trust and experience
- The factors that influence adherence to medication start to matter from the first consultation
- Roger Neighbour was right – the process of diagnosis begins even before you first see the patient
- The science of exacerbations and hospitalisation is no more important than the patterns of human behaviour
- Recognising untreatable traits and accepting them is a realistic way to apply evidence-based medicine to the individual

On a more light-hearted note, in the plenary at the end of the first day four candidates were asked to argue why their personal NHS waste issue should be consigned to Room 101 in a session based on the popular comedy show.

GP Dr Katherine Hickman told the conference that her pet hate was spirometry in primary care; Lay Reference Group member, Amanda Roberts, said hers was the annual asthma check-up; respiratory nurse consultant Vikki Knowles said hers were the NICE asthma guidelines; and physiotherapist Kelly Redden-Rowley declared that she objected to pulmonary rehabilitation at four weeks referral. Delegates voted to consign the NICE asthma guidelines to oblivion in Room 101.

There was something for everyone at the conference. The clinical sessions focused on getting the basics right and building on that foundation to improve care. Service development sessions showcased Best Practice abstracts and posters and presentations discussing innovative methodology being used to create system-wide change. Practical workshops, run by experienced trainers in conjunction with Education for Health, gave delegates an opportunity to refresh or learn new skills to improve respiratory care in their daily practice. The research stream gave delegates an opportunity to catch up with the latest developments in primary care respiratory research.

PCRS wishes to thank its conference partners Asthma UK, the British Lung Foundation and Education for Health and sponsors Astra Zeneca, Boehringer Ingelheim, Chiesi, NAPP Respiratory, Novartis and Pfizer.

Catch up on the Twitter conversation at #pcrsuk2018.

Clinical stream

Lung cancer

Challenging the diagnosis: could it be lung cancer yet?

Professor Michael Peake, Clinical Director, Centre for Cancer Outcomes, University College London Hospitals told delegates that late diagnosis is the main reason why long-term survival rates for lung cancer patients are so poor in the UK. He said primary care clinicians were in a difficult position because most early lung cancers are asymptomatic and symptoms – even when they occur – are often non-specific. However, the good news is that there has been some shift towards earlier diagnosis in recent years.

Learning points:

- Early diagnosis makes a huge difference. The majority of patients diagnosed with early stage lung cancer can expect to live more than five years, but most of those with late stage disease are dead within a year of diagnosis
- A combination of high-risk patient characteristics and symptoms can help GPs in the difficult task of identifying those most likely to have a diagnosis of lung cancer
- Early use of low-dose CT scans in high-risk patients can lead to early stage diagnosis in many patients. Costing £120, a CT scan is not expensive.

Asthma

Asthma Speed Bumps: what's getting in the way and slowing our progress?

Dr Ian Sinha, Consultant Respiratory Physician and Clinical Lead for the National Asthma and COPD Audit Programme (NACAP), discussed the difficulties in managing children with asthma and the problems with the current models of healthcare for children and young people with asthma.

What can be done?

- Go back to basics – get the diagnosis right, ensure every patient has a self-management plan and an annual review, prescribing is appropriate, inhaler technique is monitored, practices have named clinical asthma leads and follow-up appointments are made after emergency admissions
- Proactively identify children at risk and empower those around the child
- The National Asthma Audit in primary and secondary care should be grounded in quality improvement
- Invest in high quality, pragmatic research
- Rethink the ethos of the models we use to provide healthcare

- Tackle the social determinants of health such as poverty and smoking at time of delivery, which impact on paediatric asthma outcomes

COPD

Is it time to stop prescribing rescue packs in COPD?

Dr John Hurst, Reader in Respiratory Medicine, UCL, examined the evidence for rescue packs and how to prescribe them effectively.

Learning points:

- Exacerbations are important events in COPD
- There is at best moderate benefit from antibiotics and steroids in treating exacerbations; prevention of exacerbations is better than cure
- Rescue packs in COPD are guideline-recommended, but only as part of a supported self-management plan
- Rescue packs in COPD are evidence-based, but not without risk
- For some people, most of the time, COPD rescue packs can be helpful – but monitor their use and question overuse

Shared decision making

Rachel Bryers, Shared Decision Making Programme Manager, Advancing Quality Alliance (AQuA) explained why shared decision making with patients is important.

The benefits include:

- Better consultations
- Clearer risk communication
- Greater compliance with ethical standards
- More appropriate decisions
- Fewer unwanted treatments, safer care
- Improved health literacy
- Improved confidence and self-efficacy
- Improved health behaviours
- Better health outcomes
- Reduced costs
- Less litigation

Respiratory research update

Dr Steve Holmes, GP and PCRS education lead, gave delegates a whistle-stop tour of the latest and most useful research papers on respiratory medicine.

Learning points:

- Guidelines, reviews and different trials do not always agree
- Evidence providing different results means we can apply clinically in different ways and give patients realistic choices
- There is an abundance of guidance, reviews and trials that continually challenge our thinking
- Understanding how the research has been undertaken gives a good clue as to what the result will be
- Guidelines are only the start of the journey to expert informed practice

Tobacco dependency

Louise Ross, Freelance Consultant at the National Centre for Smoking Cessation and Training (NCSCT) and Darush Attar-Zadeh, Respiratory Lead Pharmacist, Barnet CCG, discussed the place of e-cigarettes among other stop smoking treatments. They explained how e-cigarettes work and how they are regulated, the myths and facts around e-cigarettes and the impact of e-cigarettes on population health.

Service development stream

Strategies to stratify your COPD population to drive value

Optimising healthcare resources through risk stratification of COPD patients using GOLD

Dr Sanjeev Rana, GP and commissioner, discussed an initiative in West Essex which used risk stratification to understand the local population in order to better tailor treatment to disease severity.

What they achieved:

- Right Care data highlighted the need for change
- More COPD assessment test scores were recorded
- More exacerbation scores were recorded
- Financial savings were achieved
- The initiative mobilised further change in the system

- But not all practices signed up to the local enhanced service
- A variable amount of registered COPD obtained a GOLD score

Using virtual clinics to optimise prescribing in COPD

Jørgen Vestbo, Professor of Respiratory Medicine, University of Manchester explained how virtual clinics can optimise prescribing in COPD

Key points:

- COPD management in primary care can be improved
- There is a need for improved communication between primary care and secondary respiratory care
- Virtual clinics based on an open dialogue between secondary care COPD specialists and GPs/primary care nurses may be one option
- Individualised pharmacological treatment is the future
- There are other options than pharmaceutical treatment – smoking cessation, pulmonary rehabilitation and physical activity should always be discussed

Quality assured diagnostic service provision

Lisa Chandler, Public Health Principal, set out the commissioner's perspective:

- Be clear what you want to achieve
- Set up a respiratory group that includes all key players – work together
- Use local levers
- Measure all outcomes and then understand them
- The commissioner is an ally

Katherine Plumbe, Consultant Respiratory Physiotherapist set out the trainer's perspective:

- Quality assured spirometry is fundamental and a register of competent healthcare professionals is important
- There are options in how this is achieved – by local register or ARTP – either is better than nothing
- Training must suit the commissioning organisation and the individual healthcare professional
- There are a variety of options available to achieve the training and competency assessment
- Annual updates and revalidation are key

Driving change through quality improvement (QI) to improve respiratory outcomes

Kay Cordiner, Strategic Clinical Network Manager and Value Project Lead, NHS Highland, explained the Highland Quality Approach which involves relentlessly pursuing the highest quality outcomes of care.

Learning points:

- Front-line staff can be empowered to impact quality and cost
- Change through improvement methodology gives sustainability
- The importance of data over time
- Measuring staff experience matters
- Staff doing the work are the authors to the solution.

Susan Fairlie, Managing Director Mindset Matters Ltd, gave an introduction to the Quality Champion Programme model, explained the key components of leading change and the importance of personal resilience. She also gave some tips on how to create a social movement to cultivate a culture for QI across organisations, discussed some case studies in different settings and explained how to measure success.

Optimising the use of healthcare resources through correct diagnosis

Dr Stephen Gaduzo, GP, Stockport, discussed a one-stop model breathlessness, rapid evaluation, assessment, treatment and health education clinic in the North West.

Learning points:

- Think differently if you want to make change
- Involve all parts of the system
- Identify key stakeholder, enablers, blockers
- Culture change may be slow but effect is lasting
- Prepare for unplanned unexpected benefits and problems

Liz Wilson, Respiratory Specialist Nurse Adviser, National Services for Health Improvement (NSHI), described her experience of implementing the asthma diagnosis pathway in general practice in North Birmingham.

Learning points:

- Always read your PCRS emails as you never know what opportunities are out there
- Get involved, do not wait for changes to happen to you, be part of the discussion
- Pathways and guidance are really helpful and should supplement not replace history taking and clinical judgement

- FeNO is simple and easy to use in all age groups
- Spirometry in children is not easy; specialist training is required.

Providing sustainable pulmonary rehabilitation (PR) across a health economy

Victoria McKelvie, NW Regional Clinical Lead and Respiratory Nurse Specialist, BOC Healthcare, discussed providing PR across a sustainable health economy.

Learning points:

- Record outcome measurements
- Report outcomes
- Integrate PR within existing structures
- Non-clinical outcomes are important too
- Get the balance right

Corinne Robinson, Clinical Specialist Physiotherapist and Community Respiratory Service Lead, Sirona Care and Health, discussed a PR service design approach, the outcomes adopted and the implementation of a digital alternative for PR.

Lessons learned from improving PR locally:

- Understand the barriers to engagement
- Challenge your working hours
- Offer home-based PR
- Education is needed in primary care about the value of PR
- Use digital technology to promote PR in primary care
- Establish an Active Breathing Group supported by the Council
- Work with the BLF on an Integrated Breathe Easy Programme Development

Parity of esteem in respiratory care

Alan Cohen, retired GP, Jericho, Oxford, talked about how the GP can help people with a severe mental illness (SMI). This is important because people with a SMI die 15–20 years earlier than they would have done had they not had an SMI. The cause of this premature mortality is due to long-term conditions such as diabetes, cardiovascular disease and COPD, and all of these conditions are made worse by smoking. One in three of all cigarettes consumed in England are by people with a mental health disorder. People with a mental health disorder want to stop smoking as much as everybody else but have a higher expectation of failure. Smoking cessation interventions are effective in this group, and therefore should be offered to all those with a mental health disorder.

What the GP should do:

- Every person with SMI should be asked on every visit if they smoke tobacco. The response should be recorded in the clinical record
- Smoking cessation advice should be offered to people with SMI who smoke tobacco
- Smokers should be reviewed to monitor the development of COPD

Cheryl Malhotra, Stop Smoking Facilitator and Mental Health Lead, West London Mental Health Trust and Rubyni Krishnan, Deputy Service Manager, West London Mental Health Trust discussed how they made a mental health trust smoke-free.

What they did:

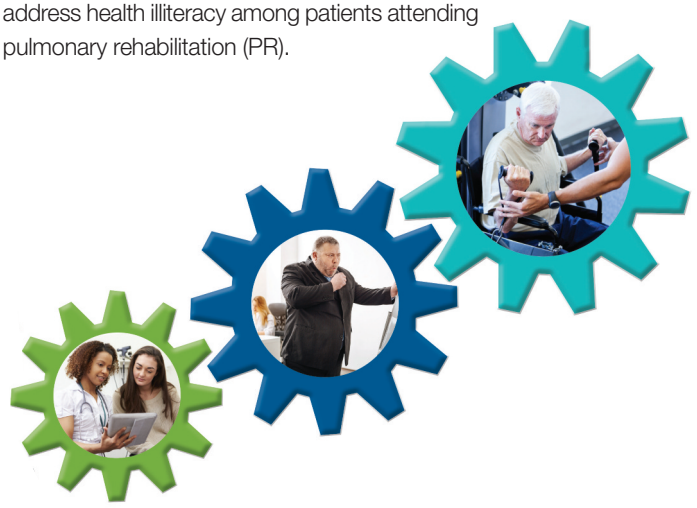
- Ensured staff were trained to provide very brief advice and basic knowledge on supporting people around tobacco dependence
- Implementing smoke-free was a challenge, so it was important to remain resilient to ensure patients' health was a priority
- Strong leadership and accountability was paramount throughout to implement and review the policy
- To ensure access for all service users including community was available, they offered training to medical staff, local GPs, pharmacies and mental health recovery workers

Best Practice poster

Winners: Laura Grimwood and Vanessa Sellers

Significant numbers of PR patients need help with written patient information

This poster explained an audit which highlighted a need to address health illiteracy among patients attending pulmonary rehabilitation (PR).



The authors identified that a significant proportion of patients in their area needed help completing written paperwork during PR.

This raised a concern that this might be a national problem. Existing and emerging literature suggests that poor health literacy is both a national and worldwide concern and is linked to poor clinical outcomes.

So the researchers sent a questionnaire to PR patients across nine regions and 25 venues. A total of 261 patients completed questionnaires, which revealed that 20% had below functional literacy, 26% needed help with understanding forms, letters and medicine labels and 43% reported difficulty remembering things. One in five patients (20%) said they had trouble following a conversation, 6% reported that English was not their first language, 3% said they had learning difficulties, 36% said they had hearing difficulties and 19% had eyesight problems.

The researchers said: "Further work needs to be done regarding patient education across all health services, not just pulmonary rehabilitation. The findings indicate that a significant number of patients may not be able to effectively self-manage due to health literacy, memory, cognition, eyesight, hearing and language barriers. This raises concerns regarding the safety, reliability and practicality of patients self-managing their respiratory condition."

The judges Dr Andy Whittamore, GP and Clinical Lead at Asthma UK and Viv Marsh, Asthma and Allergy Clinical Lead at Education for Health, said: "This was a really stimulating poster which looked at how we provide information to patients prior to attending PR. It identified an issue which transcends all areas of medicine and nursing. We cannot assume that patients understand or can action information we give them.

"We need to consider more simple language is needed if we are to communicate effectively with our patients and activate them whether referring to PR, explaining disease symptoms or treatments, stopping smoking, action plans or inhaler techniques. Perhaps we need to assess every patient for their literacy level."

The judges also commented that the standard of Best Practice/Service Development posters submitted to the PCRS conference was very high this year and provided a lot of learning for respiratory healthcare professionals and commissioners to improve what they do in their practices or community.

The underlying theme of the posters was that improved communication created better outcomes, whether it was between healthcare professionals and patients, healthcare professional to healthcare professional or between healthcare professionals and commissioners.

Practical workshops

Inhaler technique

Learning points:

- Inhaler technique is important:
  - to ensure maximal benefit from inhaled medicines
  - to reduce the risk of adverse effects
  - to prevent inappropriate escalation of treatment and reduce costs
- Up to 90% of patients may not be able to use an MDI effectively
- 91% of healthcare professionals who teach use of an MDI cannot demonstrate it effectively

Spirometry interpretation

Learning points:

- Quality assured diagnostic spirometry contributes to accurate and timely diagnosis for patients
- To ensure spirometry is fit for purpose, use a systematic approach to interpret spirometry step by step
- Use of the lower limit of normal (LLN) for identifying obstruction
- Spirometry is only one part of the assessment and should always be interpreted alongside the clinical history and other relevant investigations when making a diagnosis
- Don't be afraid to challenge historic diagnoses or those that lack supporting evidence
- Where initial results are borderline or unexpected, do not use a 'one off' spirometry test to make a diagnosis

Tackling tobacco dependency during a consultation

Learning points:

- Recognise your role as a healthcare professional in tackling tobacco dependency during a consultation
- Understand the principles of Very Brief Intervention (VBA)
- Be aware of accessible resources to support your role
- Apply motivational interviewing (MI) techniques
- Appreciate how a carbon monoxide monitor can be useful as a motivational change tool to support and sustain a quit attempt

Cognitive behavioural therapy (CBT) in a 10-minute consultation

Learning points:

- In CBT it is not the event that is important, it is what we think about it
- CBT helps you and your patient understand their difficulties and make sense of their problems (including their situation, physical symptoms, thoughts, feelings, behaviour)
- It helps identify/change unhelpful thinking or behaviour to more helpful ways of managing/coping
- A range of cognitive and behavioural self-help tools and techniques can be applied in all situations
- CBT techniques can be incorporated into everyday care

Home oxygen therapy: your role

The session covered:

- Understanding when referral to a Home Oxygen Service Assessment and Review (HOSAR) for home oxygen therapy assessment is indicated.
- The home oxygen therapy assessment and the equipment options available
- Knowing what to do if HOSAR is not available or appropriate
- Understanding the practicalities patients face with home oxygen, and how it impacts on their lives.

The chest examination

The session covered:

- Recognising when chest auscultation is appropriate
- Listening to normal breath sounds
- Recognising abnormal breath sounds
- How to link abnormal breath sounds to illness or disease

Horrible histories: How to take a structured patient history

Learning points:

- Introduce self, explain process and establish rapport
- Active listening: invite the story, use open and closed questions
- Make empathetic responses, respond to patient needs
- Offer reassurance, avoid false reassurance
- Summarise – share your thinking

Is FeNO feasible?

Learning points:

- Fractional exhaled nitric oxide (FeNO) is a marker of eosinophilic airway inflammation
- A raised FeNO result is a predictor for steroid sensitivity
- The use of FeNO in asthma diagnosis is included in both BTS/SIGN and NICE guidelines, although the emphasis on importance differs between the two
- While cost may prohibit delivery of FeNO at practice level, services at a larger level are being delivered

Asthma action plans in action

Learning points:

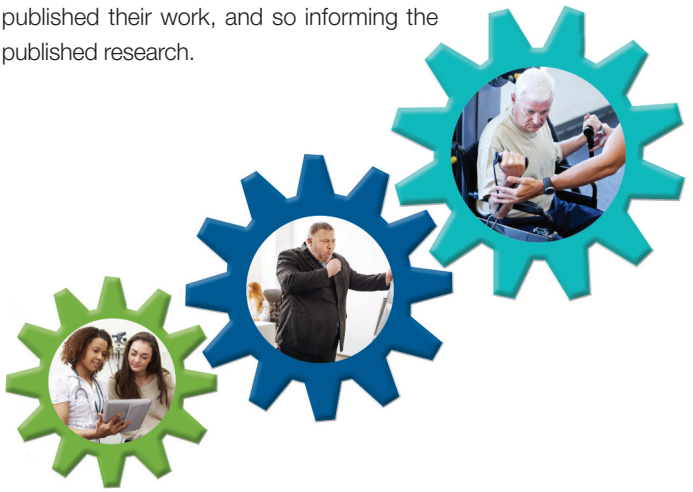
- Asthma action plans reduce the risk of asthma attacks
- They are most effective as part of supported self-management education
- Shared decision-making and engaging patients in developing their action plans are critical success factors

Research stream

The *npj Primary Care Respiratory Medicine* research stream was dedicated to showcasing the cutting edge of scientific research in respiratory primary care.

Dr Helen Ashdown, PCRS research lead, said the research abstracts submitted this year were of an extremely high quality, and the redesign of the conference programme so that the research stream was entirely dedicated to scientific research presentations meant that many more abstracts than previously could be presented as oral presentations.

This worked well and enabled some good discussion and feedback for authors, often at a stage before they have published their work, and so informing the published research.



Helen said: "We had presenters from across the UK and a range of qualitative and quantitative research presented, including clinical trials, database studies and systematic reviews, across many clinical topics, and also included some large programme grants in progress.

"What struck me from this is how much respiratory research has previously taken place in secondary care, which isn't directly applicable to the primary care population, and so it's great to see so much primary care-based research in progress in the abstracts presented, and that we continue to build on this for the future."

Best research poster

Winners: Mark Sanders, Managing Director, and Ashley Green, Head of Engineering, Clement Clarke International

COPD severity influences patients' ability to use their inhalers

This poster reported that COPD disease severity influences a patient's ability to use capsule inhalers. It concluded that some capsule inhalers may be beyond the capability of some COPD patients to use correctly.

The poster explained that, while capsule inhalers appear similar, there are differences in duration of capsule emptying and inspiratory power that may be clinically relevant.

Inspiratory power assessments may represent an important consideration for inhaler device selection and merits further investigation, said the researchers.

Helen Ashdown said the finding that some patients may not be able to use their inhalers correctly was of clear clinical importance when selecting choice of devices. "This research is another reminder of the need for a personalised approach to treatment decisions which we heard throughout the conference," she said.

This poster achieved the highest scoring on criteria including the clarity and impact of the poster, presentation and underlying science.

Best original research abstract

Winner: Professor Nick Francis, Cardiff University

This abstract described a large randomised controlled trial in primary care investigating the use of CRP point-of-care testing for reducing antibiotic use for exacerbations of COPD.

"While we can't give away the results in print as they have yet to be published, it was fantastic for conference delegates to be some of the first to hear about real practice-changing findings, which should make their way into guidelines in years to come, and play an important part in helping to reduce the global problem of antimicrobial resistance," said Helen.

You can view some of the abstracts presented and displayed at Conference on pages 52 to 71.