

Carol Stonham: respiratory champion and trailblazer

Respiratory nurse practitioner Carol Stonham will achieve two PCRS firsts when she takes over from Dr Noel Baxter as Executive Chair in September.



She will become both the first female and the first nurse leader, reflecting the changing and progressive outlook of PCRS.

“My election to the lead role demonstrates what PCRS is all about. It’s about us being a multidisciplinary team, non-hierarchical, and all working together. It’s also about us not always doing what we’ve always done and demonstrates the strides forward that PCRS has made in recent years,” says Carol.

Carol’s passion for respiratory care began when she moved from a job in accident and emergency into general practice 28 years ago. As a practice nurse in Minchinhampton, Gloucestershire, she took on responsibility for asthma and gained considerable expertise working alongside Mike Thomas, Professor of Primary Care Research at the University of Southampton, who was then a GP with an academic interest in asthma.

She completed an asthma diploma, became involved in primary care asthma research projects, went to research meetings, (not at that time usually attended by practice nurses) and published papers jointly with Mike. Mike at that time worked part time as a clinical assistant with a chest consultant at the local hospital and shared the specialist experience he gained with Carol, enabling them to treat respiratory patients at a high level in the practice.

“Mike would teach me as he went along so I learnt a massive amount. It allowed us to do things that just wouldn’t happen in other practices. It enabled us to improve the care that was being provided in the practice and improve the lives of our patients. I was fortunate to be given a lot of opportunities that other practice nurses would not normally have had,” recalls Carol.

In the meantime as a practice nurse Carol was also managing the other long term conditions in

the practice and was eventually appointed lead nurse of the growing practice nurse team.

She qualified as a nurse practitioner, completed the nurse prescribing course and did a masters in respiratory enabling her to practise at an advanced level. Not one to sit still, and, as a Queen’s Nurse, she went on to complete a leadership course at the Queen’s Nursing Institute, which she describes as “massively enlightening”. She also picked up leadership skills from another GP colleague who shared books, tools and tips from leadership courses that he was doing. “We would run through things together so I was doing the courses by proxy,” she says.

With increasing experience under her belt it was a natural progression for Carol to take on a leadership role outside the practice. Mike Thomas used to take Carol along to educational and research meetings of the General Practice Airways Group, (the forerunner of PCRS). At that time the organisation did not allow nurses to join as members.

But by 2005 the General Practice Airways Group had begun to recognise the expanding role of practice nurses in respiratory care and Carol was asked to join a small group of respiratory interested nurses in a working party formed to look at how nurses could become more involved in the organisation. This became the Nurse Committee and Carol stepped up as Chair when Steph Wolfe completed her term of office. Carol progressed to Nurse Lead and went on to be elected PCRS Vice Chair three years ago.

With her increasing role in PCRS, Carol’s clinical interest in respiratory continued to develop and she began to do small pieces of work for Gloucestershire CCG, which at that time had no practice nurse representation. The CCG then began to ask her to take on more and more projects.

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Two years ago Carol decided she needed a change of direction and left her practice to take up a portfolio career. Now she is the primary care representative on the Gloucestershire CCG's Respiratory Clinical Programme Board, working one day a week as respiratory champion. In this role she teaches both nurses and GPs and motivates, inspires and drives quality improvement in respiratory care across the whole county of Gloucestershire.

She also maintains a part time clinical role running a primary care locality-based specialist asthma clinic based around FeNO. "I really enjoy this work because I love the patient contact and it also keeps me in touch with my clinical skills," she says.

Her achievements have been recognised with an MBE for services to nursing and healthcare in the 2016 Queen's New Year's Honours List, a Queen's Nurse title for high standards of practice and patient centred care and a Long Service Award from the Queen's Nursing Institute.

What will having a female nurse leader for the first time mean for PCRS? "I don't think the professional background of the person in the Chair should make any difference," says Carol. "This is because the Chair represents the whole membership

which is increasingly welcoming in all members of the multi-disciplinary team. We are working to ensure that all the different members of the primary care and community team are represented on all the PCRS committees across board. It won't make a drastic change in the direction of the organisation because decisions are never made by one person. Our ethos of working as a team very much reflects how general practice and community care should work."

Carol hopes that as PCRS Executive Chair she will inspire other members to take on leadership roles. For her, the role represents a huge personal and professional opportunity. "In the same way that other people have encouraged and supported me in my development as a clinician and a leader I hope to also inspire and support other people to build confidence to lead and also to nurture members' enthusiasm to provide high quality respiratory care," she says.

Dr Katherine Hickman, GP and Respiratory Lead for Leeds and Bradford CCGs, will become Vice Chair of PCRS in September. This will ensure there is both a nurse and a GP in the top PCRS leadership roles.