Carol Stonham opened the PCRS National Respiratory Conference 2019 breaking the mould in her new role as the first woman and the first nurse PCRS Executive Chair.

A primary care respiratory nurse in Gloucestershire, Carol pointed out how far PCRS has evolved from its origins in 1987 as a GP only organisation into a multidisciplinary organisation led by an Executive Committee comprised of many different healthcare professionals.

She said PCRS had also progressed from focusing solely on respiratory disease to viewing things from a values based care approach taking into account holistic patient care, accurate diagnosis, multi-morbidity, patient activation and supported self-management. “These are now the core values of PCRS,” she said.

Carol explained that PCRS currently has three key campaigns, the themes of which ran throughout the conference:

- Asthma Right Care – a social movement to tackle patient overreliance on salbutamol in asthma
- Tobacco dependency as a long-term relapsing condition – which focuses on encouraging healthcare professionals to become ‘quit catalysts’ and keeping the conversation going to help patients to stop smoking
- Greener healthcare - PCRS’ newest campaign which focuses on appropriate prescribing of inhalers, recycling, reducing waste by getting the diagnosis right, checking inhaler technique, reducing unnecessary travel to and from appointments, prescribing high value non pharmacological treatment and encouraging self care.

She said the PCRS Conference was a chance for delegates to recharge their batteries. It was also an opportunity to network and she said she hoped that delegates would join the new PCRS online community where delegates could keep the conversation going and share ideas and problems: “I would encourage you to do this, it is a new way of working and is something we want you all to be a part of.”

Finally Carol urged delegates to take the learning gained from the conference presentations back to their practices and teams. She said she hoped this would inspire them to make changes to their practice.
What did the attendees think?

Fran Robinson reports on the feedback from delegates who attended the conference

This year 324 delegates attended the conference. The balance of healthcare professional disciplines comprised: doctors 22%, nurses 41%, physiotherapists 8%, pharmacists 8% and delegates in a non-clinical role 7%. Over 40% of attendees worked in GP practices with a further 26% working in community teams. The remainder were based in hospital based teams (15%) with an additional 9% from CCG/Health boards, and 10% from academia.

In feedback, most sessions scored as good or excellent. Of the plenary sessions the Grand Round scored particularly highly, two of the clinical sessions (COPD and Cough) also were amongst the highest scorers, with the service development pulmonary rehabilitation session also scoring very well. Several of the research sessions gained very high scores.

The most popular workshop sessions were the Strictly COPD, spirometry interpretation, helping people change, CBT and relaxation workshops.

Feedback has been extremely positive with recommendations for the future suggesting more of the same.

“Coming from Northern Ireland I have had very little experience of the PCRS conference per se but I am totally blown away with the calibre and quality of this conference and am committed to make it an annual event in my diary.”

“This conference just gets better and better. It’s fantastic to come and be energised to go back to my practice and change things for the better.”
Feedback from delegates

Sharon, community integrated care respiratory nurse

“I am a PCRS member and the PCRS has always been my go-to on the website for information and especially for clearing up conflicting guidelines. It speaks sense and makes everything understandable. So I decided to come to the conference and I have absolutely loved it. A highlight for me has been the session on helping people to change. I will take back from this the idea of celebrating success, even the small things – this is something I will introduce into the pulmonary rehabilitation groups that we run. Everything at this conference has been so relevant to my work.”

Rachael, service lead, community respiratory nurse

“I’ve heard so many good things about the PCRS so I decided to come to the conference to find out what all the buzz was about. I work in a community service bridging the gap between primary and secondary care and I wanted to get a better understanding of what happens in primary care. I’ve picked up some really good ideas to take back to my team and I have also understood what training is needed to enhance the service provided by my team.”

Nita, practice pharmacist

“I’m a first timer at this conference. I joined PCRS last year because of the resources. All the top people are here talking about respiratory it’s very exciting. I’ve come along to understand what’s currently cutting edge and to find out what’s going to be happening in the future. This conference also helps to put everything into context – this is hard to find out when you are just working in your own area in your practice. It’s a chance to meet people from other disciplines and other practices. A highlight for me was the presentation on allergy which has given me a much greater understanding of anaphylaxis.”

Katie, senior respiratory nurse, integrated care

“I recently started a new role working in integrated care in community so came to the conference to find out more about primary care. “I have been very impressed – the education has been of a very high standard – hearing from the leading, reliable respiratory voices from around the country. I have been learning a lot of new things and it has helped me to understand the level that people are working at in the community. This will help me to provide a more effective service. Everybody has been very friendly and there has been a good selection of corporate people represented in the exhibition.”

Athan, GP partner, the Wirral

“I have learned things at this conference that will help me change my practice. In particular the importance of getting the diagnosis right and checking with patients with asthma that they are using their inhalers regularly. I will definitely be coming again.”

Angela, advanced nurse practitioner

“I have been coming to this conference for ten years. It gives me an excellent clinical update and there is always plenty to take back and share with the other respiratory nurses in my team. Highlights for me this year were the presentations on co-morbidities and ageing and COPD management. This is also a great place for networking – I always meet new people here.”

Paul, a GP generalist

“This conference has given me a new enthusiasm for respiratory. I found the presentation on SABA over-reliance eye-opening.”
Primary Care Respiratory Update

Alice, respiratory physiotherapist

“My team has always been in previous years and have been very enthusiastic about the conference. It’s a bit more real world than BTS or the ERS conferences for respiratory physics working in primary care. A highlight for me was the CBT session – I really enjoyed it and so did everyone else, there was standing room only. I have also found the posters very instructive in terms of things that I could be doing more of myself. This has been a great opportunity to network with other physios in my area. It has been very interesting to find out what other people are doing.”

Karen, practice nurse

“This is a good way of getting a really good update in respiratory. I love the workshops at this conference – they are an excellent way to get a practical hands-on update. This year I really enjoyed the ‘Strictly COPD’ workshop – it was such a brilliant idea to engage people in dancing – it gave me a new perspective and will be something I will be encouraging my patients to think about.” The other really useful presentation was the COPD management update which cleared up for me some of the confusion about the latest guidelines.”

Christopher, GP, Scotland

“I’m a regular attender. This is a very well organised conference and every year there’s always something new and different and useful. I always take everything I learn back to the practice and share it with colleagues. It is also an opportunity to get an update on new products on the market – I come from a remote part of Scotland so don’t tend to see any reps. It is worth the effort to travel from Scotland because you learn a lot in a short space of time – it is always well worth it.”

Melanie, nurse practitioner and respiratory lead for a primary care network

“The speakers at the PCRS conference are always of a really high quality and the topics, posters and abstracts are always really interesting – every year I get so much out of this event. This year it has been even more interesting because it has become more diverse with all the different disciplines. This has been really good for networking. I am in the process of setting up a FeNO clinic and have learned a lot of useful information.”

The PCRS Respiratory Conference 2020
24th-26th September, Telford International Centre

The must-attend event for all healthcare professionals interested in developing best-practice and integrated respiratory care

Put the date in your diary!

Registration will open in February 2020

To register your interest as a delegate or to find out about exhibition / commercial opportunities, please email info@pcrs-uk.org.
The verdict of the conference co-chairs

Katherine Hickman:

“I think the 2019 conference was our best yet. The feedback that we have had has been overwhelmingly positive – people commented that everything ran smoothly and that we got the content of the sessions right.

“It was great to see such enthusiasm over the three days. Two of the workshop sessions – the Strictly COPD and CBT were very popular and had such a buzz about them. We hope to invite these speakers back next year and ensure more people experience their expertise.

“Delegates liked the fact that the PCRS Respiratory Conference gave them ideas for change that they could take back to their teams and implement straight away.”

Anne Rodman:

“Conference in 2019 had a very positive response with ever improving evaluation scores and enthusiastic comments about how much delegates are looking forward to putting their learning into practice.

“Particular highlights included the ever popular case based and interactive Grand Round and a clinical session exploring the merits of the recent GOLD and NICE COPD guideline updates.

“The workshop sessions were also very well attended and highly rated. The conference app which allows audience participation and polling was also very helpful in fostering an interactive experience in many of the sessions and was rated very easy to use by this year’s delegates.

“As usual the bar has been set even higher for next year’s programme!”
### Thursday 19th September 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1830-2000</td>
<td>Sponsored plenary: Asthma Management - Time for a New Approach? (AstraZeneca (UK) Limited satellite symposium) PCRS 1 (ironbridge 1)</td>
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<tr>
<td></td>
<td>Anna Murphy (Speaker); Grace de Arauca (Speaker); Heather Matthews (Speaker); Birte Kane (Chair)</td>
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### Friday 20th September 2019

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>0900-1000</td>
<td>Plenary: Fit for the future - optimising respiratory care within the next 10 years of the NHS PCRS 1 (ironbridge 1)</td>
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<td></td>
<td>Darush Aliraz-Ahmadzadeh (Panel); Mike McEvilly (Panel); Derville Siddaway (Panel); Katherine Holdman (Panel); Cecil Storhammer (Chair)</td>
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<tr>
<td>1005-1050</td>
<td>Managing cough and cough as a diagnostic symptom</td>
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<td></td>
<td>Nicola Wood (Co-chair); Anna Murphy (Co-chair); Kevin Gruffydd-Jones (Speaker)</td>
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<td>Respiratory service design for the hardly reached and seldom heard</td>
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<td>Daryl Freeman (Co-chair); Frances Baret (Co-chair); Suhumend Sandhu (Speaker); Charlotte Slaughter (Speaker); Chris Allen (Speaker)</td>
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<tr>
<td>1120-1205</td>
<td>Respiratory related Allergy</td>
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<td>Samantha Walker (Co-chair); Victoria McSweeney (Co-chair); Liz Anger (Speaker); Clare Barnette (Speaker)</td>
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<td>Diagnosis and Monitoring</td>
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<td>Mike Thomas (Co-chair); Mohammad Al Salakh (Co-chair)</td>
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<td>Spirometry interpretation</td>
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<td>Christine Loveridge (Facilitator)</td>
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<td>CBT in a 10 minute consultation</td>
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<td>Karen Heaslip-Marshall (Facilitator)</td>
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<td>1445-1530</td>
<td>COPD Management: When All that glitters is not GOLD, nor is it even NICE</td>
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<td>Stephen Gaduzo (Chair); Onagh Potts (Co-chair); Vincent Mak (Speaker); Wendy Preston (Speaker)</td>
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<td>Making time for comprehensive respiratory care using the group consultation</td>
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<td>Beverly Bostock (Chair); Dominika Postich-Jobberk (Co-chair); Alison Morgan (Speaker); Katherine Holdman (Speaker)</td>
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<tr>
<td>1530-1600</td>
<td>Refreshments and exhibition</td>
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<tr>
<td>1600-1645</td>
<td>Sponsored plenary: Taking care of asthma patients in primary and secondary care (GlaxoSmithKline satellite symposium) PCRS 1 (ironbridge 1)</td>
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<td>Ian Small (Chair); Brian Kent (Speaker); Nia Carter (Speaker)</td>
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<tr>
<td>1650-1750</td>
<td>Plenary: Managing Breathlessness: the Breathing, Thinking, Functioning Approach</td>
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<td>Karen Heaslip-Marshall (Co-chair); Clare Cook (Co-chair); Anna Spastics (Speaker)</td>
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<td>1945-2015</td>
<td>Drinks Reception (Gallery)</td>
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Saturday 21st September 2019

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<th>Time</th>
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<tr>
<td>0745-0845</td>
<td>PCRS AGM PCRS 2 (Atcham Suite)</td>
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|          | Clinical symposia  
|          | PCRS 1 (Ironbridge 1)                                                 |
|          | Service development  
|          | PCRS 2 (Atcham Suite)                                                 |
|          | Research sessions  
|          | in conjunction with npj Primary Care Respiratory Medicine             |
|          | Practical workshops  
|          | Oral presentations  
|          | PCRS 3 (Worlock Suite)                                               |
|          | Poster presentations  
|          | (Gallery)                                                            |
| 0850-0935| Journal Overload  
|          | Luke Davies (Co-chair); Ren Lawlor (Co-chair); Steve Holmes (Speaker) |
|          | Presentation of Best Practice / Service Development Abstracts  
|          | Noel Baxter (Co-chair); Dominika Froehlich-Jeziorek (Co-chair)        |
|          | Asthma Management  
|          | Nick Francis (Co-chair); Oli Han (Co-chair)                          |
|          | CBT in a 10 minute consultation  
|          | Karen Heslop-Marshall (Facilitator)                                   |
|          | Relaxation and breathing techniques  
|          | Kate Binnie (Facilitator)                                             |
| 0937-0952| Plenary: Winning scientific research abstract: What informal carers of people living with breathlessness in advanced disease want to learn about "What to expect in the future"  
|          | Morag Farquhar (Speaker); Carol Stonham (Chair)                      |
|          | Discipline specific  
|          | Organised in conjunction with ARNS  
|          | A dedicated session for respiratory nurse specialists  
|          | PCRS 1 (Ironbridge 1)                                                 |
|          | Discipline specific  
|          | Organised in conjunction with ACPRCA dedicated session for respiratory physiotherapists involved in respiratory care  
|          | PCRS 3 (Worlock Suite)                                               |
|          | Discipline specific  
|          | Organised in conjunction with npj Primary Care Respiratory Medicine  
|          | This session is designed for academic researchers  
|          | PCRS 4 (Coalport 1)                                                  |
|          | Discipline specific  
|          | Organised in conjunction with CPFE  
|          | This session will appeal to pharmacists from all sectors with a respiratory interest  
|          | PCRS 4 (Coalport 2)                                                  |
|          | Discipline specific  
|          | This session is suitable for anyone keen to have a bigger impact on patient care and wants to find out how the PCRS leadership programme can help them  
|          | PCRS 5 (Coalport 2)                                                  |
| 1040-1125| Refreshments and exhibition  
|          | PCRS 5 (Coalport 2 and 3)                                            |
|          | Clinical symposia  
|          | PCRS 1 (Ironbridge 1)                                                 |
|          | Service development  
|          | PCRS 2 (Atcham Suite)                                                 |
|          | Research sessions  
|          | in conjunction with npj Primary Care Respiratory Medicine             |
|          | Practical workshops  
|          | Oral presentations  
|          | PCRS 3 (Worlock Suite)                                               |
|          | Poster presentations  
|          | (Gallery)                                                            |
| 1125-1210| SABA Guardians - creating the followers  
|          | SABA over-reliance - the bottom up approach  
|          | Branimeta Brown (Co-chair); Kathleen Clarke (Co-chair); Danush Atta-Zadeh (Speaker); Katherine Hideman (Speaker)  
|          | Respiratory diagnostic service design - The PCRS way  
|          | Victoria Minkiev (Co-chair); Valerie Gerard (Co-chair); Neil Baxter (Speaker)  
|          | Pulmonary Rehabilitation  
|          | Rachael Evans (Co-chair); Monae Faghi (Co-chair)                     |
|          | Nutrition, sarcopenia and respiratory disease  
|          | Alex Jenkins (Facilitator)                                           |
|          | Supported self-management  
|          | Steph Taylor (Facilitator)                                           |
| 1215-1315| Plenary: Grand Round: Get Moving on diagnosis - Interactive case study discussion  
|          | Ian Smith (Facilitator); Neil Jackson (Panellist); Britta Kane (Panellist); Ruth De Vois (Panellist); Valerie Gerard (Panellist)  
|          | 1315-1330  
|          | Plenary: Chair closing remarks  
|          | PCRS 1 (Ironbridge 1)                                                 |
|          | Carol Stonham (Speaker)                                              |

Any interactions with pharmaceutical stands in the exhibition area stands are for HCPs/ORDMs only. A full list of exhibitors can be found at www.pcrs-uk.org/conference-exhibitors.
Appendix 1 –
Key learning points as provided by speakers

The plenaries

Fit for the future: optimising respiratory care within the next 10 years of the NHS
Carol Stonham, PCRS Executive Chair and Senior Nurse Practitioner Respiratory Gloucestershire CCG led the debate with the panel: Mike McKevitt, Director of Patient Services, British Lung Foundation, Deirdre Siddaway, Respiratory Nurse Specialist, The Ixworth Surgery, Darush Attar-Zadeh, Respiratory Lead Pharmacist, Barnet CCG, London Procurement Partnership and Katherine Hickman, PCRS Executive Vice Chair, GP Low Moor Medical Practice and Respiratory Lead for Bradford and Leeds.

Please see pages 13 for stream highlights.

Key points:
• The NHS Long Term Plan published in January gave respiratory care a national focus for the first time
• This means there is the potential to reshape future respiratory services and improve care
• PCRS and delegates can play a role in bringing about improvements in their localities and primary care networks in services such as pulmonary rehabilitation, smoking cessation, self care, social prescribing and community activation and new initiatives such as group consultations.

Managing Breathlessness: the Breathing, Thinking, Functioning Approach
Speaker: Anna Spathis, Consultant in Palliative Medicine at Addenbrooke’s Hospital, Cambridge.

Learning points:
• Many patients continue to experience distressing breathlessness, even after optimisation of the underlying lung or heart condition.
• Chronic breathlessness can be inadvertently worsened by vicious cycles of emotional and behavioural responses.
• The Breathing, Thinking, Functioning clinical framework describes three predominant vicious cycles; it can facilitate symptom management by helping patients make sense of the symptom, and by suggesting the most relevant non-pharmacological management approaches.

Grand Round: Get Moving on diagnosis – interactive case study discussion
Chaired by Iain Small, GP, Peterhead Health Centre and Associate Medical Director for Primary Care in NHS Grampian, Editor of Primary Care Respiratory Update
This interactive session discussed three interesting cases with an expert panel comprising: Binita Kane, Consultant Chest Physician, Manchester University NHS Foundation Trust, Neil Jackson, PCRS Lay Patient Representative, Ruth de Vos, Specialist Respiratory Physiotherapist, Queen Alexandra Hospital, Portsmouth and Val Gerrard, Advanced Nurse Practitioner in general practice, North Norfolk. The session considered what might be causing the patient’s symptoms and discussed how healthcare professionals could be doing things better

Learning points:
• Asthma and allergic rhinitis commonly coexist - always think of a single airway
• Asthma normally responds well to asthma treatment. If it doesn’t respond the chances are it isn’t asthma

Clinical stream

Managing cough and cough as a diagnostic symptom
Speaker: Kevin Gruffydd-Jones, GP, Box, Wiltshire, RCGP Respiratory Lead

Delegates learned:
• The causes of chronic cough in adults
• How to diagnose and manage chronic cough in primary care
• When to suspect pertussis, upper airway cough syndrome, bronchiectasis, gastro-oesophageal disease, chronic hypersensitivity/refractory cough
• When to refer

Respiratory related allergy
Speaker: Elizabeth Angier, portfolio GP, Clinical Director Primary Care West Hampshire CCG Wessex

Delegates learned the importance of:
• Taking an allergy focused clinical history
• The ability to recognise anaphylaxis
• Understanding the links between rhinitis and asthma
Primary Care Respiratory Update

- Optimising asthma control in patients with anaphylaxis
- Understanding of when to do allergy tests and how to interpret them

Respiratory disease in the context of comorbidities and ageing,
Speaker: Chris Dyer, Consultant geriatrician, Royal United Hospitals NHS Foundation Trust, Bath

Learning points:
- One in four people with COPD are frail
- Patients with moderate frailty should receive a comprehensive geriatric assessment
- Co-morbidities such as depression, osteoporosis and heart failure are more common in COPD
- Pulmonary rehabilitation can be suitable for some patients with frailty (must be able to walk 5m and comply)
- Rationalise treatment in frail patients and consider medication concordance

COPD Management: When all that glitters is not GOLD nor is it even NICE
Wendy Preston, Head of Nursing Practice, Royal College of Nursing, Consultant Nurse, George Eliot Hospital, Nuneaton, Warwickshire and Vincent Mak, Consultant Physician in Respiratory Integrated Care, Imperial College Healthcare NHS trust, London, Clinical Director Respiratory Clinical Network - NHSE London, discussed some current concepts about COPD so as to understand treatment choices. It described pharmacological treatment options in various recent guidelines highlighting the differences and similarities and discussed how to choose between the guidelines

Learning points:
- COPD is not a single disease
- Severity of FEV1 does not accurately predict symptoms or quality-of-life and is not useful to determine drug treatment
- Patients can be classified according to the predominant symptom (phenotype)
- Not all COPD patients will benefit from inhaled corticosteroids
- Using the PCRS treatment approach is simple and recommends review before initiation of inhaled steroids

SABA Guardians- creating the followers – SABA over-reliance – the bottom up approach
Speakers: Darush Attar-Zadeh, Respiratory Lead Pharmacist Barnett CCG, RightBreathe Pharmacist, Barnett CCG, London Procurement Partnership. Katherine Hickman, PCRS Executive Vice Chair, GP and respiratory lead for Bradford and Leeds

Delegates learned:
- Why Asthma Right Care (ARC) is needed and how to become an ARC follower.
- How to identify patients who are at risk of SABA over-reliance/dependence.
- How to start the conversation about SABA over-reliance (patients and clinicians)
- How to utilise the ARC resources in primary care and community pharmacy e.g. asthma slide rule
- What communication skills to use around use of inhaled corticosteroids ‘Balance model’

Service development steam
Respiratory service design for the hardly reached and seldom heard
This session gave delegates an insight into some innovative ways of helping these patients who often don’t receive a structured respiratory review and have nobody in their corner to fight for them.

- Sukhi Sandhu, TB Clinical Nurse Specialist, Frimley Health NHS Trust talked about TB which is much more common in the homeless drug users and prison populations. She explained how to find these patients, overcome the barriers and engage them with therapy.
- Charlotte Slaughter, Assistant Clinical Psychologist, Berkshire Healthcare NHS Foundation Trust (East) described how to help housebound patients with COPD who struggle with anxiety and depression. CBT can help.
- Tracy Pollard, Nurse Manager, Inclusion Healthcare, Specialist Practitioner and Non-medical Prescriber in a GP practice, gave a presentation on tackling influenza in the homeless population. In these patients rates of smoking and comorbidities are high and their vaccination rates differ from the general population with similar comorbidities.
- Chris Allen, Consultant Clinical Psychologist, Berkshire NHS Foundation Trust, discussed the service he runs which helps people with COPD, particularly those who are housebound or live in a care home, who have high levels of anxiety.

Journal overload
Speaker: Steve Holmes, GP and PCRS education lead

Learning points:
- To be aware of papers published in 2019 that challenge respiratory thinking
- To consider some ways in which research papers can be easily analysed.
He explained how he identifies these patients, the referral process, what criteria he uses to assess anxiety levels in the patient and the interventions such as CBT that he uses to help patients manage their breathlessness and associated anxiety and depression.

**Key points:**
- Cost-savings can be made if people are able to self-manage and therefore use services less
- Integrating physical and psychological care for COPD patients is the way forward

**Respiratory care and the NHS Long Term Plan**
Speaker: Daryl Freeman, Associate Director in Primary Care, GP Older People’s Medicine, Norfolk Community Health and Care

This session enabled delegates to:
- Understand how NHS Right Care enables the delivery of the Long-Term Plan and other NHS priorities
- Appreciate the breadth of data available
- Understand the role of delivery partners within right care NHS Right Care
- Be aware of the PCRS Respiratory Framework

**The allied health care professional embedded in the respiratory pathway – making the most of the available skills**
Speaker: Raj Gill, General Practice Physician Associate with a special interest in respiratory medicine and partner at the Swiss Cottage surgery in North Central London

**Key learning points:**
- Definition of the physician associate
- Training of physician associate
- Key duties of physician associate
- Limitations and regulation of the role
- Impact of physician associates on respiratory care

Mark Bilby, Advanced Paramedic Specialist Practitioner, Watton Medical Practice, explained the role of allied health professionals, physician associates, support staff and the multidisciplinary team in primary care.

**Making time for comprehensive respiratory care using the group consultation**
Speaker: Alison Manson, Group Consultations - national training lead, BSLM. Katherine Hickman, PCRS Executive Vice Chair, GP and respiratory lead for Bradford and Leeds

**Learning points:**
- Understand what group consultations are and how they can support you to deliver high quality routine care more efficiently
- Know the benefits of group consultations for you, your patients and your practice
- Hear from patients and colleagues who have experienced group consultations
- Review the 6 critical success factors to get you started

**Respiratory diagnostic service design – The PCRS way**
Speaker: Noel Baxter, PCRS policy lead

Delegates learned the importance of:
- Taking a view on whether you want a COPD and asthma diagnosis service or a respiratory symptom diagnosis service.
- Planning and prioritising for those not diagnosed, those diagnosed incorrectly and the backlog.
- Being able to think differently about who can do this work and what local structures you have that could support it
- Being able to make the case to your commissioner and clinician directors to do things differently
- Knowing that we want your contribution and how to contact us to do that!

**Workshops**

**Helping people to change**
Katherine Hickman, PCRS Executive Vice Chair, GP and respiratory lead for Bradford and Leeds, introduced Dr BJ Fogg’s behaviour change model, Tiny Habits® which works on the principle of creating a new habit by anchoring it to a behaviour such as getting out of bed that someone normally does every day in their life. This could be used to help patients to remember to take their ICS once or twice a day. Once this behaviour change has been achieved it should be celebrated.

**Using the Right Breathe App**
Speaker: Darush Attar-Zadeh, pharmacist based in the community and primary care, specialising in the field of treating tobacco dependency and Asthma Right Care.

Delegates learned:
- That technology can support your respiratory consultation
- How to discover treatments that are licensed for COPD and asthma using pathway and filter functions
- How to filter medicines e.g. low dose ICS, dose counter, spacer compatibility
- To understand the differences between the app and website - patient and clinician modes.
- How RightBreathe inhaler technique videos are scored against UKIG standards
Primary Care Respiratory Update

CBT in a 10 minute consultation
Speaker: Karen Heslop-Marshall, nurse consultant, Newcastle upon Tyne NHS Foundation Trust

CBT-key concepts:
• It is not the event that is important—it is what we think about it
• What we think affects how we feel and what we do

Spirometry interpretation
Speaker: Chris Loveridge, Spirometry Lead, Education for Health

This session covered:
• The ARTP Accredited Spirometry Register - proof of competence
• Your COPD register—misdiagnosis or even missed diagnosis
• Patient preparation, procedures and protocols
• Case studies.

“Strictly” COPD
Sian Williams, Healthcare Consultant, Haringey and Chief Executive of the International Primary Care Respiratory Group gave delegates an opportunity to experience the type of movement to music that works for breathless patients on rehabilitation programmes.

Smoking cessation techniques hands-on session
Speaker: Greg Mann, Team Lead and Training Facilitator, Smoke-free Norfolk

Delegates learned:
• How to engage with smokers by using the ‘3 A’s’.
• What stop smoking medications are available.
• What the nicotine addiction process is and how to manage withdrawal.
• How a specialist stop smoking service can help.

Getting your patient moving
Speaker: Claire Cook, respiratory physiotherapist and Executive Chair of the PCRS Respiratory Leaders Programme.

Learning points:
• Have the confidence that you can help motivate your patients to be more active
• Posture plays a key role in natural relaxed breathing
• Know what simple exercises help make patients aware of posture and breathing
• Know where to recommend patients to continue exercising safely

Relaxation and breathing techniques
Speaker: Kate Binnie, Senior Research Associate, University of Bristol, Life of Breath project

Learning points:
• Breath-Body-Mind integration breathing and relaxation techniques can help patients with chronic breathlessness
• Working with urgent bodily sensations leads to quick wins such as soothing panic and breathlessness

This leads to changes in:
• Feelings (anxiety, fear/hopelessness)
• Behaviour/self-efficacy, which can affect clinical outcomes, compliance etc.
• Body-emotions-actions.

Nutrition, sarcopenia and respiratory disease
Speaker: Alex Jenkins, non-clinical researcher, Biomedical Research Unit, Nottingham City Hospital

Learning points:
• Sarcopenia is common in stable COPD. Interventions such as pulmonary rehabilitation have the potential to reverse the condition
• Sarcopenia can be categorised as: pre-sarcopenia (low muscle mass without an impact on muscle strength or physical performance), sarcopenia (low muscle mass and low muscle strength or physical performance), and severe sarcopenia (low...
muscle mass combined with low muscle strength and poor physical performance)
• Malnutrition can be categorised as low, moderate or high risk using the MUST scoring tool
• Handgrip strength, timed-up-and-go test and short physical performance battery, are useful functional measures for identifying sarcopenia
• The SARC-F is a quick and easy tool for screening for sarcopenia

Research stream

The *npj Primary Care Respiratory Medicine* research stream was a great success, with a high quality selection of 63 abstracts presented.

PCRS Research Lead Helen Ashdown said: “This year we moved, for the first time, to an ‘elevator pitch/short oral’ style of presenting, which gave more authors the opportunity to present their research orally and for really interesting discussion to take place which hopefully will help shape the research as it moves towards publication.”

A pre-conference workshop aimed at early-mid career researchers was attended by a multi-disciplinary group of researchers at various career stages.

The focus of the talks was on integrated care. The first presentation was from Sarah Elkin, Clinical Director of Integrated Care at Imperial College Healthcare NHS Trust, who explained how research underpins the future of integrated care, and how we can embed research into integrated care models. The second was about research integrated with industry. Delegates heard two perspectives on industry collaboration from Sue Collier (GSK) and GP Athan Simopoulos on how researchers can become more involved in this.

These presentations were followed by a motivating talk from Nick Francis on preparing a research funding application. Delegates then broke into small themed groups to talk about current issues in primary care respiratory research and fed back to the room.

“I left feeling inspired by all the research potential and with ideas for the future, and having made some new contacts and potential collaborations, and I feel really positive about research being an increasing part of respiratory primary care and adapting with the changing times,” said Helen.

You can view a selection of the research abstracts on pages 40–50

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