

NEWS

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PCRS-UK News

New resources and materials

Opinion sheets

We are delighted to announce the publication of two new opinion sheets:

1. **Bronchiectasis.** Patient education and prompt treatment of exacerbations play an important role in the successful management of this chronic debilitating progressive condition caused by chronically inflamed and damaged airways. This opinion sheet provides practical information on diagnosis of bronchiectasis and the role of primary care in managing this condition. [Editors' note; see also the **BTS non-CF Bronchiectasis Guideline Summary** by Hill *et al.* on pg 135]

2. **Routine use of oxygen in primary care.** This very practical opinion sheet offers advice to all those healthcare professionals involved in providing oxygen therapy to patients in primary care – how to assess patients for oxygen therapy, how to prescribe, patient education requirements, and how to assess the effectiveness of oxygen treatment.

Case Histories

These PCRS-UK case histories focusing on common respiratory conditions managed in primary care offer you a chance to review your own knowledge and skills in managing patients with respiratory and/or allergy related disorders. You can go through the case studies independently as part of your own personal professional development or as part of a group in your practice. There is a certificate of completion which is provided in print-ready electronic PDF format for your personal development portfolio.

Visit our website to download these resources – <http://www.pcrs-uk.org/pubs/opinionsheets.php>, and <http://www.pcrs-uk.org/education/casehistoryintro.php>

Access to PCRS-UK resources and materials

It is obvious from our recent members survey that PCRS-UK provides first class, credible and relevant resources that health professionals can trust. As a charity with limited funds, it is important that we use our resources wisely and protect the wide range of resources we produce – opinion sheets, best practice guides, audit tools – to help us achieve “optimal respiratory health for all”.

For the above reasons, PCRS-UK has taken the decision to make its resources exclusive to members only from the end of June this year.

What does this mean to you?

If you are a member of PCRS-UK, you can enjoy all of the benefits of membership and access online resources by ensuring you log-in using your username and password (contact the secretariat if you require a reminder – info@pcrs-uk.org). Should your membership lapse, then you will need to rejoin to access all of the online resources and benefits of membership.

A new practice-based membership scheme

PCRS-UK is investing to grow its membership and reach out to a wider group of practices and primary care-based clinicians, some of whom may have less of a specific interest in respiratory disease than many of our current members. At the end of June 2011, PCRS-UK will be launching a new practice-based membership scheme designed to help practices (regardless of whether they have a specific interest in respiratory medicine) keep up to date with respiratory care, by offering easy access to independent and trusted resources for all interested parties working in the surgery. A very exciting opportunity for you and your practice. Watch this space...!

PCRS-UK National Primary Care Respiratory Conference

Delivering Quality Respiratory Care Today - Raising the Bar

7th-8th October 2011, Telford International Centre

The premier respiratory conference for primary care – offering essential clinical updates for all members of the primary care respiratory team and a chance to learn about new challenges and opportunities created by changes in the NHS. With a cutting-edge but highly practical, primary care-focused programme, this outstanding conference is designed to ensure you are fully up-to-date with new developments in clinical care. You will also have fantastic opportunities to develop your knowledge and skills. By addressing the challenges we all face as primary care health professionals, you will learn of new and innovative ways of working which should inspire you to work with colleagues to raise the bar – in your own practice, Commissioning Group or locality – in order to achieve the standards defined in the PCRS-UK Quality Award. For more information including full details of the conference programme, registration rates and online registration please visit the PCRS-UK website <http://www.pcrs-uk.org/conferences/index.php>.

Call for Abstracts!! See advert on pg 147

IPCRG News

Research news

We are delighted to report that Prof David Price, who chaired our Research Committee for a decade, together with a team from the University of East Anglia, has published the results of two pragmatic trials sponsored by the NHS's Health Technology Assessment programme; *Leukotriene antagonists as a first-line or add-on asthma controller therapy in the New England Journal of Medicine* (*N Engl J Med* 2011; **364**:1695-1707). The paper also attracts an editorial [Asthma Treatment Guidelines Meet the Real World](#) and statistical commentary [Pragmatic Trials — Guides to Better Patient Care?](#) focusing on the value and limitations of pragmatic studies. In this, the research team is

congratulated on its excellent retention of patients from 53 UK general practices over the two years of the trial.

The IPCRG research standards state that “In order to achieve high external validity for primary care populations and to limit recruitment problems, exclusion criteria should be kept to a minimum.” This study is an excellent example of this. Patient eligibility requirements were:

- All patients with either impaired quality of life because of their asthma, or poor control of their asthma, were eligible to enrol into the trial
- Only those with severely impaired lung function were excluded
- Eligibility was assessed via answers to two self-administered questionnaires: the Mini Asthma Quality of Life Questionnaire and the Asthma Control Questionnaire

These criteria retained virtually all patients whom GPs considered to be appropriate candidates.

Eligible patients were randomly divided in equal numbers to receive therapy with either LTRA or ICS (for first-line controller therapy); and with LTRA plus ICS or inhaled LABA plus ICS (for add-on therapy). A total of 300 patients took part in the first-line controller therapy trial; their average age was 45 years, half were women and almost a quarter were smokers. There were 350 patients in the add-on therapy trial; their average age was 50 years, 60% were women and 17% were smokers. Read the paper and accompanying editorial to consider the potential impact of this study.

Amsterdam Scientific Meeting

We have been overwhelmed by the enrolment for our second "no-frills" one-day scientific meeting; over 50 abstracts submitted and over 160 delegates registered. *****Eligible abstracts appear as an online extension to this issue of the PCRJ – available at www.thepcrj.org*****

Education

At the Amsterdam meeting we test the findings from our wide-ranging review of the literature about what educational interventions work to improve clinical behaviour with the ultimate aim of improved patient outcomes. This will inform the launch of our E-Quality initiative, to work with a number of member countries to identify educational needs and test the optimum way to deliver this locally. This is a very timely project given the focus on non-communicable disease in all countries by organisations we support such as the NCD Alliance [part of the team that published the Lancet series recently: "Health professionals for a new century: transforming education to

strengthen health systems in an interdependent world" (doi:10.1016/S0140-6736(10)61854-5).] This activity is a prelude to The UN High-Level Meeting on Non-Communicable Diseases (NCDs) in September, 2011 where we are invited to present a clear message about the importance of primary care to develop high standards of care in non-communicable conditions. The NCD Alliance and The Lancet NCD Action Group propose five overarching priority actions for the response to the crisis in NCDs – leadership, prevention, treatment, international cooperation, and monitoring and accountability – and the delivery of five priority interventions: tobacco control; salt reduction; improved diets and physical activity; reduction in hazardous alcohol intake; and essential drugs and technologies (doi:10.1016/S0140-6736(11)60393-0)

What does this mean for IPCRG and its members?

We have expanded our website to include news and resources on NCDs: http://www.theipcr.org/resources/resources_chronicdiseasemgt.php We add our voice to the NCD Alliance arguments to persuade the UN to adopt these priorities and enlarge the Millennium Development Goals accordingly. We argue that governments should invest in:

1. Solutions that reduce women and children's exposure to indoor smoke
2. Production of real-life evidence that feeds into guidelines
3. Right incentives for primary care to support patients to stop smoking
4. Universal access to good quality inhaled medicines for asthma and training in how to use them
5. Integrated care involving patients, multi-disciplinary health and social care
6. Practical training and education for primary care led by peers
7. Compact, pragmatic NGOs such as the IPCRG that can leverage major clinician-led change.

Sian Williams, Executive Officer

ERS General Practice and Primary Care Group 1.6

Group meeting at the ERS in Amsterdam 24th-28th September 2011

The Group meeting will be on **Sunday 25th September, 1700-1750 in room G110. During the meeting we will present the PCRJ Best Abstracts Award**

ERS Primary Care Day Saturday 24th September

A special programme dedicated to primary care with several 'hot topics' and a superb line-up of excellent primary care speakers:

Chairs: N. Chavannes & G. Burge

Morning session: *Effective Disease- & Self-management in Primary Care*

- 9.30 Dr. Rupert Jones
Applicability of Pulmonary Rehabilitation in Primary Care. Critical success factors, use of patient reported outcomes and consequences of population differences
- 10.00 Dr. Niels Chavannes
Integrated disease management of COPD: role of self-management and internet-support
- 10.30 Dr. Maureen Swanney
Models of delivering COPD Care - workforce, networks and training
- 11.00 Coffee-break
- 11.30 Prof. Chris van Weel
Relevance of the Primary Care Paradox for respiratory health: evidence of benefit for people and populations with asthma and COPD
- 12.00 Prof. Onno van Schayck
Successful multidisciplinary smoking cessation treatment in primary care: novel options for both nurse and GP

12.30 Dr. Ivo Smeele

Improving patient and care outcomes by multidisciplinary integrated care for obstructive lung disease

13.00 End of the morning sessions

Lunch-break CAHAG-members

Afternoon session: *Quality of Assessment & Diagnosis*

14.00 Dr. Tjard Schermer

Lower Limits of Normal - to support COPD diagnosis and management with the individual in the centre

14.30 Dr. Geraldine Burge

Quality of diagnostic and therapeutic services - how do we deliver and assess/monitor them?

15.00 Dr. Brendan Cooper

Standards of training and delivery of spirometry and blood gases in primary care

15.30 Coffee-break

16.00 Dr. Irene Steenbruggen

Oxygen assessment - how, when, what? (LTOT, Ambulatory, Nocturnal, Short burst)

16.30 Prof. Thierry Troosters

Pulmonary Rehabilitation - how to maintain quality over quantity in haste

17.00 Dr. Susan Blonshine

Accreditation of respiratory services in Primary Care

17.30 End of the afternoon session

18.00 ERS 2011 Opening Ceremony and Welcome Reception

– all delegates attending the Primary Care Day are invited

Looking forward to see you all in Amsterdam!

Niels Chavannes, Chair Group 1.6

Björn Stållberg, Secretary Group 1.6