



Respiratory Managed Clinical Network

MCN Meeting
Thursday 14th September 2023
14:30 – 16:30
MS Teams

Minutes of Meeting

Attendees

Gourab Choudhury, Consultant Respiratory Physician & Co-chair of Respiratory MCN; Elspeth Christie, Lead Respiratory Nurse and Co-chair of Respiratory MCN; Jill MacLeod, Head of Service Adult Respiratory Physiology; Jo Pilarska, Physiotherapy Clinical Lead; Rebecca Miller, Head of Strategy Development & Respiratory MCN Manager; Natalie Martin, MCN Coordinator; Wenyi Zhou, MCN Secretary; Joseph Charter, Head of Devolved Nations Asthma and Lung UK Scotland; Tracey Bradshaw, Consultant Respiratory Physician and Chair of Asthma subgroup; Colette Lamb, Respiratory Nurse Specialist and Oxygen Lead; Emma Dignan, Pulmonary Rehabilitation Lead; J Gil, Physiotherapy Clinical Lead; B Dickinson, Consultant Respiratory Physician and COPD & Community Respiratory Service Lead; P Holland, Senior Project Manager in Unscheduled Care; Dee Jackson, Respiratory Nurse Specialist; Andrew Deans, Lead Respiratory Research Nurse; Shena Brown, Community Respiratory Nurse WL; Alanna Manktelow, Respiratory Nurse Specialist; Katie Johnstone, Primary Care Respiratory Pharmacist Lead; Donna Deans, Respiratory Specialist Nurse; Alexis Rumbles, Tobacco Control Project Managers Quit Your Way; Rebecca Hay, Respiratory Specialist Nurse; Claire Yerramasu, Advanced Practice Respiratory Physiotherapist; Joanna Hutchison, Lead Secondary Care Respiratory Pharmacist; Daisy Ezakadan, Lead ANP & Clinical Nurse Manager; Julie Gibson, Clinical Service Manager

Apologies

Hayley Harris, Douglas McCabe, Lisa Nicol, Geoffrey Martin, Rebecca Green, Ann McMurray, Elaine Edwards, Claire White, Anna Lithgow, Gillian Cameron, Joanna Graham, Dorothy Keith

1. Welcome & Introductions

The meeting started with a round of introductions.

2. Minutes from previous meeting (14/06/2023)

Minutes from previous meeting on 14th June 2023 agreed as accurate record and signed by chair.

3. Action Log & Matters Arising

a. Biologic Prescribing update

TB provided a summary of the national Asthma 'Precision' pathway. The pathway focuses on early identification of severe asthmatics for appropriate referral and reduction in the time of initiation of biologic therapy. There is high variability in biologic starts following MDT across all Boards. Work is underway to plan

implementation, education and audit of the pathway (audit after 12-18 months). Time to biologic start in Lothian is generally good (based on % of population) however, streamlining of multiple choices is required to reduce confusion. There are 4 formulary approved biologics with a 5th being reviewed. TB will provide a further update next year.

GC queried whether a biologic guidance poster was required? TB advised this can be picked up by the Precision working group. GC suggested this could be a topic at the education event.

b. Home Oxygen update

GC advised of the increasing cost of the Home Oxygen budget, held by RIE Respiratory Directorate, and the need to understand and manage rising costs. An audit, which is ongoing, has revealed 79% of home oxygen is prescribed by adult and paediatric respiratory services, with 21% prescribed for non-respiratory causes (i.e. cluster headaches). CL advised there are plans to appropriately rationalise prescribing, review ancillary costs, and review patients who have multiple pieces of equipment, which may not be required. CL advised the service team will look at cost rationalisation and suggested the MCN could share guidance to ensure the right devices are being offered to patients.

GC has discussed with Andrew Coull from Hospital at Home regarding prescribing of Short-Term Oxygen Therapy (STOT) and noted a flow chart of responsibility might be helpful.

SB highlighted that she has previously worked with Hospital at Home regarding STOT and implemented a SOP, which was disseminated across hospital wards. CL & AR requested a copy of the SOP. SB to share SOP with C Lamb and A Rumbles.

4. Draft “Quality Prescribing for Respiratory” guidance consultation

KJ advised the draft ‘Quality Prescribing for Respiratory’ guidance, aimed at adults, is now open for consultation, feedback should be submitted by 31st October. The guidance builds on the 2018 prescribing strategy and aims to improve outcomes, minimise use of salbutamol, promote propellant free inhaler options, encourage safe disposal, and improve care to reduce admissions. The Scottish Government have set 9 indicators and results can be compared at Board, Cluster and practice level. The guidance now includes sections on IPF and bronchiectasis and is weighted towards sustainability, which supports the Scottish Government’s target of reducing propellant admissions by 70% by 2028. In Lothian, the highest proportion of prescribing costs is inhalers, many which are not being used as they should be. JC advised overall, Asthma & Lung UK are positive about the guidance and will provide constructive feedback as part of the consultation however, they do have concerns about Health Board interpretation of the guidance, depending on local relationships. JM and JG highlighted the importance of respiratory physiology and breathing retraining respectively. KJ agreed it would be good for JG and JM to feedback on consultation about physiology and physiotherapy.

RM queried if it would be helpful for an MCN response? GC agreed this would be useful to add body and substance to problems. RM/GC will draft an initial response and circulate to members for comment.

5. Draft high level workplan (for review and comment)

RM advised the MCN is required to have a workplan, to demonstrate how we will fulfil our role, including in terms of supporting quality improvement. A draft workplan, which has 4 priority areas, was circulated with the meeting papers and is open to comment and suggestions. Emerging themes for next year include Home Oxygen and prescribing guidance. AD queried where research and clinical priorities fit in? GC advised this would be picked up in the innovation subgroup.

6. MCN Structure & Subgroups

RM noted the intent of the MCN to establish subgroups in line with the priority conditions outlined in the RCAP. A summary of the proposed subgroups was shared including membership and emerging workplan themes. Members were asked to provide feedback and suggestions.

It was noted that membership for the proposed bronchiectasis group has not yet been identified. GC will discuss with Anna and Xiemena.

AD will ask the bronchiectasis research nurses to get in contact and JG wished to be added to the bronchiectasis subgroup.

JH and ED will speak with pharmacy and pulmonary rehab respectively about subgroup representation. ED wished to be added to the ILD subgroup.

Paediatrics were unable to attend the meeting. However, Stefan provided good feedback about children services and transition.

a. GP membership

JP highlighted the importance of a link to the primary care community. GC advised the network required GP representation, however, is aware of current workforce pressures. RM and GC will pick this up.

7. Terms of Reference

RM previously shared Terms of Reference, no comments were received. The final version will be shared with members and reviewed annually.

8. Professional Education Event

EC advised the tentative plan to hold the MCN education conference at COSLA conference centre on **Wednesday 24th January 2024***. A proposed layout was shared, which can support a maximum of 120 delegates, 6 pharmaceutical sponsors and 2 representative stands from voluntary sector (Asthma & Lung UK & Chest Heart and Stroke Scotland). SB suggested asking primary care colleagues what areas were important to them. WZ to send out form to capture responses.

Programme and workshop suggestions include;

- T Bradshaw - Precision pathway
- J Gill - Hyperventilation & Breathing retraining
- TBC – Oxygen
- TBC – Spirometry

Things to be considered from previous evaluation: delegate numbers were too high, and timings were difficult to keep to with 6 speakers.

GC suggested asking for a nominal fee to ensure maximum representation at the event. Further meeting required to discuss the formal details.

*Following this discussion, the date of the event has been rescheduled to **Wednesday 31st January 2024.**

9. Newsletter

NM shared plans for the MCM newsletter and asked for articles to be sent to natalie.martin@nhslothian.scot.nhs.uk or Wenyi.zhou@nhslothian.scot.nhs.uk. GC requested the first issue of the newsletter to be published in November.

10. AOCB

a. Respiratory Physiology

JM advised there was a growing waiting list for respiratory physiology in Lothian. The wait for an appointment, pre-covid, was 3-4 weeks, patients are now waiting over 3 months for an appointment (a large percentage are waiting for simple spirometry and FENO tests). It was noted that provision of respiratory physiology in other Health Boards varies, with some degree of testing in Primary Care. JC advised of challenges across Scotland. In Lothian there are ongoing workforce issues, and it is unlikely that acute sites will go back to multiple patient testing in single rooms. GC agreed to raise this with Tracey Gillies and Jeremy Chowings to review options for a collaborative approach. KJ kindly agreed to draft an SBAR from a Primary Care perspective. GC suggested highlighting the pressures on respiratory physiology in the newsletter.

GC suggested that the MCN could support with education, and it was highlighted that pharmaceutical nurses are providing spirometry training in NHS Fife.

b. TechScaler Event 22 Sep 2023

GC shared details of the TechScaler event with members.

c. Breathing Retraining

JG highlighted that breathing retraining has a big impact on salbutamol overuse and suggested doing an audit in her clinic to see if patients have had reduced salbutamol use, following the education. JC and GC shared an interest in seeing the data. JG will feedback back at the next meeting. She advised that there is one breathing retraining service in Lothian, at the RIE with there is ongoing work to establish the service at the WGH. GC suggested this as a topic for the education event and for an article in the newsletter (dysfunctional breathing - www.physiotherapyforbpd.org.uk)

11. Next Meeting

WZ agreed to send round a Doodle Poll.

Action Log

Action Description	Action Owner	Status
TB to present Precision asthma pathway at the education event early 2024.	TB/NM	Completed 11/10/2023 – on programme
GC to work on clinical responsibility flow chart with Andrew Cool, for patients being discharged to Hospital at Home on STOT.	GC	
SB to share STOT SOP with C Lamb and A Rumbles.	SB	Completed 18/09/2023
RM & GC to draft a response to the quality prescribing for respiratory guidance consultation and circulate to members for comment prior to submitting by 31 st October.	RM/GC	
GC to include research in Innovation subgroup.	GC	For subgroup workplan
GC to discuss bronchiectasis subgroup membership with Anna and Xiemenia.	GC	
NM/WZ to add Jill Gill to bronchiectasis subgroup membership.	WZ/NM	Completed 13/10/2023
NM/WZ to add ED to the ILD subgroup.	WZ/NM	Completed 13/10/2023
JH to speak to pharmacy regarding volunteers for subgroup membership.	JH	
ED to speak to pulmonary rehab regarding volunteers for subgroup membership.	ED	
RM and GC to discuss GP network representation with Tracey Gillies and Jeremy Chowings.	RM/GC	Ongoing
WZ to send out form to collate topic and speaker suggestions for the education event	WZ	Completed 15/09/2023
NM/WZ to arrange education event planning meeting beginning of October.	NM/WZ	Completed 09/10/2023
NM/WZ to publish the first issue of the newsletter in November and include: <ul style="list-style-type: none"> Breathing retraining Respiratory physiology pressures 	NM/WZ	In progress
KJ to draft an SBAR on respiratory physiology pressures from a primary care viewpoint.	KJ	
JG to audit salbutamol reduction following breathing retraining in her clinic and feedback at the next meeting.	JG	
JG to present breathing retraining at the education event.	JG	In progress
WZ to send round Doodle Poll for next meeting.	WZ	
MCN management team to continue to seek to create links with national work.	RM/NM	Ongoing
JG to feedback home oxygen developments.	JG	Ongoing
WZ to distribute final version of ToR to members with draft minutes.	WZ	