



# Respiratory Managed Clinical Network

## Respiratory MCN Quarterly Meeting Minutes Wednesday 24<sup>th</sup> April – 14:00 - 16:00 MS Teams

### Apologies

Anna Lithgow  
Dorothy Keith  
Joanna Hutchison  
Jill McLeod  
Lisa Nicol  
Rebecca Dickinson

Joanna Graham  
Luke Daines  
Jo Pilarska  
Andrew Deans  
Elspeth Christie  
Florian Gahleitner

### Attendees

Natalie Martin  
Gourab Choudhury  
Tracey Bradshaw  
Shena Brown  
Gillian Cameron  
Emma Campbell  
Melanie Cross  
Erin Fraser  
Jill Gill  
Pamela Holland  
Daisy Ezakadan

Erin Hughes  
Katie Johnstone  
Colette Lamb  
Kenneth Macleod  
Ann McMurray  
Rebecca Miller  
Robbie Preece  
Sharon Walsh  
Claire Yerramasu  
Kirstin Unger  
Hannah Little

### Welcome and Introductions

GC introduced new members, Emma Campbell (MCN Secretary) and Erin Fraser (Lead Pharmacist). The meeting continued with a round of introductions.

### Minutes from previous meeting (12/12/2023)

Minutes from the previous meeting on 12<sup>th</sup> December 2023 were agreed as an accurate record and signed-off by the chair.

**Action** – EC to upload approved December minutes to Respiratory MCN website - completed

### Vaping Crisis in Young People – MCN recommendations (discuss)

GC introduced Rebecca Miller who referred to previous discussions around vaping. The draft SBAR (shared with the agenda) sets out what the current situation is and hopes to outline the actions that the MCN could take forward locally.

The MCN are proposing to bring together a Short Life Working Group, as a subgroup of the MCN to take forward actions. RM suggested a total of 3 meetings, with work in between. The proposed actions in the SBAR include promoting the 'Vaping soon takes hold' campaign materials (available via Scottish Government), contributing local evidence or research, mapping support that is currently available to support young people to stop vaping and to consider commissioning targeted work with Young People.



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GC opened the discussion to members. KM advised of increasing frustrations and concern in the Paediatric community in Scotland and the UK. Vaping is a risk to Young People's developing lungs and on brain development, impacting on schooling. KJ agreed, from primary care point of view, it is essential for the MCN to put focus on this issue.

AM suggested involving early years workers in the education of <5 years due to vaping exposure for small children growing.

GC asked if there was any data?

KM advised the Royal College of Paediatrics and Child Health, have produced a [policy briefing on Vaping in Young People](#) and ASH Scotland, produce a survey every year in July which is a respected and knowledgeable survey.

RP advised of a proposal to ban disposable vapes, which should go through next year. 50% of young people are using regulated vapes and 50% are not. If there is scope within the MCN for lobbying, then lobbying for the introduction of price measures would likely be most effective. GC all points agreed.

**Action** – ALL to review the Vaping SBAR, position statement, proposed actions and to consider volunteers for SLWG.

**Action** – NM to contact delegates for the January conference to seek volunteers for Vaping SLWG.

**Action** – Add a representative from Public Health – Tobacco Control (Robbie Preece/Alexis Rumbles) to Vaping SLWG membership.

**Action** – NM/EC to share ASH Scotland's 2024 survey with the network when this is available.

**Action** – NM/EC to share Scottish Government's 'Vaping soon takes hold' campaign materials via the MCN network.

### Subgroup Updates

#### Chronic Obstructive Pulmonary Disease (COPD) Subgroup

GC advised the subgroup is yet to meet however, work has been ongoing; the recently published COPD 'Guidance for Inhaled Therapies' poster is currently being distributed to Primary & Secondary Care and these should arrive in practices and acute sites shortly.

From an innovation perspective, work is ongoing with CY with the aim to tackle COPD from population perspective looking at early risk predictions of who could be heading towards being high risk, and trying to address and potentially reverse risk factors.

**Action** – GC/CY to present key findings of innovation project to respiratory network at future meeting.

From an unscheduled care perspective, work is ongoing with PH to prevent admission and facilitate discharge of COPD patients – Lothian currently top in Scotland. The Trakcare Team have created a template for COPD patients who are being managed during an acute exacerbation by the three CRT's, which is currently under review. Once available this will ensure uniformity across all four HSCPs. PH is due to meet with interface care leads to reflect on the processes, data and to make plan for priorities for next year.

From a home oxygen perspective, CL advised she is reviewing the long-term oxygen referral pathway for patients in RIE and there will be a separate pathway for Hospital at Home for



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patients that have no previous respiratory background or are not known to a respiratory consultant. A database has been created for all patients prescribed oxygen in Lothian (all acutes sites, neurology and paediatrics). A document is being drafted on optimising home oxygen pathways, detailing cost efficiencies and once the draft is complete CL will share this with the network for review and comment. CY commented that the oxygen pathway work is really appreciated by Midlothian and Edinburgh CRT's.

**Action** – CL to share home oxygen pathway optimisation document with respiratory network once available.

**Action** – NM/EC to add an oxygen education session to the – to be developed – Teams Channel. to be invited to Primary Care teams for share learning.

From a Primary Care perspective, Gillian Cameron advised quality improvement work is ongoing with a cluster of practices in South West Edinburgh, looking at the harm associated with frequent courses of corticosteroids (risk of diabetes, osteoporosis and depression).

**Action** – Gillian Cameron to share outcomes of corticosteroid quality improvement work at a future meeting and with Katie Johnston directly (when the data is available).

### Respiratory Prescribing Strategy Subgroup

KJ advised since our last meeting, the Scottish Government has published the "[Respiratory Conditions – quality prescribing strategy: improvement guide 2024 to 2027](#)". The main aim of the subgroup is to implement key recommendations within the quality prescribing strategy, the group are also keen to ensure general practices are prescribing to formulary and the group continues to put focus on reducing waste in prescribing for example, a pilot, educating patients on returning their inhalers for safe disposal, is currently running in 7 Community Pharmacies and this is due for evaluation in June.

**Action** – KJ/KM to share pilot outcomes with network when data is available.

**Action** – ALL explore how the quality prescribing strategy can be implemented in paediatrics.

GC advised there has been information from Stephen McBurnie, Associate Director for Pharmacy who advised that NHS Lothian is performing very well across all therapeutic indicators and is maintaining the lowest cost per treated patient in mainland Scotland. Well done to our colleagues in Primary Care for all their hard work. GC advised he is keen to explore over the next 6-12 months, how therapeutic indicators can be used for COPD (treatment optimisation and reducing costs).

### Asthma Subgroup

TB advised the subgroup is yet to meet however, work has been ongoing; the recently published Asthma 'Guidance for Inhaled Therapies' poster is currently being distributed to Primary & Secondary Care and these should arrive in practices and acute sites shortly. The draft severe asthma pathway, 'Precision' was presented to Primary Care at the Respiratory MCN Professional Education Conference in January 2024, and this will be shared widely once this has received final approval and sign-off. TB has a meeting with Precision in May.

**Action** –TB to share outcome of May meeting and to update on the progress of the Precision Pathway at the next meeting.



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### Bronchiectasis Subgroup

JG advised the subgroup is yet to meet however, work has been ongoing; she was delighted to share that the RIE now has a permanently funded chest clearance service, which secondary care physicians can refer into. Patients at the RIE are now able to receive specific physiotherapy advice for their lung condition. JG thanked Gourab for his early work in exploring funding options for this. GC also thanked Melanie Cross for her support.

**Action** – NM to update JG on the status of the Bronchiectasis subgroup - completed

**Action** – ALL Chair required for subgroup.

**Action** – NM to ask Anna Lithgow if there is anything the MCN can support with as part of the bronchiectasis subgroup.

### Sleep Subgroup

MC advised the subgroup is yet to meet however, work has been ongoing; she advised the greatest pressure on the sleep service currently, is the number of referrals they receive per year (4,000-5,000 referrals) and the ability to manage waiting times (due to the current financial position, waiting list clinics are not available for the next 12 months). The sleep service is in the process of reviewing pathways, with an aim of reducing waiting times pressure. There is a meeting planned for Friday 26<sup>th</sup> April and it is hoped that the service will receive final agreement on a new pathway. If agreed, the team plan to be in touch with general practitioners to look at reviewing RefHelp guidelines and streamline referrals. The service is also reviewing the current arrangements for consumables and replacement equipment, the costs of which are covered by Respiratory at RIE. Other options being considered provide cost efficiencies and will streamline the process for patients.

**Action** – MC to update network on the outcome of new sleep pathway which was discussed at the meeting.

**Action** – MC to share update on changes to consumables and equipment replacement when available.

### ILD Subgroup

Update moved to next meeting.

**Action** – NM to ask Lisa Nicol for written update for next meeting.

### Quit Your Way Update

GC introduced Robbie Preece who provided an update on the Quit Your Way Service. RP explained that NHS Lothian was the lowest performing board in meeting the LDP national standard (to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 percent most deprived SIMD areas) however, following recommendations in 2020 the service has been making good progress towards achieving the national target.

In acute, the service is using new performance measures and are keen to continue to promote referrals to the service. The numbers of referrals in Western General Hospital is low however, when compared with the other acute sites in Lothian.

In the community, RP has been providing service information to GP clusters, which is being well received and referrals to the community service have increased. The service has a new



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Pharmacy Assist Team (PAT), which will support Community Pharmacies and deliver around 50% of the target, it is predicted to take around 18 months to 2 years to see an improvement.

RP queried how frequent MCN update should be and suggested an annual update?

GC and RM agreed an annual update would be suitable. RM queried if there was anything the MCN can do to support uptake in referrals at WGH and in the community?

RP advised the key thing is a good quality discussion with the patient and possible training.

**Action** – NM/EC to add QYW to agenda for update again in 12 months.

**Action** – NM/EC promote SCI-Gateway referral pathway & RefHelp information for Primary Care in Newsletter

**Action** – NM/EC promote Secondary Care referral information in newsletter.

### Respiratory Education

NM shared an update on behalf of Elspeth Christie who has agreed to Chair the Education Subgroup. The initial subgroup meeting will be at the end of May and there have been colleagues identified who might be interested in joining the membership of the subgroup. The MCN Management team are in the process of contacting the individuals to gauge interest. The aim of the initial meeting is to confirm membership, frequency, and scope of the group. The initial plan for the group is to roll out three sessions of inhaler technique training, one community venue and two acute venues, to gauge interest in a possible pan Lothian programme out next year. Future training could also include chest clearance or breathing retraining.

Another hope for the education subgroup is to set up an educational teams channel that will share news including guidance updates, medication shortages, training opportunities and showcasing quality improvement. We will initially invite those who registered and attended the education event in January.

The Professional Education Conference on 31<sup>st</sup> January was attended by 117 Healthcare Professionals and overall feedback was that the event was well run and a good choice of venue. A large number of staff indicated that there were changes that they could make to their practice following the education they received.

In previous meetings it was suggested that the MCN should run a similar event for Paediatric education. The suggested date for the paediatric respiratory education conference is the morning of Friday 23<sup>rd</sup> August. The proposed location was COSLA Conference Centre however, due to the current financial position we are unable to host this in an external venue. The MCN management team are currently reviewing locations and this will be shared with the network.

GC shared his excitement about the respiratory education subgroup and Teams Channel and agreed the education event was well received.

**Action** – Education subgroup to explore CPD accreditation for paediatric respiratory education event and next adult education event.





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## **Draft Respiratory MCN Workplan**

RM advised the group that there is a requirement for Managed Clinical Networks to have an annual workplan. The MCN also has a requirement to report progress annually, to the Healthcare Governance Committee (the next report is scheduled for autumn). RM advised members that the management team are in the progress of pulling together a 3-year workplan, which fits alongside the LSDF timeline. The initial draft was shared ahead of meeting, and we are seeking review and comment. The final draft will be shared at the next MCN meeting. GC agreed that Tracey Gillies is keen on submission of an annual report.

## **Spirometry Challenges – MCN recommendations (discuss)**

GC provided the background on spirometry challenges in Lothian. The draft SBAR (shared with the agenda) sets out what the current situation is and hopes to outline the actions that the MCN could take forward locally. GC opened the discussion to members.

MC advised the group that the main issue is capacity vs demand and that demand currently is unprecedented (in 2019 there was 5,049 referrals from Primary Care and in 2022 there was an increase to 6,500 referrals per year from Primary Care). The current waiting time for a physiology appointment is in excess of 30 weeks. This is now dangerous and patients are not only waiting on waiting lists, but they are also deteriorating on waiting lists.

The Respiratory Service understand that reinstating spirometry services back into general practice would require an increase in resources, appropriate staff training and purchasing spirometers and consumables. The suggestion is to work with Primary Care to co-design a model that would work for both Primary and Secondary Care. There are three main reasons why pulmonary physiology is requested; initial tests to aid diagnosis, tests to maintain care and tests prior to implementation of expensive medications such as biologics. There are however simple tests that can be successfully achieved in the community such as, simple flow volume, spirometry, saturation diagnostics, reversibility and FeNO testing. The MCN Management team are willing to meet with anyone who has a passion or interest in spirometry. We have an excellent clinical lead in respiratory physiology and there are possible new interesting technology solutions that might be able to help going forward.

TB queried if Primary Care pay Secondary Care for PFTs? GC/MC confirmed that there is no income generation as this is part of NHS Lothian's services.

TB advised that currently spirometry is not required to diagnose asthma. However, the respiratory service is receiving referrals for textbook asthma, which highlights the education needed to support general practitioners in making a confident diagnosis. TB advised the diagnosis section in NICE/SIGN guidelines is excellent and highlighted the need to update Lothian's RefHelp guidance for each sub-speciality, which would also support enhanced vetting of referrals. TB agreed the educational subgroup will be ideal platform to share referral guidance.

GC agreed reviewing RefHelp and looking at developing a shared care agreement for the future is a good idea. He advised that NHS Fife have managed to achieve a shared care agreement which appears to work well.



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KM believes the problem is going to get worse rather than better, for example, when the new NICE/SIGN guidelines is published.

KJ supports the idea of spirometry hubs in the community and agreed that there are probably referrals that do slip through due to lack of training and if we can get basic education sessions set up via the education subgroup, GPs would appreciate that. Luke Daines has also done a lot of work in primary care about getting the diagnosis right. KJ noted that for COPD, diagnosis is much harder and guidelines state spirometry is needed for diagnosis. She highlighted how important it is to get GP Cluster Leads involved. SB was supportive of Katie's comments and agreed that it may not be viable to reintroduce spirometry to general practice due to quality concerns in the past.

GC stated he was happy go to LMC meeting to share proposal once available and queried the possibility of the MCN funding a trial or pilot to see if proposed changes had a positive implication on secondary care pathway.

CY advised PFT data can be hard to find as it is not recorded as standard data. If it is not on Trak, it is worth asking GPs to have a look through a patient's notes. PFTs are kept for 5 years only on Trak. CY explains that she previous completed ARTP training in a previous research role and therefore would like to volunteer to part of the working group. She has also had discussions with a GP in Midlothian about potential solutions. She advised that new spirometry devices record blow standard and will clearly reject blows that are not in best practice therefore, new machines would be relatively easy and safe way for basic tests to be done in the community with training and a process to go alongside the training.

GC wished to take up Claire's offer of being involved in SLWG and agreed it will be important to come up with gold standards for community spirometry testing. The interpretation of results is also important and if we can come up with robust plan in community, in due course we can think about physiologist in labs could counter sign and validate. We should also think about how results are stored, if shared care, is there a way of loading result to RespNet?

GC advised with the appetite and energy being shared, hopefully things will look better in the next couple of months. RM agree there is lots of enthusiasm for Primary Care to be involved. Primary Care struggle to come to network meetings, but if we had a specific discussion about this we could get some good representation. Although the SBAR indicated at SLWG, it is apparent that we could bring the information together and come up with a plan in one conversation. RM suggested that RM/GC/MC initially get information together prior to the wider discussion. GC agreed this was a good idea and suggested reach out to cluster leads for representation.

**Action** – NM to add RefHelp Asthma Diagnosis section to Asthma Subgroup workplan.

**Action** – NM to add RefHelp updates to all subgroup workplans.

**Action** – Invite Sara McArthur Lead Physiologist, Joseph Burt and Shena Brown to join spirometry short life working group.

**Action** – RM, GC, MC, CY and Sara McArthur to meet to discuss how to take forward.



# Respiratory Managed Clinical Network

## Respiratory Newsletter

NM asked members to submit articles for the next newsletter as soon as possible.

## Next Meeting

When?	Time?	Location?
Wednesday 5 <sup>th</sup> June 2024	2-4pm	MS Teams
Wednesday 11 <sup>th</sup> September 2024	2-4pm	MS Teams
Wednesday 18 <sup>th</sup> December 2024	2-4pm	MS Teams

GC thanked members for attending and closed the meeting.