



# Respiratory Managed Clinical Network

## Respiratory MCN Quarterly Meeting Minutes Wednesday 5<sup>th</sup> June 2024 – 14:00 - 16:00 MS Teams

### Attendees

Jill Adams  
Joseph Burt  
Gillian Cameron  
Emma Campbell  
Elspeth Christie  
Fabia Ciantanni  
Colette Lamb  
Emma Dignan  
Erin Fraser  
Gourab Choudhury  
Hayley Harris  
Pamela Holland

Dee Jackson  
Katie Johnston  
Luke Daines  
Sara McArthur  
Rebecca Miller  
Robbie Preece  
Renata Riha  
Natalie Martin  
Claire White  
Kirstin Unger  
Jo Pilarska  
Fabia Ciantanni

### Apologies

Joanna Hutchison  
Lisa Nicol  
Tracey Bradshaw  
Sharon Walsh  
Anne Jones

Claire Yerramasu  
Louise Blyth  
Shena Brown  
Ann McMurray  
Alexis Rumbles

### Welcome and Introductions

The meeting commenced with a round of introductions.

### Minutes from previous meeting (24<sup>th</sup> April 2024)

Minutes from the previous meeting on 24th April 2024 were agreed as an accurate record and signed-off by the chair.

### Outstanding Actions

GC provided recap of outstanding actions, there were no further updates or comments from members.

### COPD

The first COPD subgroup meeting is planned for 26<sup>th</sup> June. Although the group is still to meet, work has been ongoing in the background and members of the group are currently collating retrospective healthcare data - back to 2009 - with the aim of agreeing risk prediction scores. The aim of this project is to create and implement a risk stratification tool. Lenus, who previously worked with NHS GG&C on the Dynamic Scot project are key contributors to the project in Lothian.



## Respiratory Managed Clinical Network

GC advised, as the National Lead for COPD in Scotland, a key action is to take forward a care bundle checklist for all high-risk COPD patients. The aim is to trial this in Lothian and this work will be taken forward as part of the COPD subgroup.

**Action** – development of risk stratification tool update to be shared at next meeting – added to COPD subgroup workplan.

**Action** – COPD care bundle checklist to be added to COPD workplan and update shared at next meeting – added to COPD subgroup workplan.

### Respiratory Prescribing

KJ advised that the aim of the prescribing strategy subgroup is to implement recommendations of the Respiratory Quality Prescribing Strategy in Lothian.

Lothian is one of the highest boards in Scotland to prescribed salbutamol only. Prescribing indicators have been updated locally, to encourage practices to review patients who are being overprescribed SABA inhalers. The Guidance on Inhaled Therapies for Asthma and COPD posters have been distributed to primary and secondary care with the aim of ensuring patients with COPD are started on dual therapy appropriately and patients with asthma are not prescribed salbutamol alone. Other indicators include appropriate montelukast prescribing and overuse of oral corticosteroids.

### Pulmonary Rehabilitation

ED advises there has been difficulties with securing venues for pulmonary rehabilitation clinics. The team previously trialled Saturday clinics and felt this worked well with a good attendance rates however, are unable to continue this without appropriate funding.

The service has a large waiting list, appointments are booked using patient focussed booking and the DNA rates have come down. The availability of virtual pulmonary rehabilitation and home rehabilitation differs in each area. GC advises West Lothian are ahead in home rehabilitation.

**Action** – West Lothian to share details regarding the current Home-Based rehabilitation model used.

### Bronchiectasis

GC confirmed that the Bronchiectasis subgroup is seeking chair and opened this up to volunteers.

### Sleep

RR advised that the sleep referral guidelines on RefHelp require a review. JB shared frustrations and advised that SCI-Gateway pathways should be reviewed along with RefHelp guidance. Mandatory fields in SCI-Gateway are an effective way of ensuring all preliminary tests have been complete prior to referral. Further information is required on narcolepsy to support appropriate prescribing of amphetamine and its alternatives. Shared care agreements for ADHD medications should be considered.

**Action** – RR/MC to work with Primary Care to review sleep RefHelp pages and create a Narcolepsy – In Progress.

**Action** – RR to meeting with RM to discuss sleep priorities for workplan – completed.

**Action** – consider shared care agreements for narcolepsy/ADHD medication – added to sleep subgroup workplan/action tracker.



# Respiratory Managed Clinical Network

## ILD

Apologies from Lisa Nicol.

**Action** – RM/NM arrange meeting with Lisa to progress ILD workplan – in progress.

## Asthma

Apologies from Tracey Bradshaw.

**Action** – RM/NM arrange meeting with Tracey to progress Asthma workplan.

## Showcasing Quality Improvement – Rescue Medicines

GC introduced Gillian Cameron to share the outcomes of her recent quality improvement project with the canal cluster. The project aim was to identify and reduce harm associated with oral corticosteroids prescribed for COPD exacerbations. GPs across Lothian are encouraged to engage with QI methodology and use QI tools to identify risk and generate change ideas. The change ideas from the canal cluster project included a Vision search (created to identify COPD patients who were prescribed 3 or more doses of OSC in the last year, once identified patients had subsequent screening for HbA1c, FRAX and morning cortisol was undertaken), a training afternoon was held for nurses and GPs who support patients with COPD (this received great feedback from those who attended, however there was low engagement) and improved referrals to Edinburgh CRT.

Results showed that 50% of patients who had a FRAX score completed were deemed necessary for onward to referral for DEXA scans. There were various lessons learned throughout the quality improvement project.

Gillian thanked the CRT for their support in the project and for support in the development of a joint protocol. Gourab Choudhury and Marcus Lyall were also thanked for their support with guidance on additional testing for high-risk patients that were identified.

**Action** – G Cameron to present QI project at new monthly lunchtime education sessions – added to programme list.

GC thanked Gillian for sharing the excellent work undertaken by the canal cluster on the project and advised the MCN would be keen to help her take this improvement work and learning forward to other clusters and the wider network.

GC wished for the review of the COPD Vision annual assessment template to be added to the COPD subgroup agenda.

**Action** – NM to add COPD Vision template review to the COPD agenda – completed.

## Vaping

GC introduced Rebecca Miller to provide an update on the issues of vaping in children and young people. This was raised at a previous meeting and an SBAR has been shared with the network.



# Respiratory Managed Clinical Network

The MCN management team are looking for volunteers to join a vaping SLWG, which will take actions forward over 3 meetings. This first meeting will be held in Autumn 2024. Externally to NHS Lothian there is national work, which Kenny McLeod is involved in and there is movement in Forth Valley, which is being led by Public Health (we are awaiting the outcome of Forth Valley discussions).

**Action** – MCN team to send out a call for volunteers - Completed.

## Spirometry

RM advised that data is currently being gathered in regard to spirometry and the plan is to have one final meeting in Autumn/Winter 2024, with key people present.

**Action** – Update the network on spirometry solutions when available.

## Home Oxygen Therapy

CL advised that Health Facilities Scotland is tendering for a new oxygen contract currently. NHS Lothian are liaising with NSS to audit home oxygen equipment and supply in Lothian. It was highlighted that large amounts of equipment is being ordered from clinic for next day delivery – this is not required. The home oxygen team will continue to review prescribing, create pathways for referrals for home oxygen and consider an MDT for home oxygen pathways.

**Action** – CL to update on home oxygen pathways at next meeting.

## Respiratory MCN Workplan

RM advised no comments have been received on the previously shared draft workplan. A requirement of the MCN is to have a workplan and it is important to write down what the plans are. Discussions will continue to ensure the workplan reflects all aspects of respiratory medicine and a final draft will be shared prior to the next MCN meeting in September. The workplan should then be shared with the IJBs.

## AOCB

### Neilmed Sinus Rinse

KU queried how to get Neilmed Sinus Rinses on the Formulary?

KJ advised that NeilMed Sinus Rinse bottles are considered a medical device, rather than a medicine and therefore they are not available via NHS prescription. Patients can purchase if required.

### Transition of patients with respiratory illness and learning disability from Paediatrics to Adult Services

JP shared concerns about a cohort of patients that have a respiratory illness with learning difficulties who are being referred to learning disabilities service in East Lothian and queried what is currently happening in other parts of Lothian?

JA stated the issue, although not a large cohort, is impacting transition from paediatrics to adult services. RM queried how to take this forward.

**Action** – JP to write down what the main issue is and advise of the impact that this is having on various services, which can be shared with the network prior to the next meeting.



## Respiratory Managed Clinical Network

### **Next Meeting**

Scheduled for Wednesday 11th September 2024 from 2-4pm, via MS Teams.