



PLAN
PAN LONDON AIRWAYS NETWORK

Newsletter

April 2017

Welcome

Welcome to the first Pan London Airways Network Newsletter and exciting development within the PLAN network. The aim of this newsletter is to highlight to our PLAN members events, service development and innovative practice going on around London and Nationally.

With the continued challenges facing the NHS, PLAN hopes to support future respiratory leaders, within London respiratory services to develop and thrive. With training budgets being squeezed, PLAN wants to ensure it supports its member's needs, so your feedback is invaluable.

In our first Newsletter, Dr Jason Chan discusses the innovative work within the cardiorespiratory psychology service at the Homerton Hospital, Sara Buttery our newest committee member talks 'Singing for Breathing' at the Brompton and we talk research. We have an update from the British Lung Foundation, plus the latest news from The Primary care Respirato-

ry Society (PCRS), Association of Respiratory Nurses (ARNS), Association of Physiotherapists in Respiratory Care (ACPRC) and Respiratory Futures.

PLAN members get involved, if you would like to highlight the work you are doing within London or the work of your service, please contact us. Enjoy and hopefully 2017 will be another successful year within the Pan London Airways Network.

Laura Graham, Respiratory Physiotherapist, Vice Chair, PLAN



Sustainability and Transformation Plans – their role and what this might mean for our respiratory services

The development of the 44 Sustainability and Transformation Plans (STPs) at the end of last year has been a direct response to help us deliver the *NHS five year forward view* in a population and system wide approach. They also reflect the times we are living in and the enormous financial and operational challenges that the NHS and social care face.

The emerging theme amongst the majority of STPs in that there is a need to tackle variation in the delivery of acute services, to redesign these services to maximise patient outcomes and centralise some more specialised services. This may well result in a reduction in acute beds and possible hospital closures. Not a popular decision with the general public?

However, these changes are interrelated with plans to develop primary and community care so that more services are delivered outside of hospitals and patients are cared for at home. This would also mean more joined up care between GPs, community care and so-

cial services. All of which would be welcomed.

The STPs also plan to build on the new models of care that have been developed by many of the vanguard sites over the last few years, and integrate these more widely across the NHS and social care.

So what might this mean for our respiratory services and patient care?

There are two positive roles that STPs have set their stall out to achieve and these are:

1. To improve prevention and early diagnosis
2. To improve and develop community care for patients

Both these aims could bring about real health improvements and lifestyle changes for respiratory patients which would be welcomed. Set against this however, is the enormity of the task and will required to deliver this, when funding is being cut across both health and social care sectors. These two factors could well determine the success or failure of the STPs.

For further information on STPs please go to the King's Fund latest report [here](http://www.kingfund.org.uk).

Ashley Green, BLF

Pan London Airways Network round up of 2016 & what's going on in 2017

Wow, 2016 has been a really exciting year for the Pan London Airways Network, thank you to all our members for your continued support. In 2016 the number of PLAN members increased, as did the number of members attending the two networking events, which is fantastic. Both network events proved very popular among our members with 88% overall satisfaction from our June meeting and 94% overall satisfaction from our November meeting. A big thank you to you all for your feedback; which we used to shape our summer agenda and to change the running order of the meeting.

How can PLAN top 2016? Well, 2017 is already shaping up to be an exciting year. PLAN has launched its first newsletter, which you will know if you are reading this! This is the first of three PLAN newsletters per year, so members please let us know if you have anything you would like to share or what you would like to feature in the Newsletter:

email panlondonairwaysnetwork@gmail.com

The PLAN website always under continual development, the aim is that it provides a platform for; learning, sharing best practice, a service directory for London Respiratory Services, links to other networks, so visit www.plan-network.co.uk to monitor its progress. PLAN however needs the help of its members. The PLAN network is a network for Respiratory Leaders

pan London, currently with great representation from all areas of London, except the North Central and South West areas of the Capital. If you know anyone working in respiratory services in the South West or North Central London, please help us promote PLAN.

PLAN would like to increase the diversity of our membership, currently a large proportion of members are either Respiratory Nurses or Physiotherapists. Therefore if you work with or know of any SLTs, OTs, Psychologists, Dieticians, Medics, Pharmacists, Exercise Therapists, Smoking Cessations advisors, Community Matrons, Ward or Practice based nurses with an interest in respiratory care and leadership, please raise the profile of PLAN for us and sign-post them to our [website](#).

Finally, the PLAN 2017 summer meeting agenda on the 28th June at the RCGP looks to be very interesting. The keynote speech will be delivered by Professor Mike Roberts, talking about a current hot topic in the NHS; Sustainability and Transformation and how this impacts on respiratory care. The rest of the meeting focuses on Respiratory Failure, and the meeting concludes with a PLAN network first, a practical inhaler workshop to support our members in meeting the new Inhaler Competencies. We hope to have over a 100 members at the summer meeting, please share the details with colleagues across London. Please join us, to register visit our [website](#).

Laura Graham, Respiratory Physiotherapist, Vice Chair, PLAN

British lung Foundation – campaigning to support London's lungs

Many towns and cities across the UK have unsafe levels of air pollution from traffic fumes. These fumes can make it harder for people with a lung condition to breathe and make their condition worse. It can also increase all our chances of getting a lung condition and cause lasting damage to children's growing lungs.

At least 40,000 people are dying early each year from this pollution.

It's a public health crisis and we're campaigning to change this. More than 20,000 people signed our petition and told the government that we need far more action on air pollution.

We need:

- Clean air zones to be established across the UK in the most polluted places

- A new clean air act that sets legal limits in line with the World Health Organisation's safe limits
- More monitoring outside schools in polluted places

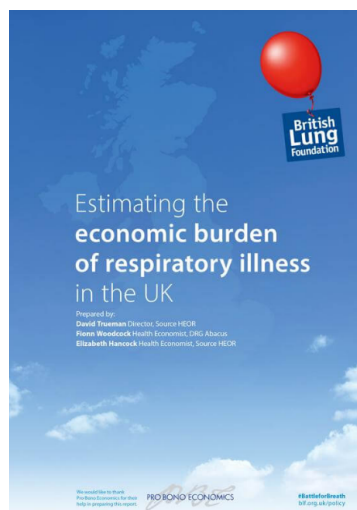
We're working with decision-makers across the UK to make sure air pollution is prioritised and these policies are put in place.

Harriet Edwards, BLF



British Lung Foundation launch a new campaign for a national disease strategy

The BLF have launched a new campaign to improve the care and support received by people with lung disease and prevent more people developing a lung condition. It's one of the boldest campaigns we've ever run, but



it's critical for the 12 million who have been diagnosed with a lung condition and the millions more who are at risk of developing one.

This month we published [our new economic report](#) which found that lung disease costs the economy £11 billion every year. Given the number diagnosed, we would

expect this. However, despite this investment, our [Battle for Breath](#) report last summer found that lung disease mortality rates have stagnated over the last ten years - we now have the 4th highest in Europe.

The Cancer and Mental Health Strategies are already transforming care in their respective fields. Lung disease needs this level of attention if we are to end our poor track record in patient outcomes. That's why we're now asking the Government and NHS England to commit to a Taskforce for Lung Health to develop a five year strategy to improve respiratory services and the nation's lung health.

We would be delighted if you could show your support for the campaign by emailing your MP, MSP or AM and letting them know. You can do this by going to our Battle for Breath webpage – www.blf.org.uk/battle-for-breath - and giving in your name and post code.

Nathan Bennett, BLF

Brompton Singing Group

There is increasing evidence that Singing for Lung Health (SLH) can improve general health and wellbeing, especially in those with a lung condition by teaching a better understanding of breath control through the use of the voice. The first hospital based SLH programme in the UK began at the Royal Brompton Hospital in September 2008 and has grown in popularity since. A recent systematic review of SLH reports that it may improve health related quality of life for people with Chronic Obstructive Pulmonary Disease (1).

This evidence is based on a small number of randomised controlled trials with low participant numbers and currently there is insufficient data to suggest SLH improves HRQOL in other respiratory diseases. More robust large scale randomised controlled trials are needed. Nevertheless SLH is exploding in popularity across the UK and there are now over 80 groups in the UK that are running as singing groups for people with respiratory disease. 26 of the groups currently running have received the British Lung Foundation (BLF) SLH training and start-up bursaries.

Adam Lewis, a respiratory specialist physiotherapist, is part of a team completing a service evaluation into the British Lung Foundation funded Singing for Lung Health SLH training. Adam Lewis says 'the service evaluation aims to explore to what extent the training delivered by the BLF is being used effectively in singing groups run around the country.

Over the last year we have been observing singing groups around the country, interviewing singing leaders and asking singing participants to complete patient reported outcome measures at baseline, 3 months and 6 months. Data from this study is being analysed at the moment and will be published later in the year.

Get involved!

Finding the nearest Singing for Lung Health group is easy. Simply go to www.blf.org.uk/support-in-your-area and type in your postcode. Many groups would welcome clinician engagement so please ask to observe a group and promote to your patients.

1. Lewis A, Cave P, Stern M, Welch L, Taylor K, Russell J, et al. Singing for Lung Health—a systematic review of the literature and consensus statement. NPJ Primary Care Respiratory Medicine. 2016;26:16080. <http://www.nature.com/articles/npjpcrm201680>



Sara Buttery, Research Physiotherapist, Royal Brompton Hospital

Integrated psychological support for respiratory patients, Homerton University Hospital NHS Trust

Poorly managed long-term conditions are one of the most costly problems faced by the NHS in the UK. While self-management is widely known as key to effective treatment, its outcome is significantly impeded by poor mental health.

Evidence has shown that COPD patients are up to 10 times more likely than the healthy population to suffer from problems with anxiety and depression. Such problems often lead to poor adherence to medications and treatment plans, higher rate of smoking and other unhelpful coping strategies. They in turn lead to physical symptoms exacerbations and costly A&E attendance and unplanned hospital admission.

Clinical evidence also showed us that a minority of these patients tend to make frequent use of emergency services such as the London ambulance service, A&E, and short and frequent hospital stay as ways of managing their unmet mental health needs, especially acute anxiety. These reactive short-term coping strategies have proved over time to entrench health worries and engender helplessness for these 'frequent attenders' and drastically increase treatment cost.

In May, 2015, an integrated psychology service embedded in the community respiratory service (Adult Cardiorespiratory Enhanced & Responsive Service, ACERS), Homerton University Hospital in Hackney, London was set up to deliver an innovative project with the aim to target psychological support to these patients.

Adopting an assertive outreach model, the team's clinical psychologist proactively identified and approached patients who had presented to A&E more than three times and/or two or more hospital admissions without any significant medical intervention in the 12 months prior to contact, to provide quick-response, community-based psychological assessment and treatment.

Treatment offered varied according to the patients' need and included individual cognitive-behavioural therapy (CBT) for panic, anxiety and depression, motivational interviewing for poor treatment engagement and brief dynamic therapy, couple and family therapies for patients who suffered from difficulties with adjustment to their functional losses and changes in relationship roles.

The psychology service also worked closely with the existing ACERS nurse specialists and therapists, and offered joint-case management and consultation on engaging patients with emotional barriers to treatment. The impact of the service was encouraging. In the first four months, the service provided direct input for eight COPD patients with complex needs.

Over the course of psychological therapy which lasted on average eight weeks, over 50% of these patients reported a significant reduction in their depressive and anxious symptoms; and a total reduction of 20 hospital admissions and 50 A&E attendances were noted when reductions were extrapolated to over a 12-month period and compared to the year before when they received treatment as usual and no psychology input. The latter translated into an annual cost saving of £37,040 and showed that the integrated psychology model significantly improved patients' QoL and was cost-neutral.

Dr Jason Chan, Highly Specialist Clinical Psychologist, ACERS, Homerton University Hospital NHS Foundation Trust



Respiratory Futures

If you haven't yet spent time on the Respiratory Futures website then we suggest that you take a look. It's a unique platform that enables professionals passionate about respiratory disease to collaborate, debate innovative ideas, share resources, network and celebrate success.

Its focus is on advancing our common goal of providing high quality respiratory care that is patient led and offers real value for money.

Over the coming year Respiratory Futures will be hosting a series of interactive debates on some of the most pressing issues facing respiratory care, sharing ideas and successes via the interactive innovation portal, curating original discussions and sharing news, such as guidelines, research and technology.

The website can be viewed [here](https://www.respiratoryfutures.org.uk). So please take a look and also get involved by contributing idea, stories and feedback. To get in touch email: contact@RespiratoryFutures.org.uk

Are you boiding?

When the London Respiratory Team started, way back in 2011, we decided that with limited resources but a lot of passion, our best approach was to initiate a movement for change. There's plenty of evidence to suggest that creating lasting change in healthcare, particularly in chronic disease, is a complex problem, and complexity theory tells us that we need to offer a few simple rules. One of the most vivid examples of this, is how birds flock:

This model of how birds flock is called "boids" from Craig Reynolds <http://www.red3d.com/cwr/boids/>. We adapted this to become a verb: to boid, meaning to bring all partners together, heading in the same direction, guided by a few simple rules. The London Respiratory Network had a wider base of clinicians and geographies involved, and it too, boided.



What are the few simple rules?

Focus on [value](#): that would mean being champions for staff and patient [flu vaccination](#)
[Treat tobacco dependence](#): THE value proposition for the NHS today

Prescribers should aim for [Responsible Respiratory Prescribing](#): doing the right things and doing them in the right way, and [Responsible Oxygen Prescribing](#) (not Ordering), which is for treating hypoxia not breathlessness.

Pulmonary Rehabilitation helps you Breathe Better, Feel Good, Do More: provide it and help referrers "sell" it to patients who would benefit. Breathlessness is frightening and disabling: embed [psychological approaches](#) to care and engage more psychologists.

Support our manifesto for the workforce, whose identity needs to be "I am a long term condition clinician, I care about value, I know how to assess, support and work with patients and drive improvements, I lead and work in a team, I personally deliver high value care."

The London Respiratory Network's formal work has ended, but the messages remain highly relevant, and we need PLAN to boid with us!

All the resources to back up these messages, new [guidance](#) and [Action Plan for COPD](#) produced in collaboration with the BLF, [commissioning tips](#) and [Top tips for mental health teams to improve respiratory outcomes for their clients](#) are available from [London Lungs](#) and will be available by May 2017 from [Respiratory Futures](#).

Siân Williams, Programme Manager

News from PCRS

Have you thought about joining the Primary Care Respiratory Society UK (PCRS-UK)? We are the home for any health professional working with respiratory health in primary care and community. Passionate about improving respiratory care, we provide members with support for professional development and learning, campaign to influence policy, set standards in respiratory medicine relevant to primary care and promote and disseminate primary care research in respiratory conditions to support policy and education activities. Visit our [website](#).

We publish Primary Care Respiratory Update which is packed with useful features, clinical updates, educational updates, respiratory news, respiratory-related policy news and also features summaries of our partner journal [npj Primary Care Respiratory Medicine](#) and other

respiratory related journal articles. You can download it [here](#).

We run a clinical Leadership Programme. The next workshop is 'Project initiation - your case for change' on 16th-17th June 2017 at the Hilton Doubletree City Centre, Bristol. This event will take delegates through the steps needed to develop a plan to turn ideas for bringing about change in the practices or a service improvement across a locality into reality. For more information visit [PCRS website](#).

Dr Noel Baxter, Primary Care Respiratory Society Chair



News from ACPRC

In 2016 the ACPRC began a process of evaluating the purpose and drive behind our organisation. We are now re-energised to support all cardiorespiratory physiotherapists: undergraduates; newly qualified; leaders and academics. Our mission of 'inspiring excellence in cardiorespiratory care', embraces four values that underpin our work: Leadership and Innovation; Sharing Knowledge and Skills; Research and Best Practice and Connecting People.

Armed with our new values, logo, and social media profile, we re-launched the ACPRC, with support from the British Thoracic Society at their Winter Meeting. Professor Eleanor Main, keynote speaker, described the changes in research, education and clinical practice she has seen, providing insight into the need to adapt and evolve in

healthcare. Complimenting this, our committee reviewed progress within the four values in the last 10 years and described how the ACPRC are committed to delivering action on these values in the future. We were excited to share this event with so many of our members, both in person and through live streaming.

We are keen to collaborate with respiratory colleagues all across the UK and hope our Re-Launch inspires you to get involved in our projects, attending study days and conference, or volunteer as a regional representative or committee member. You can get in touch via email chair@acprc.org.uk, Twitter, Facebook or in person at our events.

Lizzie Grillo, ACPRC Chair



News from ARNS

I have been Chair of ARNS for nearly 2 years, it's a huge honour to represent the Association and we are very proud of the work that ARNS has done. This year is very special too as ARNS Celebrates its 20th year and we are holding a very special conference in Holywell Park, Loughborough, on the 5th and 6th May, we are delighted to announce that Janet Davies, Chief Executive & General Secretary of the RCN, will be giving the keynote opening address.

We welcome membership from all professions as associate members and full members are nurses working as a respiratory nurse specialist and hold a post registration respiratory qualification.

ARNS works in partnership with many others within the respiratory family such as the BTS, British Lung Foundation and PCRS, and of course many PLAN members are already members of ARNS.

For those that are not and are interested in the conference or joining ARNS please explore our website for Full details of ARNS and our conference, we can be found at www.arns.co.uk and follow us on Twitter @ARNS_UK

Matthew Hodson, Chair ARNS



The PLAN Committee would like to thank the following Pharmaceutical Companies for their sponsorship and support of the PLAN educational events, Teva UK Limited, GlaxoSmithKline plc, AstraZeneca plc, Chiesi Ltd, Pfizer Ltd, Nutricia Ltd, Napp Pharmaceutical Group Ltd, Sandoz Ltd and MYLAN Pharma UK Limited

Events

The Chartered Society of Physios (CSP) are developing an online tool for commissioners to show the cost effectiveness of pulmonary rehab (the 'PRICE' Model). They are planning to launch it in April. After the launch, they will be setting up training events throughout the country, showing people how to use the model csp.org.uk

Upcoming Respiratory Conferences in 2017

ACPRC conference

The ACPRC conference is taking place in York on 28-29 April. acprc.org.uk

ARNS conference

The ARNS conference is taking place in Loughborough on the 5-6 May arns.co.uk

BTS Summer meeting

The 2017 BTS Summer Meeting will be held at the International Convention Centre in Birmingham on 22-23 June. brit-thoracic.org.uk

ERS conference

The ERS international conference is taking place from 9-13 September in Milan, Italy. erscongress.org

PCRS conference

The PCRS conference will be held at the Telford International Centre on 29-30 September. pcrs-uk.org

BTS Winter meeting

The 2017 BTS Winter Meeting will be held at Queen Elizabeth II Centre, London, on 6-8 December. brit-thoracic.org.uk