




Respiratory Update Study Day

**Dr Tony Wright, SGPET Chairman and
Dr Steve Homes, GP Park Medical Practice**

Introduction

We hope the day will provide you with a better understanding and to:

- ▶ be aware of new developments in COPD diagnosis and management
 - ▶ be aware of what is new in asthma guidelines and how to manage more than one guideline
 - ▶ recognise issues around antibiotic use in respiratory medicine
 - ▶ understand the benefits of pulmonary rehabilitation and how to refer locally
 - ▶ be aware of key features of TB, changes to management and local processes when a diagnosis is made.
 - ▶ understand how to use a microspirometer accurately in clinical practice
 - ▶ be aware of inhaler devices and the appropriate methods for inhaler use
 - ▶ understand the current evidence for e-cigarettes
 - ▶ understand how to step up and down treatment in asthma and COPD
 - ▶ be able to undertake Very Brief Advice for help with smoking cessation
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▶ Who is involved?

- ▶ Speakers

- ▶ Facilitators

- ▶ Pharmaceutical Support

- ▶ SGPET

▶ How will the day run?



Programme

Time	Topic	Led by
09.30	Introduction and some local data to set the scene	Steve Holmes (GP, Park Medical Practice, Shepton Mallet, previous BTS / SIGN Asthma Guideline exec)
09.40	Asthma BTS / NICE – moving forward with two guidelines and some clinical tips from the specialist community	Steve Holmes
10.20	COPD – NICE / GOLD – moving forward with two guidelines and some clinical tips from the specialist community	Rob Stone (Consultant Respiratory Physician, Musgrove Park Hospital, Lead for National COPD audit.
11.00	Coffee (time with Pharmaceutical Representatives)	
11.30	Hot Topics (15 minutes each) <ol style="list-style-type: none"> 1. E-cigarettes – safe or not? - Stewart Brock (Public Health Specialist) 2. Antibiotic use in respiratory medicine - Steve Moore (Respiratory Lead, Somerset CCG pharmaceutical group) 3. Pulmonary Rehab – national evidence local usage - Julia Perry (BOC local service lead) 4. Tuberculosis update – new guidance and local practice - Kate Brookman (Senior Respiratory Nurse Specialist, Yeovil) 5. Save time / be more accurate – microspirometry in a busy workplace - Steve Holmes 	
13.00	Lunch (time with Pharmaceutical Representatives)	


Three workshops in rotation:

Butlin Room: Inhaler devices – workshop highlighting current inhalers in common use (David Long, Resp Nurse Specialist and Steve Moore)

Main Theatre: Stepping up/ stepping down treatment in asthma and COPD (Kate Brookman)

Studio 2: Smoking cessation and Very Brief Advice training (Stewart Brock)

13.50	First workshop session	
14.20	Second workshop session	
14.50	Tea (time with Pharmaceutical Representatives)	
15.20	Third workshop session	
15.50	Return to Main Theatre - any questions to panel / formal closing remarks	
16.00 – 16.30	Informal any questions (panel) / Close	Chair – Steve Holmes

- ▶ Housekeeping (fire alarm, toilets)
 - ▶ Evaluation – paper and survey monkey
 - ▶ Mobile phones – please turn off / silent
 - ▶ Certificates will be emailed
 - ▶ Badges please return at the end of the day
 - ▶ What workshop do I start in? First workshop group on your badge and in delegate pack.
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Workshops – in delegate pack

Main Theatre – Stepping up / down treatment in asthma and COPD : Kate Brookman

Butlin – Inhaler devices : David Long and Steve Moore

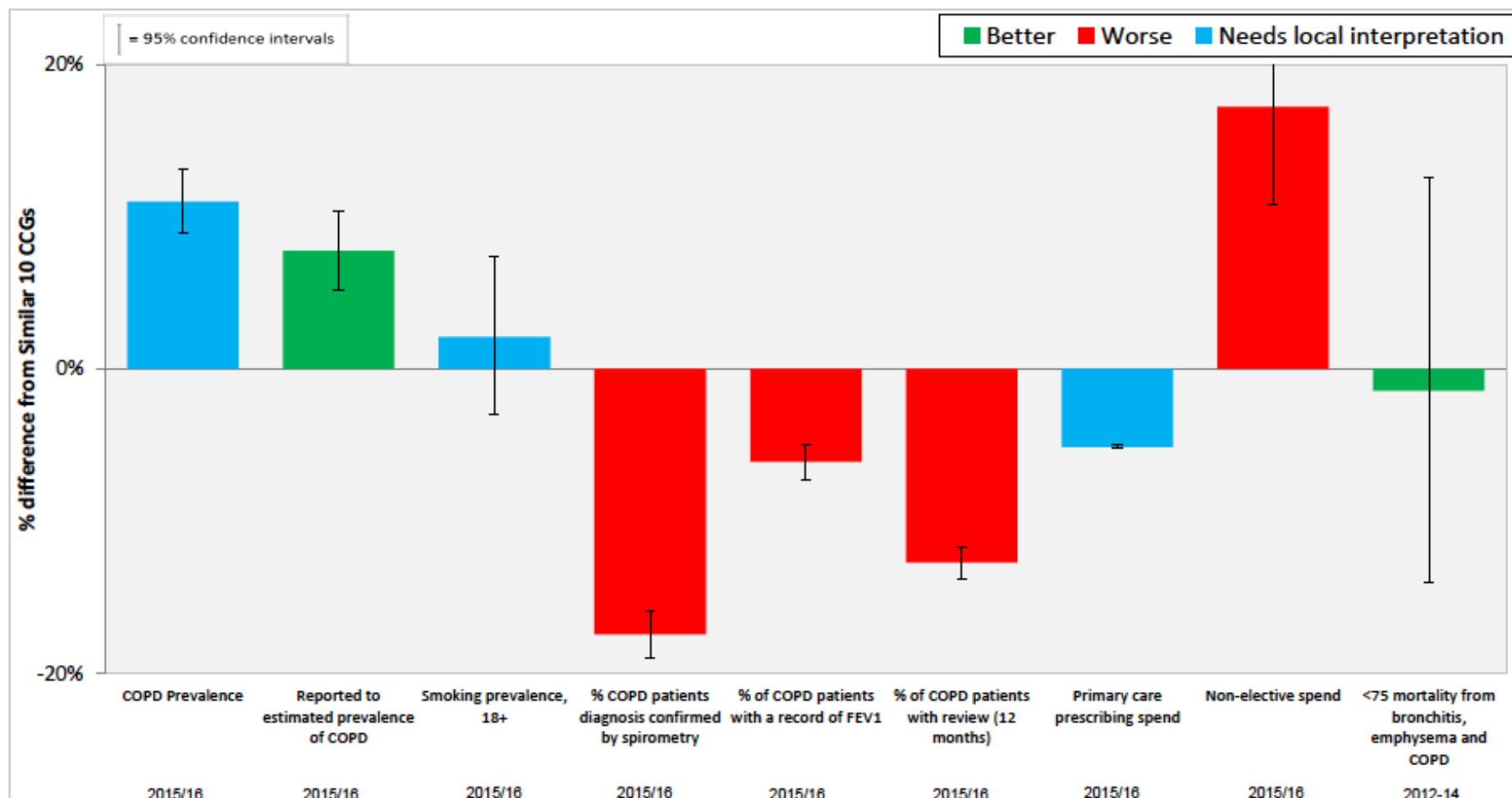
Studio 2 (The Hyde) – Smoking cessation and Very brief advice training : Stewart Brock

Return to main theatre after 3rd workshop



COPD pathway

CCG Where to Look packs - January 2017*

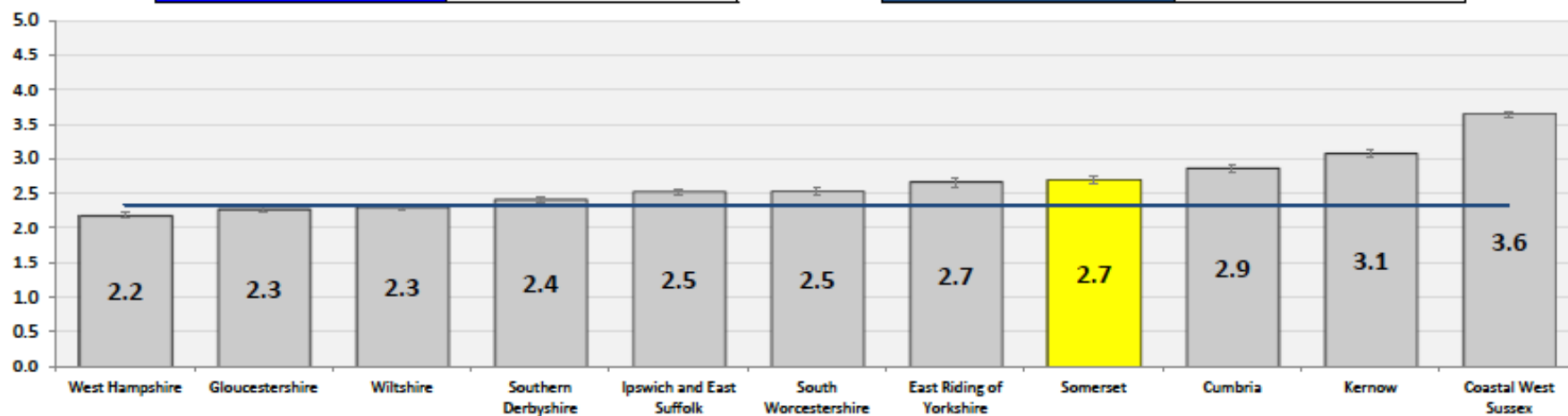
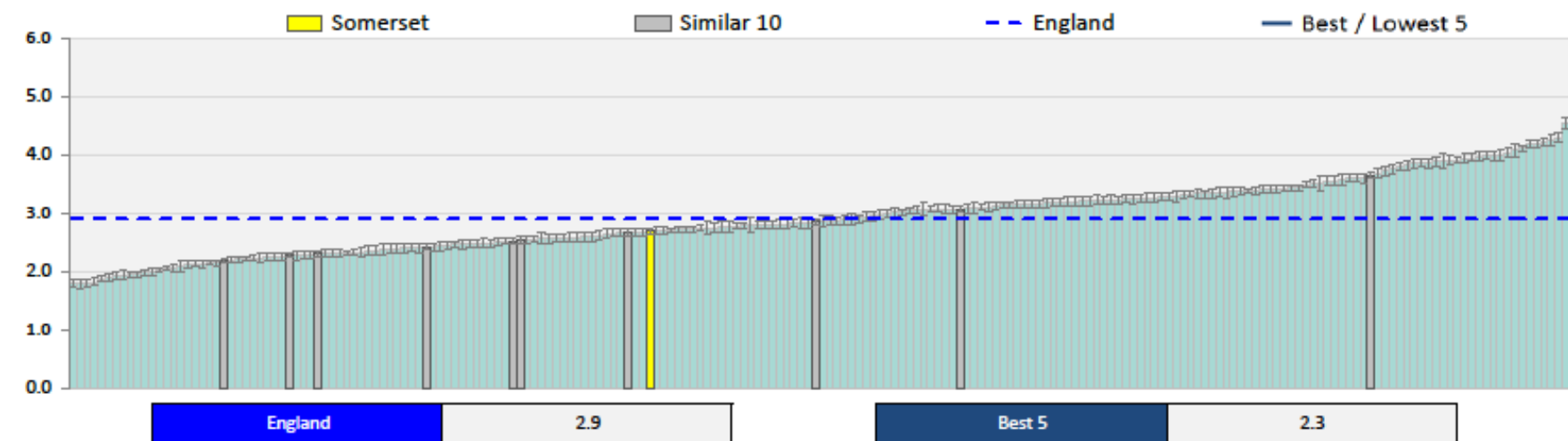


*This pathway compares the CCG to the average of its 10 most similar CCGs

The full CCG Where to Look pack is available at: <https://www.england.nhs.uk/rightcare/intel/cfv/data-packs/>

COPD estimated Prevalence (%)

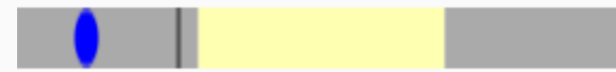
1913 Ppl.



Chronic Obstructive Pulmonary Disease (COPD003) % achieving upper threshold or above

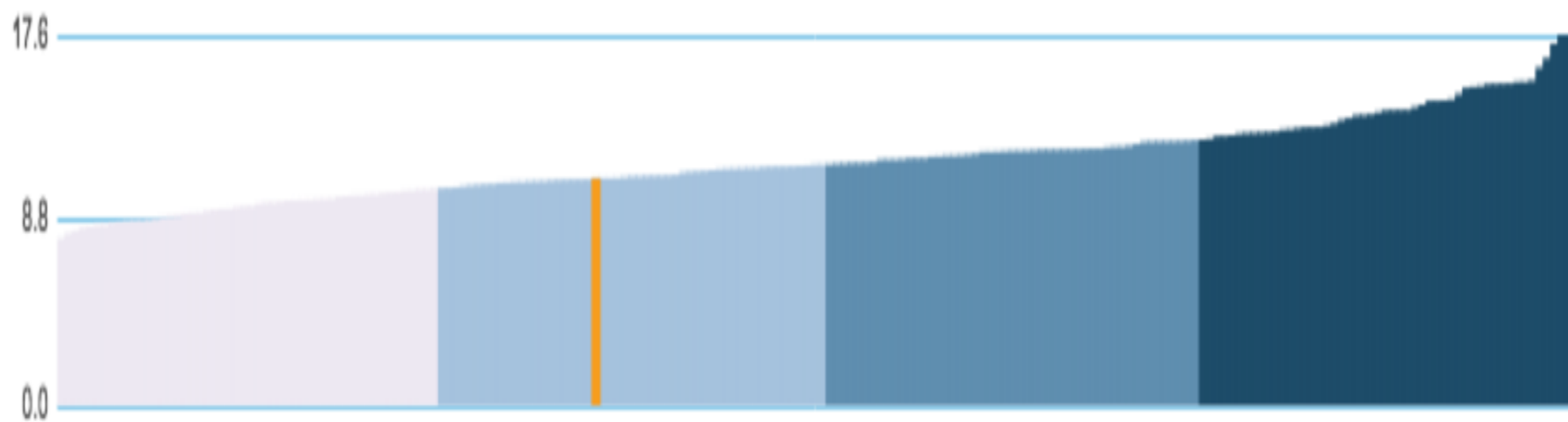
8.33

0



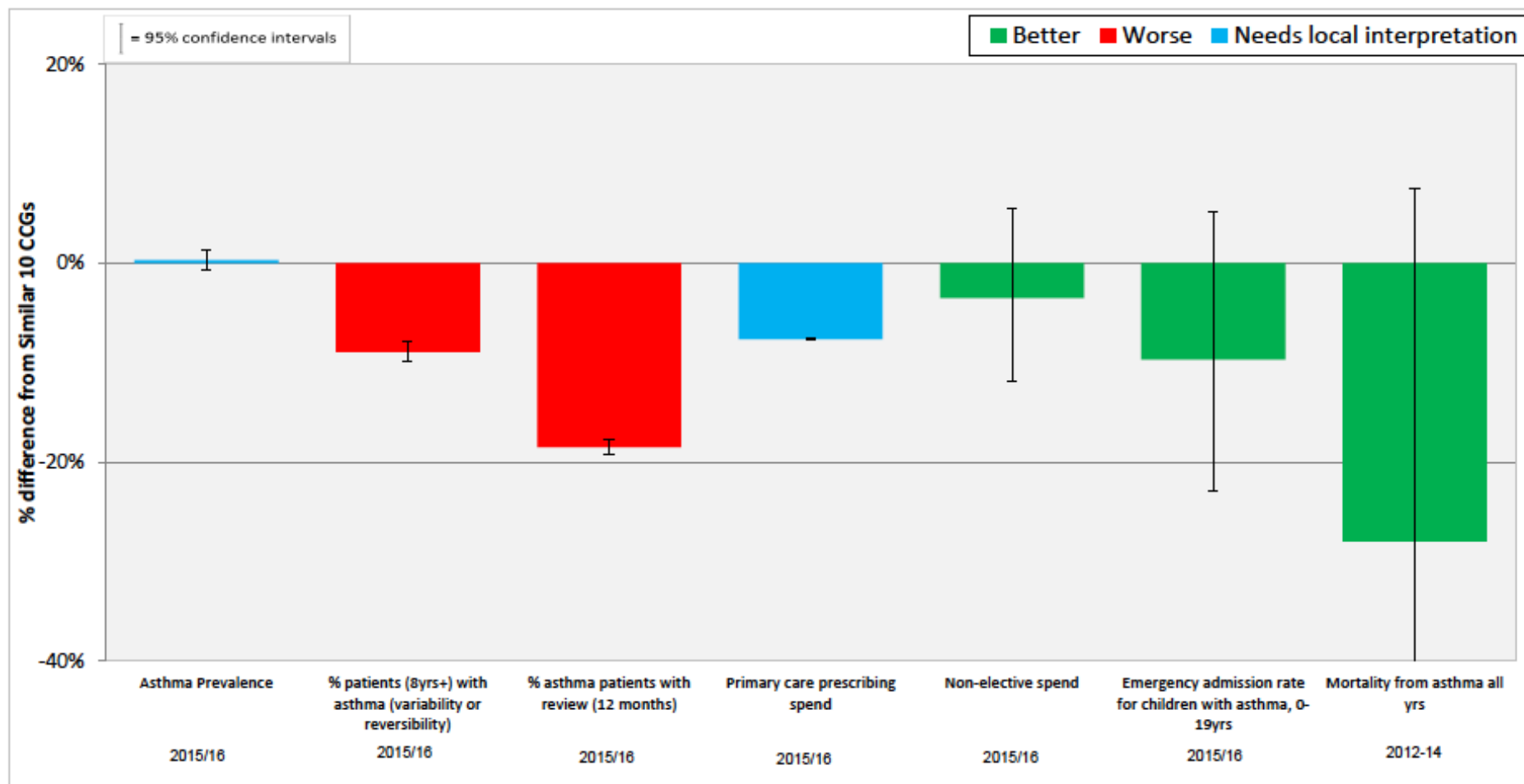
72.09

Respiratory >> Emergency COPD Admissions (Apr 16 - Mar 17)



Asthma pathway

CCG Where to Look packs - January 2017*



*This pathway compares the CCG to the average of its 10 most similar CCGs

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At the moment there is considerable variation (SABA inhalers in England)

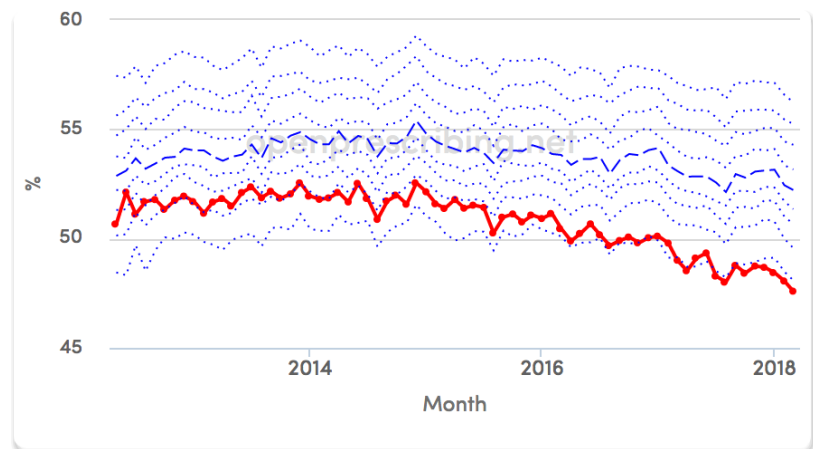
Short acting beta agonist inhalers

Why it matters: [Why Asthma Still Kills](#) reports that high use of short acting beta agonists (salbutamol and terbutaline) and poor adherence in the use of inhaled corticosteroids in asthma suggests poor control, and these patients should be reviewed regularly to ensure good control.

Description: Prescribing of short acting beta agonist (SABA) inhalers - salbutamol and terbutaline compared with prescribing of inhaled corticosteroid inhalers and SABA inhalers

Explore:

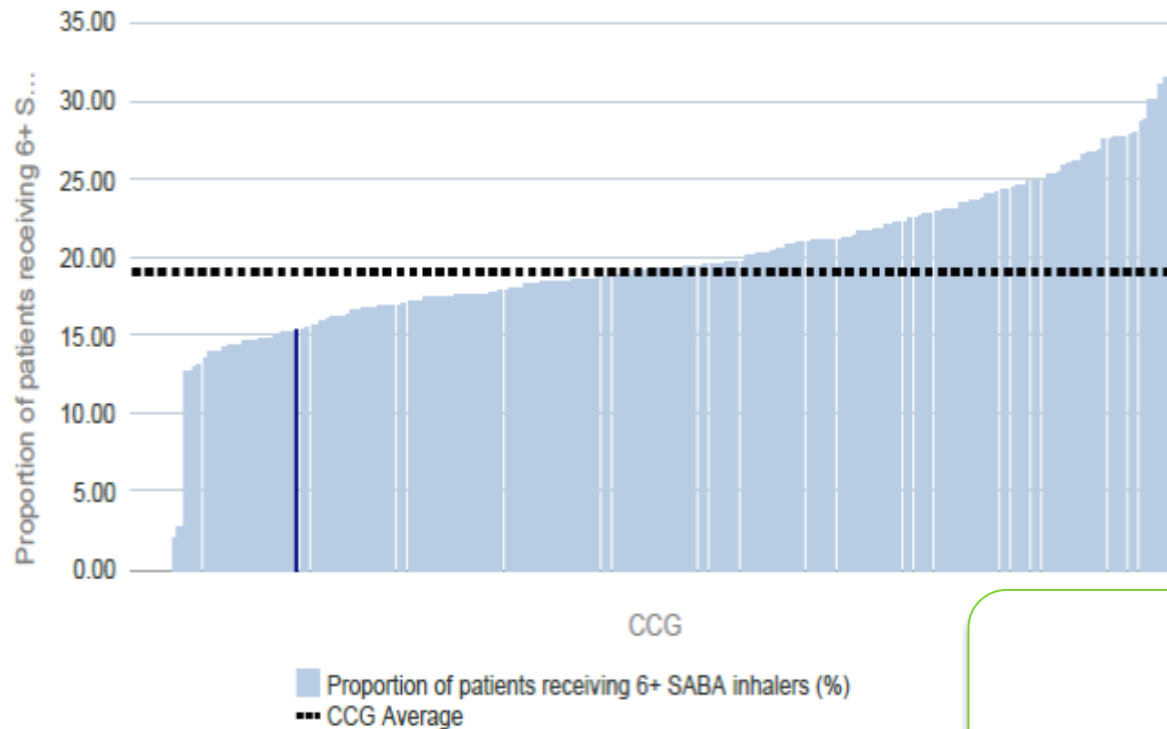
- Break the overall score down into individual presentations
- Split the measure into charts for individual practices
- Compare all CCGs in England on this measure



% of patients receiving 6 or more SABA (CCG variation versus national)

CCG Comparison v National

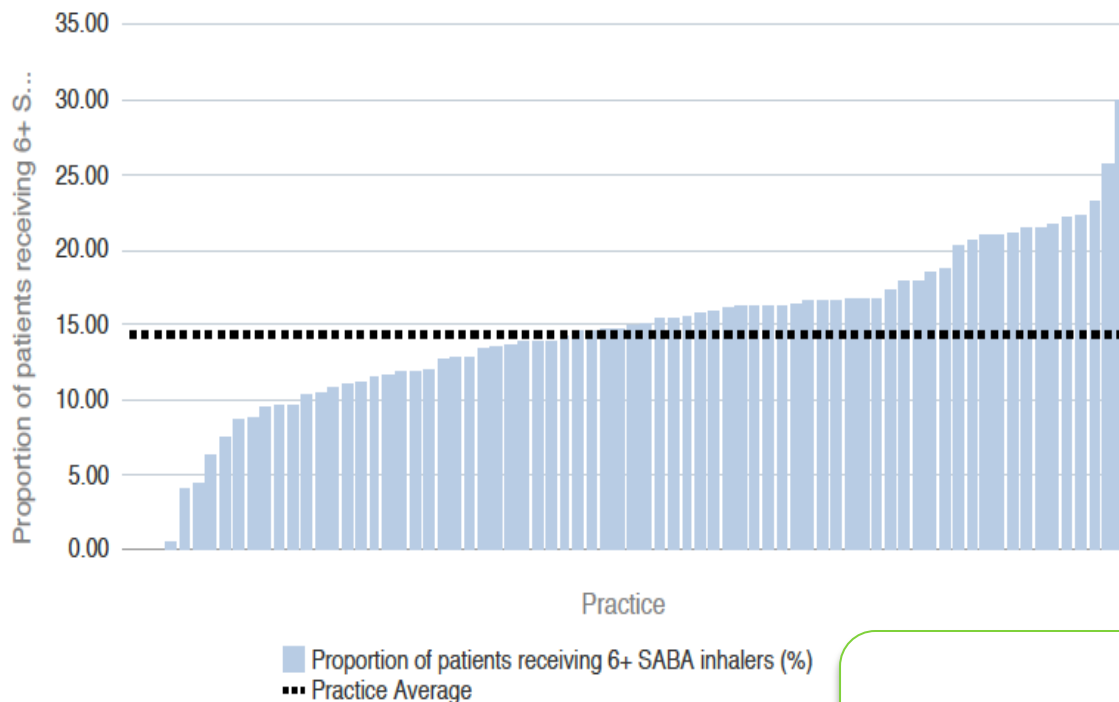
SOMERSET CCG highlighted against all CCGs in England
Reporting Period: Jun-18



% of patients receiving 6 or more SABA (practice versus CCG)

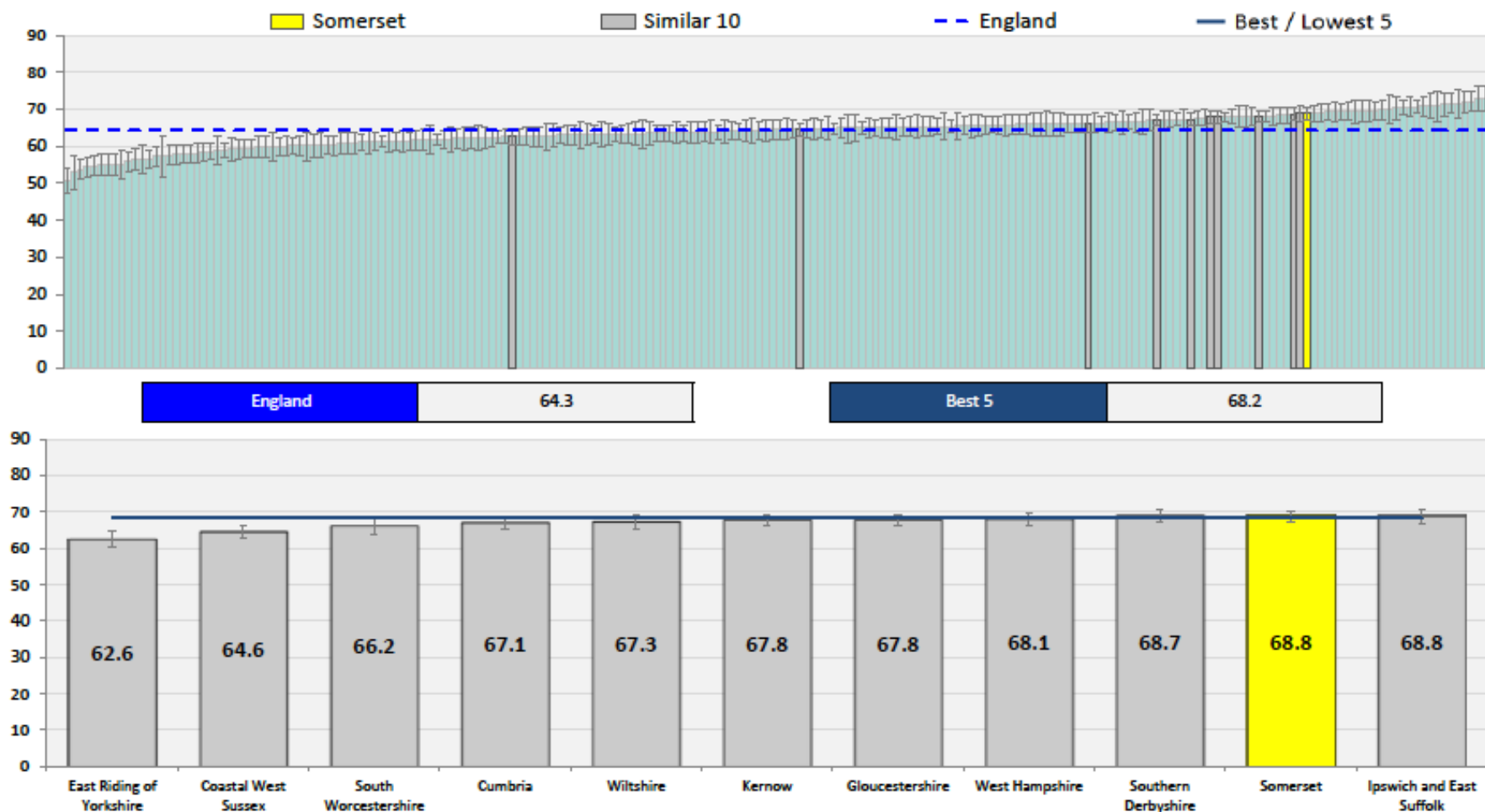
Practices within CCG

All practices within SOMERSET CCG (Jun-18)



The percentage of people who feel supported to manage their condition

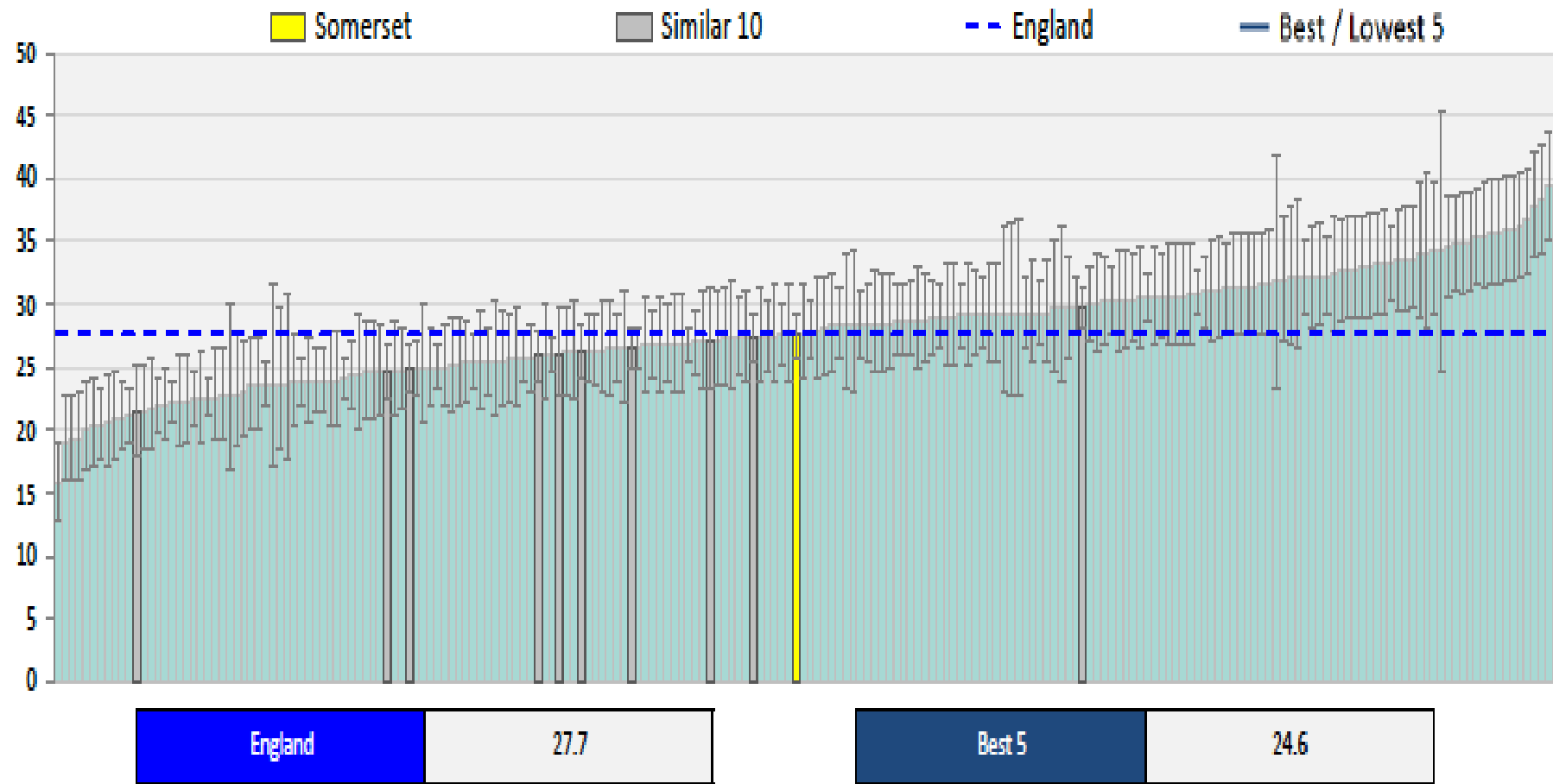
N/A



Definition: The percentage of people who feel supported to manage their condition
 Source: NHS Digital, Confidence Intervals have been calculated by the RightCare team and will be underestimate
 Year: 2015/16

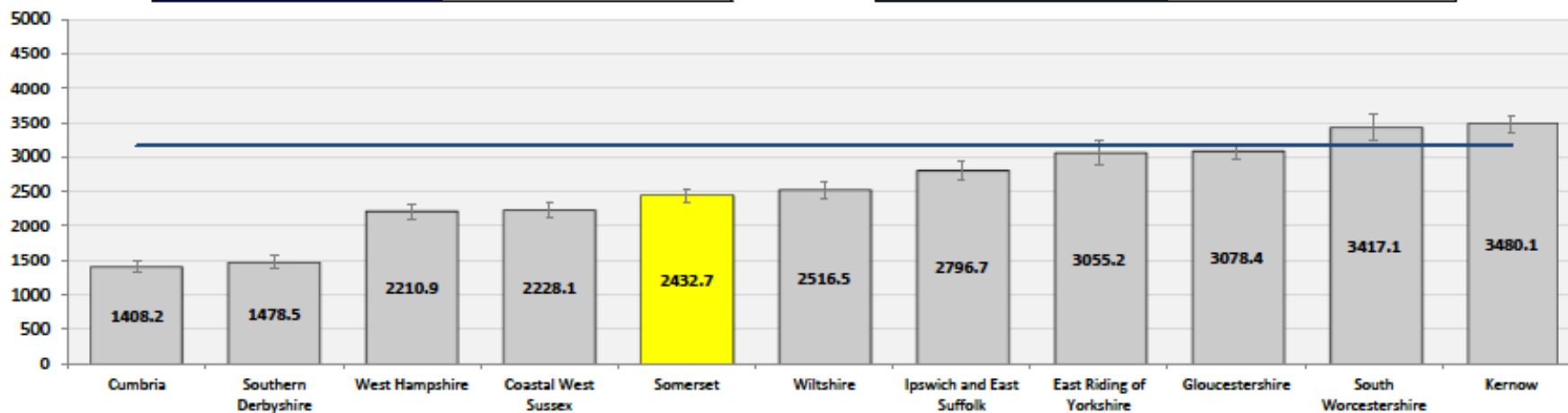
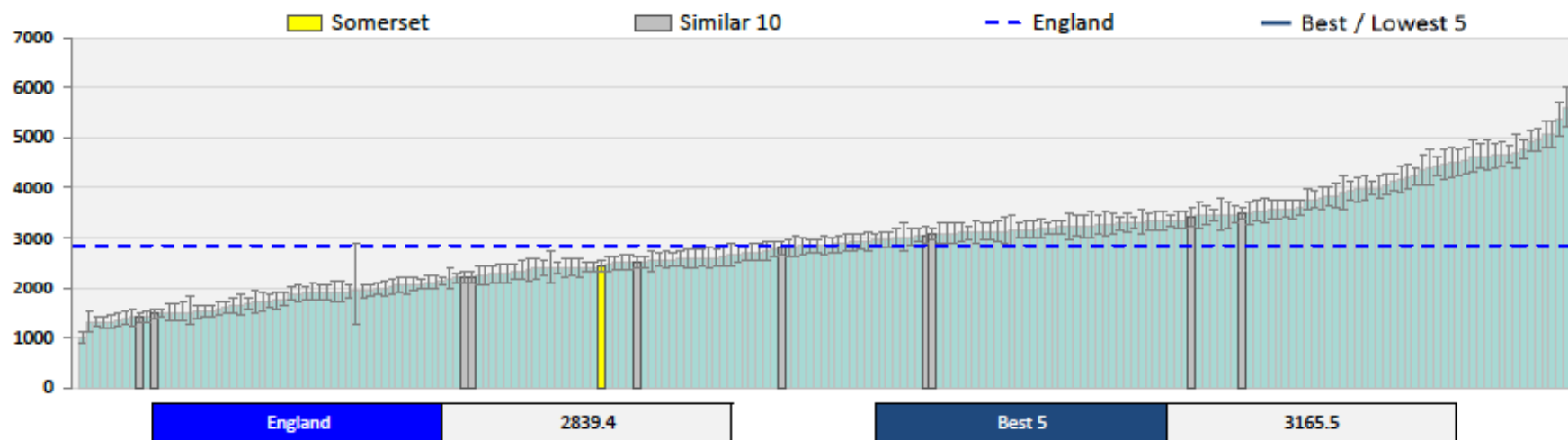
The percentage of physically inactive adults

13437 Ppl.



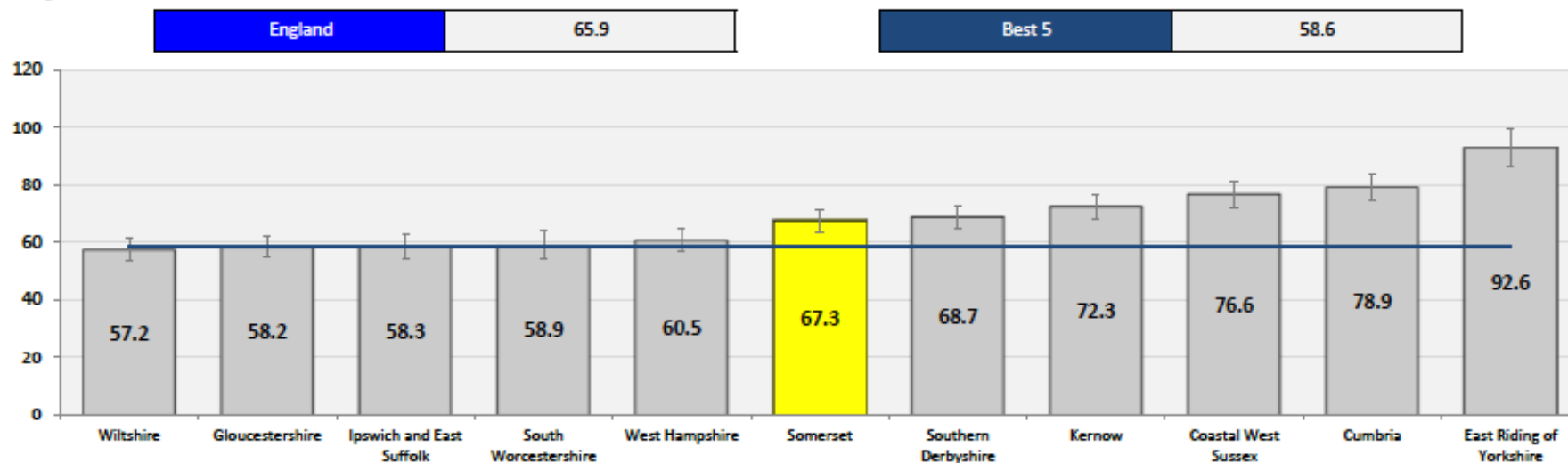
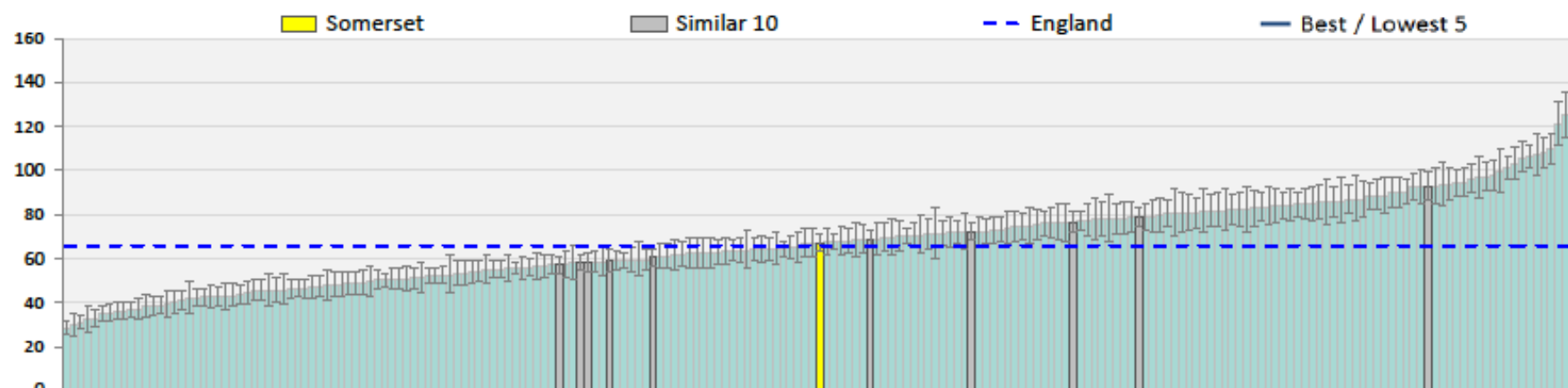
Smoking quit rates (successful quitters), per 100,000 population aged 16yrs+

591 Ppl.

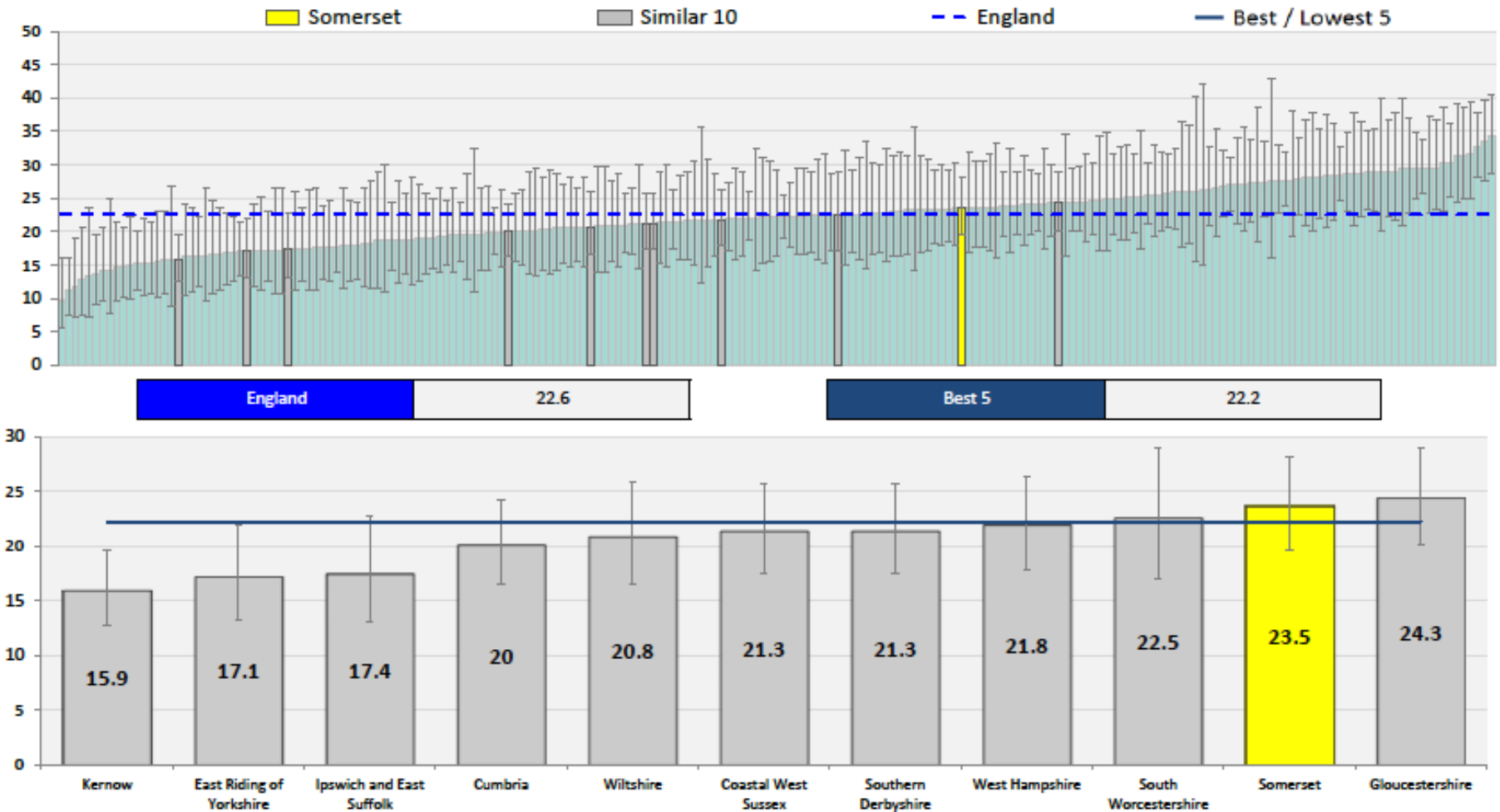


Incidence of lung cancer per 100,000 population (all ages)

48 Ppl.



The percentage of lung cancers detected at an early stage (1 or 2)



Routes to diagnosis - emergency presentations for lung cancer - DSR per 100,000 population

N/A

