

Primary care working locally, collaborating globally to improve respiratory health

The International **Primary Care Respiratory Group** Highlights 2016-2018

Clinically-led by its Board of directors

2017 directors

President: Dr Jaime Correia de Sousa, Portugal Treasurer: Ms Kristine Whorlow, Australia Immediate Past President: Dr Ron Tomlins, Australia President Elect: Dr Ioanna Tsiligianni, Greece Co-optee: Dr Tan Tze Lee, Singapore Co-optee: Dr Beraki Ghezai, Norway **Co-optee:** Dr Janwillem Kocks, Netherlands

IPCRG

Chair of Education sub-committee: Professor Hilary Pinnock, UK

Chair of Research sub-committee: Dr Rachel Jordan, UK

IPCRG staff

Executive Officer: Siân Williams Business Manager: Sam Louw **UNLOCK manager:** Liza Cragg Education Coordinator: Juliet McDonnell Conference Director: Christine Lawson Communications Assistant: Linda Kennison

Partnerships

IPCRG represents primary care on the Planning Executive of the World Health Organization's Global Alliance against chronic Respiratory Diseases (WHO-GARD) which has approved FRESH AIR and Better Breathing Bangladesh as demonstration projects;

Special Interest Group (SIG) WONCA Special Interest Group (SIG) WONCA Europe providing respiratory updates at its conferences in Czech Republic 2017 and Poland 2018; Organisation in Collaborative Relations with WONCA World;

Member of the European COPD Coalition;

European Respiratory Society: Hilary Pinnock and Janwillem Kocks lead the Primary Care Group and Janwillem also represents the IPCRG on the Research Agency; Karin Lisspers and Miguel Roman Rodriguez sit on the Professional Advisory Committee (PAC) of the European Lung Foundation (ELF);

Close cooperation with European Academy of Allergology and Clinical Immunology (EAACI) primary care group



WHO-GARD strategy meeting, 2017

IPCRG works locally and collaborates globally to improve respiratory health in primary care

IPCRG is the only global organisation with this mission. We are a clinically-led charity with membership from over 30 national primary care respiratory organisations reaching over 130,000 clinicians and an expanding global community of practice.

Our activities include multi-national evidence generation to inform guidelines and guidance, implementation research to test how to introduce best practice into different settings, and educational and communication activities that aim to influence clinical behaviours in low, middle and high income countries.

FRESH AIR focus group, Uganda



Scientific Programme Committee, Slovenia 2017. Left to right: Ioanna Tsiligianni, Mateja Bulc, Danica Rotar Pavlič, Nena Kopčavar Guček

Associate members: Invited organisations

Education for Health European COPD Coalition (ECC) European Federation of Allergy & Airways Diseases Patients' Associations (EFA) European Forum for Primary Care Global Asthma and Allergy Patient Platform (GAAPP) International COPD Coalition (ICC) World Allergy Organisation (WAO)

Associate members: Invited specialists

Chunxue Bai, China Jean Bousquet, France Sue Cross, UK Álvaro Cruz, Brazil Breda Flood, Ireland João Fonseca, Portugal Peter Frith, Australia Stephen Holgate, UK Nick Hopkinson, UK Christine Jenkins, Australia Khoo Ee Ming, Malaysia Le Thi Tuyet Lan, Vietnam Martyn Partridge, UK Anne Pietinalho, Finland Helen Reddel, Australia Madrean Schober, USA Joan Soriano, Spain Rafael Stelmach, Brazil Claudia Steurer-Stey, Switzerland David Tinkelman, USA Arzu Yorgancıoğlu, Turkey

Associate Members 2017 Boehringer Ingelheim Vitalograph

Grants also awarded by:



Global A Bridges Halfree Milance for Tobacco Dependence Education European Union's Horizon 2020 research and

innovation programme under grant agreement No 680997

IPCRG Education Programme

Defining the agenda

- McDonnell J et al Building capacity to improve respiratory care: the education strategy of the IPCRG 2014-2020. doi.org/10.1038/npjpcrm.2014.72.
- Identifies target audiences: primary care workers, under- and post-graduate teachers, topic experts, potential leaders
- Proposes localised blended learning programmes including Teach the Teacher and e-learning:
- Teach the teacher following success of the Difficult to Manage Asthma programme in 8 countries, we launched Treating Tobacco Dependence in Bulgaria, Romania, FYR Macedonia and Kyrgyz Republic
- E-learning case studies on asthma: AsthmaXchange.com

IPCRG 5th Scientific Meeting

The first collaboration with our new member, IPCRG Slovenia, to extend into central Europe. We also presented a respiratory update to delegates of the 43rd Family Medicine Meeting.

Supporters: Boehringer Ingelheim Ltd, Novartis, BreatheSimple, European COPD Coalition, MD Education, Medikro



Participant reactions

PROFILES...

Dr Monsur Habib and **Better Breathing Bangladesh**

IPCRG Bangladesh

It's late in the evening, and a young man in Khulna, Bangladesh, is gasping for breath, his anxiety mounting by the second. He manages to call one of the Favourites on his phone – Dr Monsur Habib. Monsur diverts from his evening walk and meets the young man at his primary care respiratory clinic. Following a full assessment, the young man is treated for his asthma attack, and leaves reassured with an agreed and affordable treatment plan.

Today this is already a reality for Monsur's patients, but Monsur and colleagues have a vision for a Better Breathing Bangladesh where such centres are the norm. To date, 20 GPs have completed 13,600 tests in the distance learning Spirometry 360 programme that IPCRG has helped evaluate from Jim Stout's team at University of Washington.

In August 2017 they will test out SpiroSmart[©], a mobile phone spirometer. 500 GPs have completed an Education

Jaime Correia de Sousa

My priorities as

1. Build a productive relationship with WONCA so GPs around the world understand what good care of people with tobacco dependence,



allergy, asthma or COPD looks like, and have the capability and confidence to implement it. This involves reducing the variation in

- diagnostic accuracy, increasing treatment capability and improving communication skills.
- 2. Develop research capability of primary care colleagues to evaluate their practice and to share the results effectively so we can rapidly influence how care is delivered across the world.
- 3. Offer new opportunities to engage colleagues with a passion to improve respiratory health so that we can refresh, sustain and grow IPCRG activity.
- 4. Implement our two year cycle of research, educational evaluation and conferences.
- 5. Put IPCRG on a stronger financial footing.





for Health diploma delivered using blended learning methods and the IPCRG-Bangladesh has signed a Memorandum of Understanding to increase the availability of high quality education to new generations of GPs. Monsur is already incorporating the case studies written by IPCRG for AsthmaXchange.com into the programmes. The next phase is building research capability so the many innovations Monsur and colleagues are introducing are fully evaluated and published.

on Difficult to Manage over how to incorporate it into

reviewed npjPCRM. The a-i of difficult to manage asthma will be rolled out nationally to primary care clinicians in education programmes taught by GPs with a special interest in asthma. • doi:10.1038/npjpcrm.2016.86 https://cahag.nhg.org/caspir-en-spirometrie



Evaluation of education

Working with our E-Quality partners, FRESH AIR and Global Bridges programmes we are evaluating not only the lower steps of the evaluation staircase (adapted from Guskey) but the higher steps. The best example so far is the impact on referrals to 2nd care/emergency admissions in Brazil following the matrix support programme doi.org/10.1038/npjpcrm.2016.47

Impact on participants practice and ervice users Participant use of new nowledg and skille Organisational support and change Participant earning



CAHAG, Netherlands

A GP and pulmonologist colleague attend a 2-day **IPCRG** Teach the Teacher meeting with colleagues from 7 other countries. The focus is Asthma, and how to present this effectively to GPs. They agree with the concept and like the acronym SIMPLES to guide practice, but puzzle



Dutch, and also how to align it with existing Dutch primary care asthma guidelines that their society, CAHAG, wrote and existing educational programmes such as CASPIR. Back in the Netherlands they work with CAHAG to devise an extension to the a-e good asthma care approach that already exists. Using a Delphi process to build ownership they incorporate the SIMPLES criteria into a new a-i guide. Knowing the value of published claims to influence clinical change, they publish the method and results in the peer-

IPCRG Research Programme

Defining the agenda

- IPCRG prioritised research needs statement Pinnock et al doi.org/10.4104/pcrj.2012.00006
- Collaboration with EARIP to define European asthma research priorities aiming to reduce asthma deaths in Europe by 25%
- within ten years and by 50% within 20 years https://earip.eu/deliverables-and-publications/ • SHARP: Severe Heterogenous Asthma Research collaboration, Patient-centered; with ERS Research Agency

Building research capacity to influence behaviour



• Create networks of European universities and our members in LMICs to build respiratory research capacity of clinicians, patients and scientists including early career scientists

Flagship research programmes

UNLOCK

Standardising and analysing primary care datasets from multiple countries to answer questions relevant to primary care. The UNLOCK Group currently includes members from 15 countries: Sweden, Spain, Ukraine, Canada, Greece, UK, Netherlands, Norway, Australia, USA, Portugal, Germany, India, Uganda and Chile. UNLOCK has the potential to include data from over 216,000 patients with COPD, over 800,000 patients with asthma and over 3.8 million routine primary care patients.

www.theipcrg.org/UNLOCK

FRESHAR

Around 90% of deaths from COPD and 80% deaths from asthma occur in low and middle-income countries (LMICs). FRESH AIR is exploring why so many people in LMICs are dying from chronic lung diseases and what can be done to reduce the burden. A set of implementation science studies are examining the burden of chronic lung diseases, their risk factors, public awareness of these risk factors and how evidence-based approaches to prevention, diagnosis and treatment can be implemented in affordable and appropriate ways including phone spirometry, tobacco dependence treatment using Very Brief Advice and pulmonary rehabilitation. IPCRG supports capacity building in implementation science and leads the dissemination and communication programme including public awareness, stakeholder engagement and publication planning. www.theipcrg.org/freshair

Two year research

and education cycle

creating opportunities,

ouilding capability and increasing motivation

to improve

respiratory health

in primary care

Membership development





Sign up to IPCRG e-alerts: www.theipcrg.org/news-signup FRESH AIR newsletter: www.theipcrg.org/freshair/newsletter Contact BusinessManager@theipcrg.org +44 (0)1224 743753

www.theipcrg.org/donate



