

by telephone. Like all practices, there is pressure on appointments so if GPs can't easily find an appointment for a follow-up review, they can try to contact the patient for a telephone consultation.

There has also been a focus on improving inhaled steroid use in patients with asthma and COPD through talking to them about the risks and benefits of being on high doses, and there is a code for making sure they have spacers and steroid cards to highlight the importance of keeping their inhaler going on a regular basis.

"The GPs are not required to tick every box, but the information is there in front of them to help them focus on what else might be going on when patients present with an acute episode. The templates ensure that the information is recorded in a systematic way."

"We have made quite a lot of small tweaks that will not only improve care generally and make it part of routine practice but will also make patient care safer and more effective. The main changes have been made within the chronic review template and it takes just the same amount of time to go through these things in an asthma review as it did with the old template," says Anne.

In addition to improving their templates, the practice has implemented a rapid review system for people who have had exacerbations of asthma and COPD. A live register of patients who have had exacerbations has been set up and a daily search picks up the relevant code and puts those patients on a list for a follow-up appointment. A link worker then spends time encouraging patients to come in for a review. This is already starting to have an impact on reducing hospital admissions and reducing patients' use of reliever inhalers.

"This project is all about making the best use of time and resources, but it is also focusing on doing the right things when you have got the patient there. This work could very easily be reproduced in other practices. The whole practice has enthusiastically embraced the changes and the lead GP for the project is moving into a respiratory lead role and undergoing further training, so when I leave the practice at the end of the project they will have all the skills they need," says Anne.

For further information contact Anne via the PCRS-UK Members Directory (see [www.pcrs-uk.org/directory](http://www.pcrs-uk.org/directory)) or via [info@pcrs-uk.org](mailto:info@pcrs-uk.org)

## GP produces guidance for bronchiectasis and cough to improve referrals



**Fran Robinson** talks to **Dr Lesley Ashton**, North Shields

A GP has written a set of referral guidelines for bronchiectasis and cough for her CCG to help her primary care colleagues improve the quality of their referrals.

Dr Lesley Ashton of the Jubilee Park Surgery, part of the Collingwood Health Group in North Shields, needed to undertake a quality improvement activity for some training she was taking part in so she offered to write the guidelines for North Tyneside CCG. The CCG has been developing a referral management system for a number of specialities since mid-2015.

The aim of the CCG's referral management system is to standardise referrals and reduce variation in referral rates among practices. The guidelines are intended to provide clear

guidance to clinicians and reduce inappropriate referrals. Referrals are now triaged in secondary care before being sent on to the relevant consultant and feedback on rejected referrals is channelled back to GPs.

Dr Ashton says she chose bronchiectasis and cough because they already had some good local guidance for COPD and asthma.

She felt bronchiectasis and cough were clinical areas from which referrers would benefit having clear and simple guidance regarding when to refer and when to manage the conditions in primary care.

She worked with respiratory consultants Dr John Steer and

Dr Sean Parker of Northumbria Healthcare NHS Foundation Trust to produce the guidelines which are based on either existing evidence or work that has been validated.

She says there is evidence that referrals have reduced and feedback from colleagues has been positive with comments that the guidelines have improved their understanding of when to refer.

"I collect the referrals which have been rejected and feed them back to my colleagues as a learning opportunity. This helps us to understand better what we can do for the patient before referring them. I have found this exercise very satisfying because I personally love clarity and simplicity," says Dr Ashton.

### KEY POINTS

#### Bronchiectasis

The guidance includes:

- Criteria for referral for diagnosis
- Criteria for referral in established bronchiectasis
- Red flag symptoms where you might consider a 2-week referral

#### Cough

The guidance includes:

- Steps that should be taken in primary care prior to referral include examination, history taking, tests, potential steroid trial, eliminating certain diagnoses, red flag symptoms that might require a 2-week referral

For further information or to receive a link to download the guidance contact Lesley via [info@pcrs-uk.org](mailto:info@pcrs-uk.org)

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