Who we are

The IPCRG is a primary care non-governmental organisation (NGO) with a special interest in respiratory (lung) disease and a mission to share and spread evidence for the public good. It is both an organisation of organisations and a global community of practice. We develop and mobilise national groups whose members are primary and community healthcare professionals with a respiratory interest. We operate virtually complemented by annual scientific and task force meetings, creating a global community of practice that shares data, ideas and learning. Our flagship programmes include our biennial international conference, E-Quality delivering locally acceptable and outcomes-driven educational programmes, and E-Faculty that equips teams with the skills to conduct local real-life respiratory research.

Primary care clinicians join us because we are fast on our feet, responsive to their needs, we deliver good outcomes and are fun to work with.

The IPCRG is a charitable company registered in Scotland operating globally. It is managed by a Board of Directors, supported by a small Executive Office.

2011 Directors of the Board

President
Dr Miguel Roman  General Practitioner, Centro de Salud Son Pisa, Palma de Mallorca, Spain

President Elect
Associate Professor Niels H. Chavannes  General Practitioner, Department of Public Health and Primary Care, Leiden University Medical Center

Treasurer
Dr Ron Tomlins  General Practitioner and Adjunct Associate Professor, Discipline of General Practice, University of Sydney, Australia

Immediate Past President
Dr John Haughney  General Practitioner, Research Fellow, University of Aberdeen, Scotland

Director
Dr Anders Ostrem  General Practitioner, Oslo, Norway, Research Fellow, University of Aberdeen, Scotland

Director
Dr Mohammad Osman Yusuf  Chief Consultant, The Allergy and Asthma Institute of Pakistan, Pakistan

Director
Dr Ioanna Tsiligianni  General Practitioner, Chair of 2014 Conference Organising Committee, Heraklion, Crete

Director
Ms Kristine Whorlow  Chief Executive Officer, National Asthma Council, Australia

Our Country Members

The IPCRG members are national primary care groups with a respiratory interest. We currently have 18 full members. We currently reach 101,250 primary care professionals worldwide through our members. We also have 28 associate country members including new relationships with colleagues in Brazil, Chile, Argentina and India.

Each full member of the IPCRG appoints one individual as a member of the Senate to vote at general meetings. The function of the Senate is to advise and assist the Directors and act as ambassadors of the IPCRG. In 2011 the Senate included:

- Australia, National Asthma Council (Australia)
- Bangladesh Lung Foundation - Primary Care Group
- Belgian Primary Care Respiratory Group (BPCR-G)
- Canada, Family Physician Airways Group of Canada
- Cyprus, Cyprus Respiratory Group
- Denmark, Danish Respiratory Group
- Greece, Hellenic Primary Care Respiratory Group until May 2011
- Greece, Greek Primary Care Respiratory Group (GPCR-G) from May 2011
- Ireland, Irish Respiratory Group
- Italy, Associazione Italiana Medici di Famiglia (AIMF)
- The Netherlands, CAHAG
- New Zealand, New Zealand Primary Care Respiratory Group
- Norway, Lunger i Praksis
- Pakistan, IPCRG - Pakistan
- Portuguese Association of General Practitioners - respiratory division, GRESP from May 2011
- Spain, Grupo de Respiratorio de Atencion Primaria (G-RAP)
- Sri Lanka, Primary Care Respiratory Group, Sri Lanka
- Sweden, Swedish Respiratory Group in Primary Care
- UK, Primary Care Respiratory Group-UK (PCRS-UK)
The Board is advised by sub-committees. During 2011 these sub-committees were Governance, Education, Research and Edinburgh 2012 Organising Committee.

An Executive Officer, Siân Williams, is appointed by the directors to manage the day to day operations of the charity with support from a Business Manager, Samantha Louw assisted by an Administrative Assistant, Katie Searles.

**What we do: objectives and activities**

The IPCRG’s charitable mission is “to improve public health by carrying out, funding and organising research into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals.” It is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research mission. Members believe that the best place to diagnose and treat people with respiratory problems is in the communities where they live and work, and the best way to do this is through the provision of high quality primary and community care. This requires the IPCRG to advocate for the role of primary care in chronic disease, to test how to provide the best value community services for people with respiratory problems given available resources and to offer practical guidance to governments and individual practitioners.

The Board’s Strategic Plan, 2010-2014 is to consolidate and make the most of what the IPCRG does well, and expand organically, as resources and opportunities allow, ensuring that we build in a sustainable way. We focus on five strategic objectives:

1. **Education**
   Create and promote endorsable cross-national educational products and national programmes relevant to members and the contexts in which they work.

2. **Conference**
   Build an IPCRG conference programme and style that is an established part of the international calendar

3. **Research**
   Increase the publicly-available evidence about community respiratory care based on real practice situations including prevention, diagnosis and management of tobacco dependence, chronic obstructive pulmonary disease (COPD), asthma, allergic rhinitis, rhinitis, rhinosinusitis and respiratory infections

4. **Membership**
   Sustain core programmes by building a strong framework of international, national and regional respiratory groups that engage clinicians and researchers in the delivery of quality respiratory care in the community

5. **Advocacy**
   Influence the context in support of primary care roles to deliver respiratory health

These strategic priorities are accomplished by maintaining and expanding funding, our information, communications and technology (ICT) strategy, and our recruitment of volunteers and contractors.
During 2011 our international Research Network undertook a methodologically robust prioritisation of our published statement of research needs. The identified priorities are multinational collaborative research that investigates “real life” populations, and how to achieve the best outcomes for populations with different economic status, health beliefs, behaviours and morbidities in primary care. As more outcomes from real life research are included in guidelines, they will be more useful to and used by primary care professionals, and patients will benefit from more consistent application of evidence-based care.

In 2009 we established the Research E-faculty to increase the representativeness of primary care respiratory research. Using a virtual faculty we aim to equip one primary care research-aspiring country at a time with the skills to conduct high quality original research. In 2010 we met our target for the first E-faculty recipient, Vietnam, to present abstracts at our 5th biennial conference, demonstrating an increased research knowledge and capability. This was followed in 2011 by the Vietnamese team’s first published peer-reviewed paper. A different faculty team worked in 2011 with Romanian colleagues, supporting qualitative research to explore the barriers to increasing stop smoking support in general practice. This will report at our 6th conference in Edinburgh 2012.

We plan to extend the programme to new countries in 2012, and are exploring new ways to build capacity further in the founding projects such as research fellowship schemes.

We continued to provide the primary care input into a major European Union Innovative Medicines Initiative on asthma called UBIOPRED, Unbiased BIOmarkers used for PREDicting disease progression and medication efficacy in severe asthma.

Two UK research projects funded through our UK Respiratory Research Foundation scheme finished in 2011:

- Qualitative exploration and quantitative validation of the Royal College of Physician’s three questions for assessment of asthma control (RCP3Qs) when used in the Quality and Outcome Framework indicator pilot 2009/10. This explored the process of administering and using the Royal College of Physicians’ (RCP) Three Questions in routine practice and compared the recorded scores with the validated self-administered Asthma Control Questionnaire (ACQ). The evidence will support implementation in practice and inform interpretation of the responses.

- A qualitative analysis of barriers, motivation to quit and tailored interventions for smoking cessation in COPD smokers. This investigated the views of smokers with COPD, especially their experiences of smoking and quitting and tested a computer-tailored intervention for use in general practice. The findings will be presented at the 2012 conference. We acknowledge the financial assistance of Pfizer.

We made real progress towards our long-term goal of facilitating multi-national real-life research in the primary care management of people with chronic lung disease. The UNLOCK group (Uncovering and Noting Long-term Outcomes in COPD to enhance Knowledge) will answer a number of real life questions through common analyses of over ten datasets of COPD patient cohorts developed by researchers in eight countries. Phase 1, the Rosetta Project, will provide a shared syntax to enable different datasets to be analysed in the same way and includes a demonstration project: A comparison of multi-component indices of COPD severity in primary care.
Finally, following a successful FRESH AIR Uganda pilot funded by the IPCRG we launched an important survey of the burden of chronic respiratory disease in Uganda. Using a restricted research grant from Mundipharma, and donations in kind from Vitalograph, the IPCRG has funded the University of Groningen and a team from Makerere University, Uganda to review the lung health of 600 adults in Masindi District, overseen by a multinational IPCRG steering group. This builds on our FRESH AIR protocol first developed in Vietnam as part of the E-Faculty project. We believe it will form an important contribution to the evidence base about the burden of, and solutions for, non-communicable disease in low income countries.

Our priorities for 2012 and beyond are to make progress with UNLOCK, roll out the E-Faculty to new countries and develop real life research projects from our prioritised research agenda.

Education: 2011 achievements & performance and 2012-13 plans

During 2011 we developed and launched our flagship E-Quality educational programme that builds on the success of our Research E-Faculty programme. We commissioned a wide-ranging literature review that provided important insights into which educational and quality improvement approaches we should support to achieve improved clinical behaviours. From this review we developed a set of criteria to inform a bidding and selection process. With the support of an Education Coordinator, we invited and selected bids. Two were awarded to deliver in 2012:

- Chest Research Foundation (CRF), Pune, India. Multi-method evaluation of the impact of CRF’s one day asthma training programme called CHAMPS (Changing Asthma Management Practices), for GPs currently not prescribing inhaled medicines.
- University of Washington in collaboration with University of Southern Australia. Disseminating on-line spirometry training and feedback in Australia based on the Spirometry 360 Train-the-Trainer Program.

The results of these programmes will be shared in 2012.

For the third successive year, we supported the World Health Organisation (WHO)-Global Alliance against Chronic Respiratory Diseases (GARD) demonstration project in Bangladesh, Better Breathing Bangladesh. This has enabled the development and teaching of a certificated training programme in Bangladesh led by IPCRG-Bangladesh, with support from our Associate Member, Education for Health. Following a train the trainer programme, there is now a cohort of local trainers who have begun to work with the Education for Health team to train primary care practitioners over a 6-month programme. During 2011 IPCRG-Bangladesh introduced Better Breathing Bangladesh to the Minister of Health including their vision for community respiratory clinics across the country.

We also commissioned a literature review on Difficult to Manage Asthma as the first step in a new project funded by a restricted grant from Novartis. This will provide guidance for primary care on managing people whose asthma is uncontrolled, and to help define when and who it is appropriate to refer on to specialist services, and to describe what these services should offer. It is not limited to severe asthma, but will include it. We plan to launch the guidance in April 2012 supported by the European Academy of Allergy and Clinical Immunology (EAACI) and European Federation of Allergy and Airway Diseases Patients Association (EFA).
Our website continues to offer free educational and campaign resources to web-visitors and the trend in visits continues to increase. In 2011 we had 16,757 visits from 140 countries and over 45,000 page views. Visitors per month in 2011 peaked in November with 1619 and our resources are frequently downloaded for translation and local distribution.

Respiratory Abstract Review received good reviews from users during 2011. It is now also available in Spanish. This is an online service donated in kind by Teva, and overseen and guided by our Research Subcommittee to select, review and summarise monthly up to six respiratory articles most relevant to international primary care. We continue to improve its relevance to global primary care audiences.

We contributed to a joint project with the European Federation of Allergy & Airways Diseases Patients' Associations (EFA), supported by Chiesi, to develop educational resources to promote improved doctor-patient relationships. This will be rolled out in 2012.

Scientific Meeting, Amsterdam 2011 and 6th world conference 2012 and Uppsala 2013

Momentum for presenting new primary care research and research ideas was sustained from our 5th international biennial conference in Toronto 2010 to our one-day scientific meeting in Amsterdam in May 2011. Over 160 delegates registered from 18 countries. A total of 52 interesting and informative abstracts were presented; all the Clinical Research and Implementation Science abstracts were published in the Primary Care Respiratory Journal. The 2012 conference is a joint venture with the Primary Care Respiratory Society-UK, will be bilingual English-Spanish and webcast to Spain, Chile, Argentina, India and Pakistan to spread the education to a wider audience. Over 200 abstracts will be presented in the research stream.

Dates for your diary
Respiratory programme at Wonca Europe Vienna, 4-7 July 2012
3rd Scientific Meeting in Uppsala, 23-24 May 2013,
7th biennial world conference in Athens, 21-24 May 2014

We will continue to improve access to these meetings to innovators and early adopters globally through our bursary programme, translation and interpretation, webcasts and strengthened links with academic departments of general practice and public health.

Membership: an organisation of organisations

Many of our members lead innovative national educational programmes and advise on national guidelines. A number also took the opportunity of the international lobbying leading up to the United Nations meeting on non-communicable disease in September 2011 to lobby for chronic respiratory problems to be included in national NCD prevention and management policies. Some of our members also extend their roles to include research, guideline development and the redesign of pathways of care.

We welcomed Mundipharma and Pulmonx as new associate corporate members and worked effectively with our other associate corporate members Boehringer Ingelheim, Chiesi, Merck & Co, Novartis, Pfizer, Teva and Vitalograph who offer expert advice on research, conference design, diffusion of innovation and membership growth. During 2011 we also built on our associate membership scheme that offers opportunities for joint endorsement of campaigns, surveys and interventions.
● World Allergy Organisation invited us to lead the primary care session at the World Allergy Congress 2011
● We share intelligence with the European Forum for Primary Care about primary care trends, movements and consultations
● The European Federation of Allergy & Airways Diseases Patients' Associations (EFA) invited us to present primary care perspectives at both a COPD workshop and launch of their Respiratory Allergies Book at the European Parliament and are working with us on our Difficult to Manage Asthma project
● Education for Health, which we part-funded to deliver Better Breathing Bangladesh
● The International COPD Coalition with which, together with Wonca Global (with whom we are in Collaborative Relations) we are producing a guide to oxygen and non-invasive ventilation, and whose November 2011 conference in Shanghai we endorsed.

Our journal, the Primary Care Respiratory Journal (PCRJ), published by the UK group, PCRS-UK has increased international visibility. The PCRJ is a free online peer-reviewed journal that gets approximately 6,000 visitors per month; the most popular paper downloaded more than 2,300 times and total downloads are greater than 57,000 per year. The SciMag 2-year citations per document for 2010 was 2.11. Four papers in each edition will now be available in languages other than English free of charge and full text of new articles is available in html as well as PDF format to improve access.

In 2011 we agreed the way forward for a new information, communications and technology strategy; in essence to create the IPCRG “Square” where people can meet, connect and share ideas and resources. The IPCRG website has been transformed from a traditional static website containing a lot of information to a web platform that facilitates the purpose of the IPCRG: connecting primary care health care professionals with interest in lung diseases, education and research. The new platform enables individuals to find colleagues with similar interests and start live discussions. In 2012 we will also strengthen links with the European Academy of Allergy and Clinical Immunology (EAACI) and European COPD Coalition.

Advocacy

This was a significant area of growth in 2011, resulting from an increasing number of invitations to represent primary care in policy forums, and to add a primary care voice to the lobbying prior to the UN meeting on non-communicable diseases. We attended a special meeting hosted by the Polish Presidency of the EU on children’s respiratory health to represent primary care. We published briefings received by the Commonwealth Health Ministers and G20 Health Ministers.

IPCRG Director Niels Chavannes, was re-elected to the Planning Committee of the World Health Organisation (WHO) Global Alliance against chronic Respiratory Diseases (GARD) to represent primary care organisations and a second IPCRG Director, Osman Yusuf, was elected as Representative of organizations devoted to specific diseases in his capacity as director of The Allergy and Asthma Institute, Pakistan. WHO-GARD advocates for every country to have a national respiratory plan. Our aim is to ensure that every national respiratory action plan has a clear strategy for primary care and we will continue to deliver demonstration projects that make the case for primary care’s value.

As a global community of practice, the IPCRG engages many innovators and early adopters in programmes of research and innovation. However, its value is limited unless it maintains contact and influence with mainstream primary care, where most practitioners do not have a special respiratory interest. Therefore we strengthened our relationship with the global family doctor organisation, Wonca, particularly in Europe, where we were reconfirmed as the Special Interest Group for respiratory care 2011-2014. An IPCRG team ran the respiratory programme at Wonca Europe’s 2011 conference in Warsaw and will run the respiratory programme in Vienna 2012.
We will continue to call on governments, donors and industry to invest in:

- Production of real-life evidence that feeds into guidelines and guidance
- Right incentives for primary care to support patients to stop smoking
- Solutions to reduce women and children’s exposure to indoor smoke
- Universal access to good quality inhaled medicines for asthma and training in how to use them
- Integrated care involving patients, multidisciplinary health and social care
- Practical training and education for primary care led by peers
- Compact, pragmatic NGOs such as the IPCRG that can leverage major clinician-led change

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**Why respiratory disease?**

- Half of the billion smokers in the world will die of tobacco-related illness; and over 70% of these will be in low and middle income countries
- Globally COPD is projected to be the 4th cause of death by 2030
- Worldwide asthma prevalence is increasing. Countries with the highest rate of asthma deaths are those in which ‘controller’ therapy is not available
- Over 600 million people suffer from allergic rhinitis of whom about a third also have asthma
- Lower respiratory infections cause the most disability-adjusted life years worldwide

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**Why primary care and chronic lung disease?**

- The cornerstone of a health system
- A role in prevention, diagnosis, patient engagement, supported self-management, treatment and palliation
- Can work with populations and with individuals
- Provides health economic value
- Despite more specialists than generalists in most countries, primary care is associated with a more equitable distribution of health in populations
- Offers brief interventions for stop smoking
- Raises awareness about risks of indoor smoke for maternal and child health
- Improves child health through interventional for asthma and rhinitis
- Reduces high hospital admissions for adults with asthma if properly funded and supported
- Diagnoses and manage holistically the needs of people with COPD
- Delivers vaccination programmes for influenza that reduce exacerbations of chronic disease

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References

1. International Primary Care Respiratory Group ("IPCRG") is a company limited by guarantee (company number: SC256268) and a registered Scottish charity (charity number: SC035856).
7. IPCRG POSITION PAPER Number 1 September 2011