Primary Care RESPIRATORY JOURNAL

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# **GPIAG News**

#### **GPIAG – Calling All Members**

The GPIAG Trustees and Committee wish to encourage active involvement from all members of the organisation. At the end of the year we will be seeking new members of the General Committee. This is an excellent chance for members to become more involved and to ensure that their views and aspirations for the organisation are included in annual plans. Membership of the General Committee is open to all full members of the GPIAG.

#### GPIAG GPwSI/PwSI Programme

A sell-out meeting was recently held at Kents Hill Park for members of the GPIAG who are, or have an interest in becoming, GPwSI/PwSIs. The meeting included presentations from Siân Williams from the BTS/GPIAG IMPRESS group who provided an update on the latest health policy developments affecting intermediate respiratory care, an update on clinical oxygen prescribing by Dr Tony Davidson, Consultant Physician in Respiratory and Acute Medicine at Southend University Hospital, and a presentation by Jude Smith, Respiratory Nurse Consultant in Lincolnshire PCT on Providing Oxygen Assessment in the community/hospital - the case for the community.

We are sorry that some members were unable to attend this course as a result of its popularity. However, subject to funding, we hope to run further courses in this area shortly and will keep you apprised of new events via our website.

In the meantime, more information about the meeting can be obtained from the GPwSI section of the website at http://gpiag.org/gpwsi/training.php

### **GPIAG Discussion Forum**

Last year, the GPIAG re-launched the GPIAG Discussion Forum. The forum – previously plagued by spam e-mails – has now been restricted to members only to prevent this and is now part of our secure website. The opportunity for members to discuss issues about the diagnosis and delivery of respiratory care in primary care is an important facility but can only be useful if members post new messages and contribute to the discussions. Please visit the forum at http://www.gpiag.org/about/forum\_intro.php and click on the red button to access the forum. You will need to log-in and then you will be able to view all the items raised by other members.

#### COPD NSF for England - moving towards making recommendations to government

In June 2006, the UK government announced that they would develop a National Service Framework(NSF) for COPD. This will result in a 10-year strategy for improving the diagnosis and management of COPD in England. The GPIAG has been working closely with the team at the Department of Health since this time, and inputting into the development of the NSF from a primary care perspective. Many members of the GPIAG have worked with the core multidisciplinary team, known as the External Reference Group (ERG), over the last 18 months, to contribute their perspective on what needs to happen for outcomes to improve. The core team is now finalising its recommendations, and will submit them to government ministers in January 2008 for approval. The GPIAG will continue to work closely with the COPD NSF team, particularly around communication and dissemination, to ensure that primary care has the information it needs to implement the guidance when it is published towards the end of 2008.

# GPIAG 21st National Primary Care Meeting

Don't forget to reserve your place at the next annual GPIAG conference. The conference, entitled *Respiratory Disease in Primary Care: Coming of age*, will take place at the prestigious conference centre at Kents Hill Park in Milton Keynes on the 12th and 13th September 2008. The conference will feature an eclectic and interactive programme featuring respiratory disease and its management from birth to death.

# GPIAG – Nurses and Allied Health Professionals

The GPIAG is continuing to make progress on the new range of materials being developed specifically to support the needs of nurses working in primary care respiratory medicine. Our document on skill levels for delivering high quality respiratory care by nurses in primary care is available for GPIAG members to download at http://www.gpiag.org/nurses/index.php along with the first two in our series of protocols on spirometry in COPD and the management of COPD exacerbations.

# **GPIAG Opinion Sheets**

In addition to the *Primary Care Respiratory Journal*, the GPIAG produces a range of educational materials for members which includes a series of opinion sheets. These are concise, easy-to-follow documents on common respiratory topics aimed at providing practical guidance to those working in primary care respiratory medicine. The latest updated opinion sheet is a revised opinion sheet on mucolytic therapy. Further opinion sheets on smoking cessation, allergic rhinitis and occupational lung disease will be available shortly so please visit the site regularly. Opinion sheets are available free of charge to members of the GPIAG and can be downloaded from our website – see http://www.gpiag.org. For non-members, full details of the benefits of membership are available at http://www.gpiag.org/about/join.php.

### Become More Involved with GPIAG

If you are interested in becoming more involved with the GPIAG please contact us for an informal discussion as to how you can help. You may be interested in standing for election to one of our committees – the Research Committee, Education Committee, Practice Nurse Working Group, or General Committee – or alternatively you might be interested in joining our policy network to help shape the documents and submissions that we prepare when making representation to bodies such as NICE, the Department of Health and the Healthcare Commission. For more information about how you can be more involved please contact us at info@gpiag.org.

# Asthma UK News

### Switching to CFC-free inhalers

As you are aware, CFCs have been used in aerosol asthma inhalers for a long time but are gradually being phased out because of their damaging effect on the earth's ozone layer. Pressurised metered dose inhalers (pMDIs) containing salbutamol have already been reformulated with non-CFC containing propellants. People with asthma and other respiratory conditions have changed over to CFC–free reliever inhalers.

The same process for preventer pMDIs is now gaining pace and Asthma UK, with the support of Education for Health, the GPIAG and the Pharmaceutical Services Negotiating Committee (PSNC) has prepared a series of resources to help your practice plan and carry out the switch to CFC-free preventer inhalers:

- a poster for your practice
- leaflets containing the basic facts for patients facing the changeover

- a factfile containing more detailed information
- two medicine conversion tables
- a template letter to invite people with asthma to an asthma review.

These resources are available to download from www.asthma.org.uk/cfcfree/hcp. You can also order free copies of the CFC-free posters and leaflets, and materials supporting reviews by contacting Asthma UK's Supporter & Information Team (08456 03 81 43; info@asthma.org.uk).

An opinion sheet on the CFC-free transition is also available for members of the GPIAG at www.gpiag.org.

The transition to CFC-free steroid inhalers can be discussed with patients at their annual review. Erica Evans, Asthma Care Development Manager for Asthma UK, said: 'In their review your patients can discuss the options with you to find the device and medicine that suits them best. Patients will also need to be shown how to use and care for their new inhaler and be offered an updated written personal asthma action plan. To ensure that your patients are happy with their new preventer inhaler and to improve concordance, encourage them to return for a follow-up appointment if they are unhappy or unsure about their new device or medicine.'

If you or your patients would like further information about the CFC-free transition, please contact the Asthma UK Adviceline and speak to an asthma nurse specialist on 08457 01 02 03 or email via the web on asthma.org.uk/adviceline.

# **IPCRG News**

# **External affairs**

Building on our formal relationship with Wonca as an Organisation in Collaborative Relations, Mike Thomas braved rail strikes and English rugby hordes to give a review of key recent respiratory papers at the Wonca Paris meeting in October. Siân Williams attended the second meeting between Wonca Europe and Special Interest Groups (SIGs), which proposes that the IPCRG provides respiratory expertise to Wonca Europe's conference committees, and may provide representation at meetings needing a primary care respiratory voice. This SIG network will also enable cross-speciality working, for instance between the European Primary Care CV Society (EPCCS) and the IPCRG. We will work closely with the Wonca 2008 team from Turkey. We hope we can replicate this relationship with the other Wonca regions.

### Research

The Research sub-Committee, held during the European Respiratory Society meeting in Stockholm, stimulated significant interest in two developments that we are now taking forward. Firstly, with the ERS Primary Care Group, a research faculty is being created that can support the development of primary care respiratory research in new countries. Secondly, a paper on the use of spirometry in primary care has generated more argument than any other topic we have raised. We will let you know when we are ready to publish, but meanwhile, if this is your interest and we don't know about you, please contact Sam Louw, our Business Manager.

#### Our committees

Over the next few months, following the revision of our Memorandum and Articles, we will be reviewing the operation of each of our sub-Committees, including the production of a new work plan and succession plan to ensure their sustainability and representativeness. Please refer to our website http://www.theipcrg.org/about/committee.php for details of who sits on each committee and let us know if you are interested in participating if vacancies exist or arise. The biggest change so far is that we have now merged our Guidelines and Education sub-committees, and substituted the word "guidance" to distinguish our approach from the production of formal evidence-based guidelines. The co-leads are H John Fardy (leads on Education programmes), Hilary Pinnock (leads on Publications), and Onno Van Schayck (leads on generation of guidance).

# IPCRG Conference 28-31 May 2008, Seville, Spain

There still may be people who are not aware this is happening! Please look at the website in English or Spanish http://ipcrg-seville2008.unicongress.com/

The deadline for bursary applications is 1 December 2007 see http://ipcrg-seville2008.unicongress.com/?nav\_id= 1312 &idioma=ing. This requires an abstract to have been submitted.

Abstract deadline: 15 January 2008 sent http://ipcrgseville2008.unicongress.com/?nav\_id=1298&idioma=ing

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# The Royal College of Physicians and The British Thoracic Society

Delivery Of Integrated Respiratory Care Thursday 6 March 2008 at the Royal College of Physicians, 11 St Andrews Place, Regent's Park, London NW1 It is recognised that care should be moved nearer to patients' homes. This conference looks at the recent developments in respiratory medicine which aim to bring this about and provide integrated models between primary and secondary care. The speakers will present their personal experience of what is happening now and what could happen in the future.

Audience: Respiratory Physicians, those in Primary Care, Commissioners, Medical Directors of The Independent Sector Treatment Centres, Policy Makers and Patient Organisations

The programme and booking form are available on-line at www.rcplondon.ac.uk/conferences or from:

Conference Department, Royal College of Physicians Tel: 020 7935 1174 Ext. 300/436/252 Fax: 020 7224 0719 Email: conferences@rcplondon.ac.uk

### **Education for Health**

Like the GPIAG, Education for Health continues to celebrate its 20th Anniversary. As we all appreciate, so much has been achieved in the management of airways disease since the two organisations were established back in 1987. However, there is still much more to be done. As with all quality improvement journeys we never reach our final destination!

In 2008 there will be an updated edition of the BTS/SIGN guidelines, the QOF will be revised with some potential changes for the respiratory indicators, and in 2009 the NSF for COPD will finally become a reality. Primary care will have to gear up for these changes.

Practice nurses have become central to the delivery of respiratory care. Twenty years ago there were fewer than 800 in the country, undertaking mainly treatment room work, with a minimal number involved with respiratory care. As a result asthma was under diagnosed and under treated, and there was only ad hoc care, not the systematic management we have come to expect today. COPD was yet to be invented as a disease in primary care...There was no formal education and training available for nurses wishing to specialise in respiratory diseases in primary care.

As part of our anniversary year we decided to undertake a survey on the role of practice nurses in respiratory disease which was published in the most recent October issue of the *Primary Care Respiratory Journal* (Upton *et al, PCRJ* 2007;**16**(5):284-290). This was intended to be a celebration of practice nurses' work in respiratory disease management in primary care. It turned out to be just that – with more nurses working autonomously in both asthma and COPD than ever before.

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However at the same time the survey also revealed some worrying findings. Large numbers of practice nurses are working at an advanced role, but many of these nurses do not have accredited training.

- 66% of nurses (255/389) autonomously diagnosed asthma and ran follow-up consultations. Of these, 20% did not have accredited asthma training
- 58% (215/368) of nurses autonomously diagnosed COPD and ran follow-up consultations. Of these, 52% did not have accredited COPD training.

The low level of accredited training presents clinical governance issues, for both individual practices and Primary Care Trusts. Patient care could be less than optimal if there is a not a suitably skilled nursing workforce available to undertake these increasingly responsible and demanding roles.

At a House of Lords reception hosted by Baroness Julia Cumberledge in October, we shared the results of this survey with leading opinion leaders involved with long-term conditions, the nursing and professional bodies and Copyright General Practice Airways Group Reproduction Prohibited

politicians. Dr Jain Small presented on the considerable achievements that have occurred in the management of respiratory disease in the last 20 years. At the same time we launched a Charter for Patients with Long Term Conditions, detailing what care they should expect to receive from their practice nurse. This is available from our website www.educationforhealth.org.uk. We have also produced a pack for nurses and practices on how to put together a business case to secure funding and support for training which is also available on the website.

We have had a notable year of celebration and as we move into 2008 we are gearing ourselves for another year of educational activity, preparing the primary care workforce for the exciting challenges ahead.

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