



ELSEVIER

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1. The National Institute of Clinical Excellence in the UK (NICE) have recently issued their guidance on COPD and its management in both primary and secondary care. As the pre-eminent grouping of primary care respiratory clinicians in the UK, it is absolutely appropriate that the GPIAG should voice its opinion on guidelines such as these, particularly if there are issues within the guidelines which we feel may not properly reflect the issues and concerns of our members who work at the 'sharp end' of primary care. We are indebted to Stephen Holmes, one of our newer recruits to the GPIAG Committee for his work in preparing the initial draft and co-ordinating the feedback comments on the document. This response document is an agreed collation of views and opinions from members of the GPIAG Executive Committee and other interested primary care colleagues with an interest in respiratory conditions. The initial report was modified and adapted over a short period of time with more than thirty separate commentaries being incorporated in an adapted Delphi technique into the final document.

Press release:

The GPIAG is a registered charity working to promote quality primary care respiratory disease management. GPIAG is the leading organisation representing those primary care clinicians (nurses and doctors) with an interest in respiratory care from around the UK.

The GPIAG is dedicated to facilitating the achievement of optimal respiratory health for all. The GPIAG is committed to achieving high standards in respiratory care through a focus on research and education in primary care. The organisation is the independent, authoritative voice of the primary care respiratory team and works to promote best practice amongst all members of the primary care respiratory team.

GPIAG response to the National Institute of Clinical Excellence Clinical guideline: chronic obstructive pulmonary disease: management of chronic obstructive pulmonary disease in adults in primary and secondary care

The final version of the NICE COPD guideline was published on 25th February 2004. The General Practice Airways Group welcomes the document, acknowledges the work of Dr. David Halpin and his colleagues, and hopes that it will be widely used within the NHS.

The GPIAG believes this guideline has the potential to raise the profile of one of the Cinderella diseases in the NHS; it stimulates provision of structured COPD care, pulmonary rehabilitation, and provides guidance on long-term oxygen therapy indications.

The methodology and process of production of the guidance is explicit and rigorous. We are pleased that general practitioners have been involved in the development of this guideline and on commenting on drafts; and that some changes had occurred following our comments on the early drafts. GPIAG would hope to be involved in the further updating of the guidance.

The 12 page quick reference guide is clear, concise, useful in the clinical setting and backed by supporting evidence in the more detailed guidance. The patient user guide will be useful; we believe this will enable patients to work in partnership with the health care professionals and improve overall care.

We have concerns, as would be expected for such an extensive document. These are:

- reversibility;
- range of severity;
- screening implications.

Regarding the guidance on the use of reversibility testing in the diagnosis of COPD, there are concerns in primary care that some patients initially thought to have COPD actually have asthma. Establishing the diagnosis accurately is important, and failing to diagnose asthma may result in patients failing to receive effective treatment such as low to moderate doses of inhaled corticosteroids. Patients present in primary care with symptoms and not a ready made diagnosis. There are therefore concerns that the NICE guidance in this area may not sufficiently recognise the nature of general practice and the difficulties in making a diagnosis in older patients presenting with respiratory symptoms.

The guidelines suggest that routine reversibility testing is not needed, but state that a large bronchodilator response points to asthma rather than COPD; senior GPIAG members feel that there is ambiguity in this advice and that GPs may be left with uncertainty as to when such formal testing is needed. They worry about changes in routine practice being advocated on the basis of grade D evidence to back up this recommendation.

We believe therefore there is a clear need for further research on diagnosing respiratory disease in the primary care setting and to provide information to allow community practitioners to target reversibility testing.

The GPIAG was also concerned that the definitions of ranges of severity in COPD (mild, moderate and severe) differ from previous British Thoracic Society and GOLD publications. This will cause considerable confusion when auditing and researching primary care computer records based on the three read codes H36, H37 and H37 used for mild moderate and severe COPD.

A further challenge for primary care results from the guideline recommendations on identification of patients with early COPD in the community. There are considerable workload implications implicit in this advice, and a pressing need for tools to identify patients most at risk of COPD and needing spirometric assessment.

Overall, however, we believe this is a useful guideline for use both in primary and secondary care, that has summarised a huge amount of published medical literature, clinical expertise and discussion into a working document. We believe that it provides a basis on which to develop structured clinical care, on which to promote and encourage service provision and on which to inform future research issues.

Further information and contact details for interviews with GPIAG clinicians can be obtained by contacting: info@gpiag.org.

2. General Practice Airways Group—training workshops

—for; Practitioners with a special interest in respiratory disease/GPs with a special interest in respiratory disease

Training workshop—Friday (all day)/Saturday (am) 11/12 June, The Beeches Conference Centre, Birmingham

Aim of workshop: a 1 and 1/2 day workshop to develop skills relevant to a practitioner with a special interest in primary and intermediate care respiratory medicine.

Target audience: nurses and general practitioners who are, or hope to become, practitioners with a special interest in primary or intermediate care respiratory medicine.

Programme includes:

1. Current GPwSI/PwSI feedback their experiences.
2. Challenges facing professionals wishing to become GPwSI/PwSI.

3. Issues facing GPwSI/PwSI.
4. Winning over the PCT and your colleagues.
5. Negotiation skills training.
6. Achieving quality.
7. Devising an action plan for respiratory medicine in the PCT.

Speakers include: Dr. Kevin Gruffydd-Jones, Dr. Noel O’Kelly, Kay Holt, Monica Fletcher, Dr. Phil Cotton, Dr. Steve Holmes and Dr. Malcolm Campbell.

To register or for more information: Contact the GPIAG, e-mail: info@gpiag.org or telephone: +44-121-454-8219.

3. Lung and Asthma Information Agency (LAIA)

In July 1990, the British Thoracic Society, British Lung Foundation and National Asthma Campaign jointly agreed to fund a respiratory information service. The aim was:

“To bring together, interpret and disseminate information about lung disease and allied disorders in order to increase awareness and understanding of the burden of lung disease and of its prevention and care.”

The Lung and Asthma Information Agency is based in the Department of Community Health Sciences at St. George’s Hospital Medical School, London. For more than a decade, the agency has produced factsheets and charts of respiratory and allergic disease epidemiology. These have been made widely available via the journal *Thorax* and have been accessible in PDF format on the agency web site. However, with the rapid increases in both professional and personal web access in recent years LAIA have decided to move to a purely web-based service at a new location. We plan to expand the previous site to include more charts, tables, extended “factsheets”, links to other relevant sites and a glossary of respiratory and commonly used epidemiological terms and this work has already begun. The flexibility of electronic media will allow us to vary the length and design of the factsheets and make easier updating charts and tables. We hope to improve the access to information for users by cross-linking information within the site. Our aim remains to produce and maintain a compendium of epidemiological information that can be used and accessed by physicians, nurses, public health professionals, charities, patient groups, policy makers and patients themselves, from around the world.

The new web site may be accessed by logging onto www.laia.ac.uk.

Dr. Jon Miles

Consultant Physician

Chair Steering Group LAIA

4. ‘Airways Extra’ Second National Conference

Advance notice

Following the highly successful First National Conference in November 2003 and in response to high demand the Second National Conference will take place in Manchester on 13 January 2005.

An important event for healthcare professionals interested in the latest developments, education and research in the care of respiratory patients. This 1 day joint conference of the National Asthma Campaign and the National Respiratory Training Centre offers a great opportunity for delegates to update their skills and network with colleagues from around the UK and overseas.

Venue: University of Manchester Institute of Science and Technology (UMIST), Manchester, UK.

Date: Thursday, 13 January 2005.

Contact: Sally Atkinson, telephone: +44-1926-838978; fax +44-1926-493224; e-mail: airways.extra@nrtc.org.uk; website: www.AirwaysExtra.com.

5. Advance notice of product discontinuations

With effect from the dates given, 3M Health Care Limited advises that the following:

3M pharmaceutical products will be discontinued in the UK market. The products are being discontinued for commercial reasons only—there are NO safety or efficacy issues associated with their use.

Product	Pack size	Product licence number	Discontinuation date
Nuelin™ 125 mg tablets (theophylline)	90 tablets	PL/0068/0064R	31/03/2004
Nuelin™ liquid (theophylline)	300 ml	PL/00068/0084	31/12/2004

3M Health Care will no longer supply these products after the dates given, however stock levels will be carefully monitored in the interim period.

For any queries from health care professionals, please contact the 3M Health Care Medical Information Department, telephone: +44-1509-613265.

6. GPIAG Research Unit News

Jennifer Cleland, Department of General Practice and Primary Care, Foresterhill Health Centre, University of Aberdeen (jen.cleland@abdn.ac.uk)

Several projects are at the stage of preparation for publication (or rather will be by the time this is in print!). Firstly, there are the results from a randomised controlled trial: implementing asthma self-management plans in Grampian where we targeted patients on Step 2 of the BTS guidelines and above for self-management and trained practice nurses delivering asthma clinics in the "how to do it" of self-management. Preliminary data from this study was presented at the IPCRG, Melbourne, 18–21 February 2004. Similarly, we are analysing data from a RCT of spiritual healing and asthma. This study is very exciting as it involves randomisation, appropriate controls, a spectrum of patients, and measures outcomes other than lung function. Both studies were funded by the Chief Scientist's Office, Scottish Executive, with additional funding for the self-management study coming from Grampian Primary Care Alliance and GSK. I am working with Mandy Moffat, who many of you know, to prepare her Ph.D. thesis, on difficult and severe asthma, for publication, and on other papers looking at data on patient-set goals in asthma and COPD.

Projects currently underway include a qualitative assessment of the needs and views of pregnant tobacco users, GPs, midwives and health visitors towards the provision of smoking cessation support during and immediately after pregnancy, where we are exploring current practice and acceptable ways forward. We are also carrying out a qualitative study exploring the views and beliefs of practice staff towards inter-professional communication in general practice. We hope to use the findings from this to inform the development of educational or organisational interventions to encourage teamwork within general practices. Finally, or rather finally at the time of writing (!), I am working with one of the local LHCCs to develop COPD services by, in the first instance, carrying out an assessment of the needs and views of patients and healthcare professionals towards current provision of care.

7. RETC 'Breath of Fresh Air' meetings

The Respiratory Education Training Centre (RETC) will be running the successful series of Breath of Fresh Air meetings once again this year. The dates announced are:

- 3 June 2004, Marriott Hotel, Gosforth Park, Newcastle.
- 6 October 2004, Weston Hall Hotel, Birmingham.
- 10 November 2004, Dunadry Hotel, Belfast.
- 24 November 2004, Stirling Management Centre, Stirling.

If you are interested in attending contact Tracey Haigh (tracey@respiratoryetc.com/0151 529 6229) at the RETC for further information or to reserve your place.

Diary dates

See also www.gpiag.org/news

International Multidisciplinary Meeting on COPD
9–11 June 2004

International Convention Centre, Birmingham, UK
Further information
<http://www.copdconferences.org/>.

Practitioners with a Special Interest in Respiratory Disease/GPs with a Special Interest in Respiratory
Disease Training Workshop
11–12 June 2004
Beeches Conference Centre, Birmingham, UK
Further information
info@gpiag.org or telephone: +44-121-454 8219.

Medicine for General Practitioners
17 June 2004
Royal College of Physicians, London UK
Online registration
http://www.rcplondon.ac.uk/calendar/2004/conf_2004_mfgp.htm.

ERS Primary Care Conference
3–4 September 2004
Glasgow, UK
Further information
info@gpiag.org.

European Respiratory Society Annual Congress
4–8 September 2004
Glasgow, UK
Online registration
<http://www.ersnet.org>.

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