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GPIAG/IPCRG News

GPIAG New Chief Executive; Welcome to Anne Smith

The GPIAG is pleased to announce the appointment of Anne Smith to the post of Chief Executive as from 20th September 2004.

Anne worked for 15 years in marketing and senior management roles in the pharmaceutical industry prior to joining the National Asthma Campaign as its chief executive in 1998. She decided to take a break from a full time career in 2001, and since then has combined paid work as a consultant in both the pharmaceutical industry and the charitable sector with voluntary responsibilities as a trustee of the Long Term Medical Conditions Alliance and as a member of the NICE Technology Appraisal Committee.

Anne therefore not only brings a wealth of business and management skills to the GPIAG but also has specific knowledge of the respiratory area as well as a broad understanding of the pharmaceutical industry, the NHS and how to run a charity.

We will be looking to Anne to use all her skills in order to help the GPIAG flourish in these challenging times and we hope you will join us in welcoming her to the group. She will be working closely with the GPIAG Chairman and the Committees and will welcome any feedback from members. She can be contacted at anne.smith@gpiag.org or by telephone on 01727 730443.

GPIAG Chairman; John Haughney hands over the reins to Steve Holmes

The GPIAG announces the retirement of Dr John Haughney as Chairman of the General Committee of the GPIAG. A practising GP in East Kilbride, Glasgow, John has been Chairman of the GPIAG for the last three years, and has served the group supremely well during this time. He is held in the utmost respect by his friends and colleagues in both primary and secondary care, not just for his academic ability and his superb talents as a lecturer, but also for his ability to relate to non-specialist GPs and other primary care health professionals. This has enabled him to extend the influence of the GPIAG at a time of rapid change in UK primary care, and we are enormously grateful to him for his hard work, commitment, and leadership over this last three years. Thank you from us all, John.

However, we will not be losing John's services completely — he will continue in his role as a member of the GPIAG Committee for another three years during which time he will no doubt be able to impart his advice and experience from time to time...

Following an election by the committee, Steve Holmes, a GP and serving committee member of the GPIAG, was successfully elected as new Chairman of the GPIAG general committee. Steve is a GP in Shepton Mallet in Somerset and also works part-time in his local PCT on a variety of projects. He is also Chairman of the National Association of Primary Care Educators, and therefore brings a wealth of experience to the role of GPIAG Chairman. A warm welcome, Steve.

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Report from the Primary Care Respiratory Conference, held at the ERS, Glasgow

Over 600 primary care professionals from all over Europe attended the first Primary Care Conference to be held at the annual meeting of the European Respiratory Society (ERS) in Glasgow. Co-organised by the Primary care and General Practice Scientific Group of the ERS (Group 1.7), the General Practice Airways Group (GPIAG), the National Respiratory Training Centre (NRTC) and the Respiratory Education Training Centre (RETC), the sessions reflected the growing importance of primary care in respiratory medicine.

'Primary care is now very much at the frontline in the management of respiratory disorders, and it is important that we assess the implications for GPs with a special interest in this area of medicine,' said GPIAG chairman, Dr John Haughney. 'This first Primary Care Conference held at the ERS is a recognition of the important role that GPs, practice nurses and community pharmacists have to play,' he added.

Monica Fletcher, Secretary of the Primary Care Group of the ERS and chief executive of the National Respiratory Training Centre, stated, 'The Conference was a huge success and attracted over 600 people. 75% of the delegates were from the UK, which clearly signifies the important role of GPs, nurses and other primary care health professionals in managing respiratory disease and their desire to ensure that they are up to date and aware of current evidence-based practice'.

About a third of Primary Care Organisations (PCOs) in England and Wales have a GP with a special interest (GPwSI) in respiratory disease, or are considering appointing one, according to the first results from a survey carried out by Dr Hilary Pinnock and colleagues for the GPIAG. But at least twice as many PCOs are operating or planning GPwSI services for dermatology, minor surgery, coronary heart disease or ENT, specialties where there are long waiting lists in secondary care. Competition, other priorities and inadequate funding were the main problems which PCOs said they would have to overcome in order to appoint a respiratory GPwSI. The main reasons for not considering a respiratory GPwSI were lack of local GP interest and/or expertise, or the presence of a respiratory nurse. 'There is a role for both respiratory nurses and respiratory GPwSI; we have different skills and expertise, both of which can be put to good use,' said Dr Pinnock.

The need for more widespread respiratory expertise in primary care was highlighted by a study of corticosteroid usage in asthma in 2003, carried out by Professor David Price and Dr Mike Thomas, from the University of Aberdeen. A quarter of some 22,000 asthma patients on the DIN Link clinical database were being prescribed high dose corticosteroids, but a third of these were not getting add-on therapy with a long acting $beta_2$-agonist or a leukotriene antagonist, as recommended by UK guidelines. 'Many adults with more severe asthma may be receiving sub-optimal treatment that does not accord with evidence-based guidelines,' concluded the Aberdeen group.

At the University of Dundee, Gaylor Hoskins and colleagues have been comparing patients' perceptions of their symptoms and lifestyle with what their primary care records say. Nearly 300 patients have taken part in monthly, five-minute telephone interviews about their asthma, carried out by trained researchers at an independent call centre. Preliminary data from the telephone interviews show considerable morbidity at all levels of asthma severity. Whilst three-quarters of patients reported perfect health on baseline quality of life questionnaires, 67% indicated daytime symptoms during telephone interviews, 26% required daily use of reliever medication, 21% reported that their asthma interfered with their everyday activities, and 19% went to the surgery about their asthma. 'This novel patient-centred methodology has uncovered a major problem of poor control, which suggests that health care professionals may underestimate the impact of asthma on patients' lives,' the researchers pointed out. Patients' answers from the telephone questionnaire are now being compared with information gathered during conventional asthma reviews and the other data entered into their medical records during the 12 month study. Hopefully, this work will suggest how reviews being used under the GMS contract can be improved to provide more relevant information on asthma control. 'The reviews are a start, but we need more information that links better with treatment guidelines,' said Ms Hoskins.

Jenny Bryan, Journalist

New pulmonary rehabilitation training programmes

Pulmonary rehabilitation is one of the most effective interventions for patients with COPD. The

recently published General Medical Services (GMS) contract for GPs and the NICE COPD Guideline both recognise the relevance and success of pulmonary rehabilitation in primary and secondary care. The BTS COPD consortium found that 90% of those working in primary care would like to have access to a pulmonary rehabilitation service, since it can have a significant impact by reducing GP home visits and days spent in hospital, and can provide overall cost benefits.

In response to this demand for service development the National Respiratory Training Centre is pleased to announce the launch of two new programmes;

Pulmonary Rehabilitation — one-day short course — October 2004

This interactive day is designed for all healthcare workers, both professional and non-professional, involved in pulmonary rehabilitation. It aims to develop understanding of the benefits of pulmonary rehabilitation and exercise in COPD as well as the practicalities of running a pulmonary rehabilitation programme.

Pulmonary Rehabilitation — degree level module — January 2005

This level 3 module aims to give health professionals a sound theoretical knowledge and practical skills in all areas relating to the effective management of a pulmonary rehabilitation programme. Programme content includes exercise physiology, exercise testing and prescription in COPD and the practicalities of developing and managing a pulmonary rehabilitation programme.

To register for training or for more information contact:

Amy Eagles, Direct Dial: +44 (0) 1926 836 992. Email: a.eagles@nrtc.org.uk

Association of Respiratory Nurse Specialists

The Association of Respiratory Nurse Specialists (ARNS) evolved in 1997 as a forum for respiratory nurse specialists. It is the only group in the United Kingdom that caters specifically for respiratory nurse specialists and respiratory nurse consultants in primary and secondary care, and has an ever-growing number of active members, both national and international.

The introduction of the new GP contract, the expected NSF for Chronic Disease Management, and the recent release of national guidelines for the management of both COPD and Asthma (NICE 2004;BTS/SIGN 2003) have highlighted the need to manage chronic disease effectively.

Healthcare providers recognise the expertise of RNS/Consultants, and their skills are being used in developing regional and national strategies to manage respiratory patients successfully in the community.

ARNS Objectives

- To provide a supportive network for ARNS members to encourage information sharing, best practice and research collaboration.
- To develop opportunities to enable collaboration between primary and secondary care services and other agencies in order to facilitate a quality seamless service for patients with respiratory disease and their carers.
- To initiate and drive forward innovative projects influencing practice so as to improve patient care
- To co-operate and collaborate with other multi-disciplinary respiratory specialist groups to influence improvements and developments in respiratory care.
- To participate in raising the standard of respiratory nursing and clinical effectiveness in conjunction with the relevant government policies.

For further information and membership forms contact; www.ARNS.co.uk

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