

# ARNS Conference

9-10th October 2009, Scarman House, Warwick

Written by Sandy Walmsley, Respiratory Nurse Specialist

The annual conference was held at Scarman House in Warwick with 70 delegates attending. Jane French, Nurse Consultant from Papworth opened the conference with an excellent talk about the bronchiectasis service that she has initiated and leads. The clear message was the importance of taking a comprehensive clinical history in order that potential differential diagnoses can be identified and excluded. This talk was followed by an extremely honest but moving talk from Ruth Rotherham about how she and her husband managed to enjoy life to the full in spite of her husband having ILD. The journey they went on was anything but smooth and it took some time for John to be correctly diagnosed and given the appropriate treatment. In spite of all this Ruth said several times that both she and John had fun almost until the time that John sadly died. What was very clear was that Ruth is passionate about raising both the profile and general awareness of ILD and its devastating effects.

There were 3 breakout sessions which included **Emergency Oxygen – Lisa Ward**

This was a stimulating session describing the Emergency Oxygen Guidelines and how these should be implemented in practice. We were reminded about the new guidance to prescribe emergency oxygen according to target saturations and to monitor our patients appropriately. Using the characters out of "Cluedo" to identify appropriate oxygen delivery was inspired and certainly improved our understanding of what to do in different situations. "Five minutes" was a key message to delegates – monitor patients closely for 5 minutes after making any change to oxygen delivery to ensure the patient is receiving appropriate therapy; and wean patients when stable.

**Virtual ward – the Croydon Experience**

Geraldine Rodgers and Belinda Wigmore, two community matrons shared their experiences of having their patients with long term conditions (many of whom have COPD) placed in "virtual wards" using the combined predictive risk model to identify patients. It is one of many different models of how Community Matrons work.

**Nursing Research- Samantha Walker, Director of Education & Research, Education for Health.**

An interactive workshop where delegates were encouraged to think of a research question. She addressed many concerns from the delegates, although she was also very honest about the difficulties that sometimes lay in wait for the potential researchers amongst the delegates.

The first day ended with a stimulating talk from Alex Bobak who gave several tips as to how smokers can be helped with using the minimum effort whilst reaping the maximum

reward. Following a busy and stimulating day, delegates had the opportunity to relax and network with colleagues new and old alike during the Conference dinner. This was followed by a masked disco (masks varying from feathers and glitz, to Prince Charles masks!). Delegates joined in with lots of laughs and dancing until midnight when, reminded of the early start the next day by the ever vigilant conference team, they drifted off to bed.

Saturday morning saw several bleary eyed delegates in the lecture theatre having obviously enjoyed the Masked Disco the night before! However it was soon down to business



with a fascinating talk from Prof Dennis Shale from Cardiff who spoke eloquently about the importance of thinking differently in relation to COPD management and the co-morbidities associated with COPD.

Following this talk, the Expert Panel consisting of Dr Steve Holmes (GP), Jane Scullion and Sam Prigmore (Nurse Consultants in Leicester & London respectively) answered questions relating to commissioning and tendering of services. These questions raised the awareness amongst the delegates that this approach is here and here to stay.

Sam Prigmore then gave the delegates an update on the long awaited National Strategy for COPD. We just have to hope that there isn't a change of government before May. If this happens who knows how long we will have to



wait for this absolutely vital strategy?

The conference finished with an entertaining but also serious debate as to whether COPD services should be nurse or medically led. Prior to the debate the delegates were in favour of nurse led services by 81% to 19%. Jane Scullion debated that nurses should lead services, however with Steve Holmes replying that services should be medically led, several important issues were raised. The most important factor being that whilst some people are "born" leaders it is possible to "learn to be a leader". Doctors are given this training as medical students and are prepared for this important role, yet leadership does not feature in the training of nurses as undergraduates and is only just starting to have a place in some post graduate programmes. Without this training can we as nurses really say we have the qualifications to be recognised as leaders?

The vote after the debate demonstrated that Steve had really got us thinking as the result was 51% to 49% in favour of COPD services being nurse led. This was reinforced further when several delegates said that they would like to see some type of leadership session being offered at the next conference. Watch this space.....most of the presentations are available on the ARNS website, so you will be able to catch up on any sessions that you may have missed.

Next year's conference will be the beginning of May to avoid clashing with Summer and Winter BTS, ERS and GPIAG. It looks as if you all enjoyed the conference and we look forward to seeing you all next May.

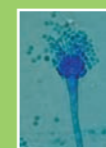


The companies above have provided sponsorship grants towards the conference, secretariat, mailings, newsletter, website maintenance and educational bursaries of ARNS.



Association of Respiratory Nurse Specialists

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Leading, Inspiring, Empowering.

# newsletter

November 2009

## Welcome to the winter edition of the ARNS newsletter

I must admit it, I've never been to an ARNS conference before. Working full time, studying and having 2 small children, time to attend a large number of different conferences is limited. So, I normally chose to attend the BTS or ERS meetings with my colleagues. This year though, I thought as a Committee member now was the time to go!

Having just attended the conference, I can honestly say that over the past 10 years, I've been missing out! Over the two day conference I met a real broad spectrum of nurses working within respiratory medicine, within both primary and secondary care, including community matrons, pharma nurses, nurse consultants and to my delight another nurse working also on a small island setting, who I'd never met before.

Normally whilst I come away from conferences having learnt a bit of science, caught up with old colleagues and found out what's new in the scientific world – I came away from this conference with all of that, but also with real practical solutions to improve my local services. Each of the conference sessions was really different in both

the style and delivery to conferences I normally go to, which left me with a real buzz and enthusiasm. One session which was incredibly thought provoking was a narrative description of the journey a carer of a patient who had died from interstitial lung disease had gone through following his diagnosis. I can't overstate just how powerful and incredibly thought provoking it was and will definitely influence my future practice.

So all in all, I would honestly recommend an ARNS conference and if you've never attended one try to come to the next one in May. If you did attend it I hope you spread the word and encourage others to come along with you next time!

I also hope you've noticed the new modernized image in the ARNS newsletter look and logo. After careful consideration the Committee agreed that it was time to give the Association a fresh look that we hope will reflect the changing times of the

NHS and delivery of respiratory care.

What else is within this edition? There's a great piece on the FIRST STEPS, an interesting article on the National Aspergillosis Centre and a full write up on the conference.

Finally, I hope you enjoy this edition and if there's anything you want to share with others, please do not hesitate to drop me an email (rsherrington@health.gov.gg)



Rebecca Sherrington

## End of Life Care in Respiratory Disease

1st & 2nd February 2010

Education and Research Centre  
University Hospital of  
South Manchester

By popular demand the ARNS course in End of Life care in Respiratory disease is running again in 2010.

The programme is aimed at doctors, nurses and physiotherapists who would like to feel more confident with managing end of life issues in respiratory disease.

The course will use debate, discussion, role play, problem solving and reflective practice and will provide practical training on end of life care including:

- COPD: Acute and chronic symptom management
- Interstitial lung disease
- Management of depression
- Communication skills
- Advance directives and the Mental Capacity Act
- Anticipatory care needs
- Support of families
- Models of end of life care: Liverpool Care Pathway, Gold Standards Framework and Preferred Place of Care

There is an emphasis on communication skills and difficult conversations. The course will use real case-scenarios for discussion including: COPD, ILD and any chronic lung disease the group might want to discuss.

For more information please contact: Barbara Hamilton,  
70 Eland Road, London SW11 5LA  
Tel: 020 7228 3847  
Email: Barbara@djcasassociates.co.uk

## 'First Steps' towards getting ready for the COPD National Strategy – a new resource on the GPIAG Website

ARNS Committee members are working collaboratively with The General Practice Airways Groups (GPIAG) to support the implementation of the national Strategy for COPD, and is pleased to support the launch of 'First Steps' – a new resource that has just been launched on the GPIAG Website. This web based resource aims to encourage individual healthcare professionals and practices to assess where they are now with regard to COPD management and their 'state of readiness' to implement the impending COPD National Strategy.

This is done through the use of 3 elements;

1. How Ready Are You? - a self-assessment knowledge test on some of the clinical aspects of managing COPD, for you and your team members.
2. How Ready Is Your Practice? - a practice assessment tool which provides a checklist of questions and supporting information, intended to prompt discussion and review of the way COPD is managed within your practice. This tool could be used as part of a COPD educational meeting to prompt debate or, alternatively, used to identify areas within your practice that may benefit from review.
3. Quick Tips - a series of key, practical first steps when reviewing the way you manage COPD within your practice. This can be used in conjunction with 'How Ready is Your Practice', and may be used by an individual or a team reviewing the management of COPD.

Judith Lawrence, lead author and an advanced nurse practitioner in North Shields says "It is essential that all clinicians involved in the care of COPD patients have the skills and are competent to manage the complexities of this disease. In response to the impending publication of the COPD National Strategy, the GPIAG has developed a series of educational resources to assist practitioners review and develop their skills in COPD management."

Find out more by accessing 'First Steps' via the GPIAG website at [www.gpiag.org](http://www.gpiag.org).

### More about GPIAG COPD Resources

A comprehensive range of COPD resources for primary healthcare professionals have already been developed by the GPIAG and can be accessed via the website at [www.gpiag.org](http://www.gpiag.org). A faculty of GPIAG members has also been convened and an extensive communications programme developed to ensure healthcare professionals are aware of what the COPD

National Strategy means for them and their practice and to provide support in making changes to improve the care and services provided to people with COPD.

In addition to 'First Steps' look out for a range of initiatives and resources that will be available following publication of the COPD National Strategy. These include:

**Quick Reference Guide** – a summary of key points, relevant to primary care, from each section of the National Strategy

**Primary Care Respiratory Journal Supplement** – a practical guide focusing on aspects of the National Strategy most relevant to primary care

**Teaching Resource Pack** – a practical, working tool for use by respiratory leaders, to drive local action in primary care (available to members only)

**National Leaders Meeting** – a one day meeting for primary care respiratory leaders to equip them to lead and drive local change, at both a PCT and practice level

Sarah-Jane Peffers, a respiratory nurse specialist in Bristol, ARNS committee member, and a GPIAG member involved in the development of this programme says "The launch of a COPD National Strategy is a real opportunity to improve services for our patients with COPD. Currently many Respiratory Nurse Specialists are supporting people with COPD and are often frustrated by the ad hoc and reactive nature of care delivery. These GPIAG resources provide us with a valuable toolkit to enable us to work with our primary care colleagues and evaluate current practice. They will also help us influence commissioners and support the development of an appropriate range of services for all people with COPD and their carers. Respiratory Nurse Specialists have a real chance to lead and drive local change."

Take a look at the GPIAG website at [www.gpiag.org](http://www.gpiag.org) to see examples of events and materials, produced by primary care for primary care, and join the thousands who already benefit from being a member of the GPIAG.

We would like to acknowledge that this programme is being supported by educational grants from Allen & Hanburys, AstraZeneca UK and Boehringer Ingelheim Ltd/Pfizer Ltd.

Dr Steve Holmes  
GPIAG Executive & Education Lead

## ASPERGILLUS FUMIGATUS

Written by Georgina Powell, Aspergillois Nurse Specialist, National Aspergillois Centre

The National Aspergillois Centre Opened on 1st May 2009. The term Chronic Pulmonary Aspergillois (CPA) includes four conditions:-

**Aspergilloma** – a single cavity in the lungs containing a fungal ball.

**Chronic Cavitary Pulmonary Aspergillois (CCPA)** – the presence of cavities in the lung, with or without a fungal ball. These cavities can expand over time, with subsequent destruction of lung and systemic symptoms.

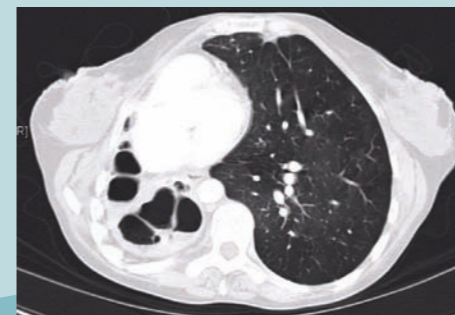
**Chronic Fibrosing Pulmonary Aspergillois** – develops insidiously in patients with CCPA if not treated with antifungal therapy, leading to lung fibrosis.

**Chronic Necrotising/Sub-acute invasive** – a more aggressive form of the disease with increased tissue damage.

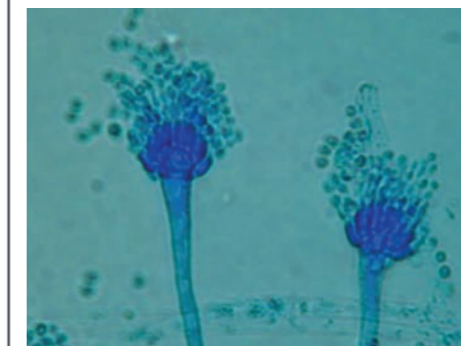
Patients with CPA often have pre-existing pulmonary disease or lung cavitation (e.g TB, ABPA, sarcoid, emphysema, bronchiectasis, previous lung cancer), although CPA can develop following invasive pulmonary aspergillois. Most patients are asymptomatic when the aspergilloma first develops, but common symptoms include cough, productive sputum, haemoptysis, weight loss, fatigue, malaise, dyspnoea and sometimes fever.

Diagnosis is suspected from chest x-ray changes, and is confirmed with CT scan, blood with positive Aspergillus precipitins (IgG) and sputum/BAL fungal culture.

The CT image below shows volume loss and extensive cavitation.



The National Aspergillois Centre at the North West Lung Centre, University Hospital of South Manchester (UHSM) was set up to provide a service for patients with CPA in conjunction with the Department of Health National Commissioning Group. It is supported by the Regional Mycology Laboratory, also based at UHSM. The Centre has a team of specialised staff led by Professor Denning. The team consists of infectious diseases consultant and registrar, 2 specialist nurses who work closely with the specialist clinical research nurse (who is also the UK adult Chronic Granulomatous Disorder specialist nurse), 2 clinical research fellows and secretarial support. This forms a strong clinical team who provide out and in-patient care. Clinical & patient support is available online via the Aspergillus/Aspergillois website.



Taken from [www.aspergillus.org.uk](http://www.aspergillus.org.uk)

The centre provides a service for patients from England, Scotland and Wales, who cannot routinely be treated with surgery e.g. simple aspergillomas that can be resected. The service includes medical and nursing support for out-patients, in-patient care as necessary, support and advice to other clinicians/health care professionals locally and nationally, prescription of anti-fungal therapies, patient monitoring of drug levels and development of anti-fungal resistance, bronchial artery embolisation, support for home IV therapy, and in some cases consideration for surgery and immunotherapy. The centre is also involved in research (diagnostic tests, antifungal pharmacology and quality of life).

For more information the centre website is <http://www.nationalaspergilloiscentre.org.uk> and the patients' website is <http://www.aspergillus.org.uk/newpatients>



## DATES FOR your diary

2nd - 4th December 2009  
BTS Winter Meeting

Queen Elizabeth II Conference Centre,  
London  
[www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

7th - 8th May 2010  
ARNS Annual Conference

Warwick  
[www.arns.co.uk/pages/events.html](http://www.arns.co.uk/pages/events.html)

14th - 19th May 2010  
American Thoracic Society  
International Conference 2010  
New Orleans  
[www.thoracic.org](http://www.thoracic.org)

24th - 25th June 2010  
BTS Summer Meeting

Manchester  
[www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)

30th June - 2nd July 2010  
COPD 7 Conference

International Convention Centre  
Birmingham  
[www.copdconferences.org](http://www.copdconferences.org)

Further information for these events can also be found on [www.arns.co.uk](http://www.arns.co.uk)