



ARNS Newsletter



Editors' Notes

A happy and healthy new year to everyone.

The snowdrops are out, the crocuses in bud - Spring is just around the corner - at last!

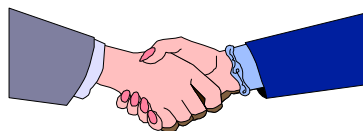
2002 promises to be a busy one for us all as the profile of respiratory care continues to grow.

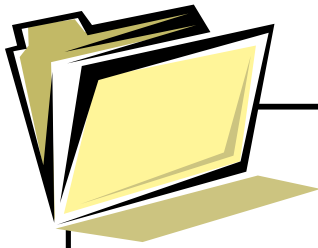
Another packed newsletter - please use it as a means of airing your views and ideas.

Inside this issue:

- ?? Dates for the diary
- ?? News
- ?? ARNS conference 2001 - evaluation
- ?? Updates
- ?? Quips and quotes
- ?? Members' articles
- ?? Notice board

and much more





Congratulations - to Linda Pearce, ARNS committee chair person, on her appointment as Respiratory Nurse Consultant, West Suffolk Hospital. She will be sure to use her influence for the benefit of our patients.

Travel Awards

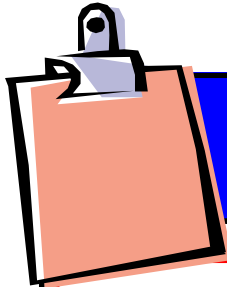
This year there will be 10 £200 awards up for grabs! These will be for attendance at the winter BTS meeting. If you are fortunate enough to gain an award please consider writing a short article for the newsletter to share your experience. Travel Award Application Forms will be sent out to the membership in a few weeks.

ARNS Membership

As a result of last years questionnaire and discussion at the last ARNS committee meeting the membership Application form has been revised. This can be seen on the website at www.arns.co.uk

ARNS Committee

We have 2 new members, Sam Prigmore and David Long. Rest assured they have already been given jobs to do. On the following pages are the manifestos they submitted prior to election.



Notice Board

Adolescent Asthma

- ? ? Do you see adolescent asthmatics?
- ? ? Are you involved in running an adolescent asthma clinic?
- ? ? Do you provide a 'handover' clinic?

I am looking for adult respiratory nurses to look at the management of this group of asthmatics, on a joint project with our paediatric colleagues to ensure that the transition of care is seamless.

If you can help or are interested please contact:

Samantha Prigmore
Respiratory Nurse Practitioner
St Georges Healthcare NHS Trust
Blackshaw Road
Tooting
London
SW17 0QT

Email: samantha.prigmore@stgeorges.nhs.uk

David Long is updating the ARNS website. Any local/regional respiratory groups wishing to advertise themselves should submit details, logo and short summary about their group to:
David.long@tst.nhs.uk

ARNS Secretariat,
3 Oakmede House,
Oakmede Place,
Binfield,
Berkshire,
RG42 4JF
E-mail: arns@arns.co.uk
Phone: 01344 646706
Fax: 01344 646985

ARNS web page

www.arns.co.uk

Samantha Prigmore Manifesto



Having qualified in Oxford in 1987, my first staffing post was on a cardio thoracic surgical ward. I left after 18 months and moved to the Royal Brompton Hospital to undertake the cardio thoracic nursing course (ENB 249). During the 18 months I worked at the Royal Brompton Hospital, I gained an interest in respiratory medicine and high dependency care. I moved to St Georges Hospital in 1990, working within the cardio thoracic department as senior staff nurse, and then moving over to the respiratory ward as ward sister in 1992. This was an exciting time, as not only was I able to apply previous knowledge gained, gain management skills, but was also involved in obtaining funding and developing one of the first respiratory nurse specialists posts. I took up this position in 1993 and assisted in securing funding for a second nurse and community respiratory physiotherapist in 1994.

Our respiratory nurse services have expanded over the years with Established nurse led COPD, asthma, sleep and TB clinics. The service provides an outreach service for patients with end stage disease and for domiciliary assessments.

Through a close working relationship with primary care, funding for community respiratory nurse specialists has been secured. The roles will help in the implementation of an integrated care pathway and the development of a rapid assessment service.

I have interests in the multidisciplinary approach to the management of patients with respiratory disease, promoting the nursing profession, smoking cessation, prescribing, and the development of nurse led research and audit within the clinic setting.

I have a wealth of experience in the management of patients with Respiratory illnesses, along with service management, development and expansion across the primary/secondary care interface.

As a committee member I would not only bring my experience and knowledge but my enthusiasm for the nursing profession and promote a multidisciplinary approach to the management of patients with respiratory disease.



Quips and Quotes

An M&S voucher for £5 could be yours if yours is judged the best. Here are a few to get you started, submitted by Tom Faulkner.

- ? ? Patient's medical history has been remarkably insignificant with only 40 pound weight gain in the past three days.
- ? ? I saw your patient today, who is still under our car for physical therapy.
- ? ? The lab test indicated abnormal lover function.
- ? ? The pelvic exam will be done on the floor.
- ? ? Patient has two teenage children, but no other abnormalities.

Please submit your Quips and Quotes via the website

BTS Winter meeting 2001

I was delighted to have been chosen for an ARNS travel award, and along with it the opportunity to attend the BTS Winter meeting. In my Trust, these meetings were always well attended by the medical profession but rarely nurses. What was also legendary was the stamina needed to keep up with the socialising aspect of the conference! (This sounds very similar to our own annual conference!).

The venue for the BTS was in central London at the Queen Elizabeth Conference centre, which was directly opposite Westminster Abbey. One of the delights was the walk to and from the hotel especially with all the Christmas lights giving a seasonal feel to the surroundings.

The conference was very busy and I thought well organised. There was plenty of opportunity to look at the poster displays and time set aside to ask questions of the authors which I felt really did enable you to get the feel of the subject matter and also to compare and contrast any aspects of the work that you were interested in.



I felt that you had to actually put a certain amount of “homework” in before attending to decide on which spoken presented sessions held the most appeal, otherwise a lot of time could have been spent missing out on sessions that were of value. I have to say that having sat through one key session given by an eminent specialist on COPD, I was glad to find out that I was not the only one who understood very little of what the gentleman was talking about!

From a personal perspective, I found the sessions on sleep were useful. I also found those on ventilatory support in the acute phase, asthma management and asthma education updated a lot of my existing knowledge. Although there were only a few posters that were by nurses, these were of a high standard and had often been done in collaboration with other disciplines, which I think is useful in our day to day practice. The calibre of the posters should encourage anyone that presents at ARNS to submit their poster at forums such as the BTS. Only by doing this can we continue to raise our professional profile.

Hospitality provided by the pharmaceutical industry was great, and along with this the opportunity to network with fellow respiratory nurses was useful and enjoyable. I could recommend that if you haven't been then you should give it a try.

Carol A.Beckwith
Nurse Specialist, Sleep Services.
Wythenshawe Hospital, South Manchester University.
Hospitals Trust.

Conference 2001

As ever the evaluations for the whole conference are excellent although “not enough time” is an issue. The list of suggestions for future conferences is overwhelming.

On the following page is a “personal” view of the conference from Becky.

David Long Manifesto



First of all I would like to take this opportunity to thank you for electing me onto the ARNS Committee.

My nursing career started a little later than most after spending most of my formative years in the Royal Marines and various odd jobs, I drifted into Nursing despite the protests of my girlfriend at the time (a nurse! Now my wife).

I started my career in 1989 at the Queen Elizabeth Hospital Birmingham where I gained experience on general medical wards before moving into the ITU arena rotating around a range of specialist ITU's. This took me up to 1997 when I was appointed to my present post as Respiratory Nurse Specialist at Taunton and Somerset Hospital DGH. During my time at Taunton I have had the opportunity to work with a supportive and dynamic multidisciplinary team, which has enabled me to develop my respiratory skills encompassing the whole gambit of respiratory diseases and running independent OPD clinics. The last two years have been devoted to completing a part time MSc in Healthcare (nearly finished!). One of the results of this is that it has lead me into the research domain and I have just completed a study using newly developed QOL questionnaire to be used with COPD patients in the OPD setting.

I have been involved with the ARNS for four years and each year have found the annual conference stimulating and rewarding. The desire to be part of this committee has stemmed from this and that the association can and does influence respiratory care nationally.

My interest apart from COPD lies in the world of technology and it would be my aim to help develop this through the ARNS website. For a large number of Respiratory Nurses working in DGH and rural areas, the ability to share ideas, problems and skills is very limited. This is where the ARNS and local respiratory groups come to the fore: it enables networking and support to take place, which I have found invaluable. It is this element I would like to develop via the www.

I look forward to the next three years and if you see some sad fat bloke in the corner at the next conference take pity and buy me a drink.



Her supervisors during her MSc course were, Professor of Nursing, Sue Proctor, who at the time was Chair of the Nursing Research & Development Unit at the University of Northumbria, and Dr Chris Stenton, Respiratory Consultant at the RVI. All agreed that the psychosocial needs of these patients were not being addressed.

At the same time Nigel Davison, Assistant Director of Nursing and my Project Leader, was undertaking research into telemonitoring and wanted to implement its use in chronic disease management.

Sue spent one day a week in the Primary Care Development Centre within the grounds of Newcastle General Hospital where Nigel was based and they got talking!

The vision of developing a Nurse Led Unit for COPD patients began to evolve.

This 4 bedded unit is situated within a sheltered housing complex in the East End of the City.

We are developing an intermediate care facility that retains links with the Respiratory Team at the Royal Victoria Infirmary through telemonitoring and we will eventually have videophone links with the Chest Clinic also.

We are accepting patients into the unit from the acute medical wards at the RVI within 48 hours to 72 hours, when medical treatment has been optimised and the patients are stable but still require 24 hour nursing care.

An inclusion/exclusion criteria has been established for patients that can access the unit.

Our main aim is to identify the wider holistic needs of patients and carers and overall improve their quality of life.

Over this past year we are hoping to take up to 250 patients, which should have quite an impact on freeing up acute hospital beds at the RVI.

- ? ? Telemonitoring enables us to monitor the patients' vital signs and that information can be fed back to the Chest Consultants at the RVI.
- ? ? The videophone link will enable me to discuss any concerns I have with the Respiratory Team.
- ? ? We have developed extremely accurate assessment documentation that really identifies the health and psychosocial needs of these patients.
- ? ? We have an excellent multidisciplinary team input that is growing steadily.
- ? ? True collaboration across boundaries is evolving.
- ? ? A Pulmonary Rehabilitation Programme is being developed within the unit also.
- ? ? Ultimately we are trying to develop a centre of excellence for these patients.

Wish me luck!

Grateful thanks to everyone involved with its development.

Who knows we could set a precedent for the rest of the country!



Becky Ross Plummer

Those of us who saw Becky and baby Lois (and Dad) at the conference are delighted (but not too surprised!) with the news that she is again expecting. We all wish the family well.

ARNS Involvement

NICE review of COPD guidelines - ARNS is a registered stakeholder to ensure our views as respiratory nurses are being taken into Consideration.

Nurse Prescribing - ARNS views on the consultation document have been fully represented. It is believed that supplementary prescribing for RNS's may be a real possibility in the foreseeable Future - watch this space.

COPD Nurse Led Unit Shield Court Shieldfield Newcastle Upon Tyne: Telemonitoring: Creativity in Clinical Care: A Haz Innovation Project:

Hello Everybody, I have been asked to write a newsletter for the ARNS about this innovative Nurse Led Unit for chronic chest patients!

My name is Linda Carling and I'm a Sister/Project Nurse developing a Nurse Led Unit for COPD patients. I've worked in the Respiratory field for 9 years, first as an enrolled nurse, converted in August in 95, worked my way up in the field of respiratory medicine, and became Senior Staff Nurse on the 29 bedded acute respiratory medical ward at the Royal Victoria Infirmary. I have developed a strong interest in caring for patients with this chronic disease since taking the Liverpool management course in 1998.

The idea of this unit was an inspiration!

It came about when Karen Heslop, the Respiratory Specialist Nurse at the RVI, was doing her MSc on Psychosocial issues with COPD patients.



Dates for your diary

ATS in Atlanta, Georgia, Details, www.thoracic.org	17th - 22nd May 2002
International meeting on COPD Birmingham	12th - 14th June 2002
BTS summer meeting at UMI ST Manchester Conference centre Details, www.brit-thoracic.org.uk	27th - 28th June 2002
ERS in Stockholm, Sweden Details, www.ersnet.org	14th - 18th September 2002
Annual ARNS Conference. Details, www.arns.co.uk	8th - 9th November 2002
BTS Winter meeting at QE 11 Conference centre	4th - 6th December 2002

People News!

[Kay Houston](#), from the North West Lung Centre, Wythenshawe is retiring soon. She is well known to many of us and has given kindness and support to us as well as to countless patients. We wish her well and better health in the future.

[Mairead Logue](#), co-editor of this newsletter has been ill for some time but is now back at work. Take it easy, Mairead, and keep well.



And finally:

Remember this



Alison Atwell Humour in Nursing 'November 2001'



ARNS Annual Conference, 16th - 17th November 2001

Well, for all of you who attended, I'm sure you'll agree that we experienced yet Another educational success for respiratory nurses around the UK.

Moving away slightly from the tradition, we sampled a new venue this time. The calm and picturesque venue of Puckrup Hall near Tewkesbury, Gloucestershire boasts full conference facilities and certainly offers a change of scenery but did we make the right choice? For some of you, Ettington Chase has proven to be the preferred location, some members have suggested venues further North and others suggest we rotate our venues annually. All of these opinions are valid and of course, we take your views very seriously. However, pleasing everybody is a difficult task to achieve, so, having considered the general feedback and suitable venues that have availability, Ettington Chase has been chosen as this year's location. For the future, if you know of any suitable conference facilities nearby to yourself, why not let Anne Lee at The Turner Agency know, she'll look into them.

So, what of the course content? We were inundated with really positive comments this time which warms the very cockles of our hearts. The educational content, presentation of information and conference organisation all evaluated extremely well and for those of you who did criticise, suggestions for improving the situation were often put forward. This constructive approach to appraising the conferences is what we rely on in order to come up with the goodies next time - so thank you, 'members' for that. We take on board the criticism that because of the large numbers of delegates attending Richard Dent's popular X-rays workshop, the films proved difficult to see. If ever we run a similar workshop we'll think of ways to address this. Also, some of you saw no relevance in duplicating the poster presentations or receiving feedback from the travel award winners - to address the latter first, one of the best ways of encouraging other members to apply for the awards is to receive such feedback. Furthermore, these members have achieved something worthwhile and it's great that the opportunity is given for them to share their experiences - this part of the programme will continue to be included. We believe that by giving an opportunity of open forum to the authors of the posters, questions and issues not considered by all members viewing the posters can be raised and discussed. In addition, we can't expect the authors to man their posters for questions and discussion at every conceivable viewing opportunity and so open discussion is worthwhile.

The overall structure to the two days, including plenary sessions and breakout groups remains a firm favourite amongst you all but some members have suggested we consider devoting more time to certain topics for example, make the workshops longer, give more time to open forum discussions and debate more time for networking - all of these are possible, if we extend the length of the conference.



Fitting all the topics you ask for into two days is a scientific feat - trust me! We currently try to finish the event by lunch time on Saturday but would willingly extend the day to a further one or two sessions after lunch if members were committed to this, our last speakers having an audience of 3 people would not look good! Again, if you have any burning thoughts surrounding the length of the conference - please let us know quickly, we're already well into planning conference 2002.

Staying on the subject of the workshops/breakout groups, there would appear to be a lot of enthusiasm within the association for these to become an opportunity to initiate a few projects, mainly looking at best practice and using ARNS as a well established and recognised forum within which to take ideas forward and achieve results. We think this is a great idea and are already considering likely opportunities, keep an eye on the web site and throughout the newsletter for more information.

Although I don't really want to single certain presenters out, I think it is only fair to acknowledge the truly thought provoking session delivered so concisely by Tina Billet on Nurse Prescribing. Some of you have really taken this to heart and rightly so - the truth is, many areas of our current and future practice are influenced by this little can of worms. So you'll be leaping with joy when I tell you that we will try getting Tina back this year to give us an update on the current situation and perhaps start to focus on specific areas of practice - this could lend itself quite nicely to an opportunity of open debate - your thoughts please. Gosh! Did I forget to mention Alison Atwell and her wonderful closing session on Humour in Nursing - how could I not remind you all of this wonderful hour which clearly had a profound effect on all of us, well put it this way, I defy any of you to resist tapping those toes when you hear Madonna's track 'Music' in the future!

And talking of toe tapping - I'll close on a linear note, the dancing variety. I'll be the first to say I was not looking forward to the line dancing - but yee-ha! (as one of you so articulately put it) what a laugh - how on earth do we follow that? Definitely need some ideas here!

Well, my final acknowledgement goes to the ever wonderful Turner Agency because without them, there really would be no conference - certainly nothing along the lines of the streamlined and relaxed stuff that we get now.

So there's an insight into how those of you who attended evaluated conference 2001 - we hope that anyone unable to attend last year will be tempted to do so this year - how can you resist?

Conference 2002

This will be on 8th-9th November. Your views have been taken into account in the planning (yes, we have already started this). Details of the conference and the programme will be sent in the next few weeks.