

ARNS Newsletter

Editors' Notes

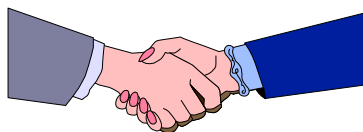


Welcome to the latest newsletter

What a fabulous summer we are having, although most of our patients are having quite a struggle with the heat.

Every PCT in the country has received a copy of the 'Bridging the Gap' document (a shadow NSF) and we hope you are all lobbying the appropriate people to provide access to the standards laid out in the document.

Please continue to use the newsletter to air your views, ideas and opinions.



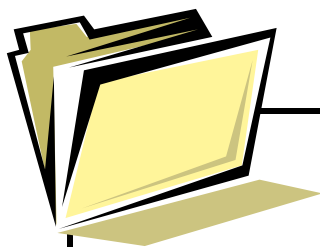
Inside this issue:

- 2003 Conference
- Dates for the diary
- Member's articles
- Pulmonary Rehabilitation
- Notice board

and much more



"Hot off the Press"
Election news—final page



Congratulations - to all respiratory nurses who have gained their B.Sc (Hons) in Respiratory Health Care this summer at the Respiratory Education and Training Centre, Liverpool.

Well Done!

Conference 2003

You will all be aware that the conference this year is again at Ettington Chase on November 7th and 8th. The conference goes from strength to strength each year and this year's programme again reflects the evaluations and suggestions that members have made. If you have not already done so—book NOW!

British Thoracic Society Nurse Questionnaire

Enclosed with your newsletter is a questionnaire from our chair, Karen Clancy, who is trying to find out why the number of nurses attending the BTS meeting this summer was less than usual. Please do complete this and return it in the envelope provided. It is important that ARNS members use every mechanism available to ensure we represent the patients' views.

Secondary Care FUTURE Meeting



I recently had the opportunity to attend the above meeting in Edinburgh.

The meeting was chaired by Chris Fehrenbach and included a number of excellent speakers.

The meeting was divided into workshops, I attended 4, which included:

Difficult Asthma—Facilitator Dr Jon Miles who made us look at those "heart sink patients" and think is it difficult asthma or just difficult people?

Breathlessness—Facilitator Jane Scullion who led us through a variety of ways to manage breathlessness. Jane also looked at some of the pharmacological ways of managing breathlessness such as Oral morphine or dihydrocodeine before exercise and the use of benzodiazepines and antidepressants.

Research for Beginners—Facilitator Lisa Bradshaw who gave a nursing perspective on research and how to develop a research question. Lisa provided a lot of encouragement and highlighted the lack of nursing research.

Relax—A Really Useful Guide to Managing Stress—Facilitator Dr Terry Stuart. A very entertaining session aimed more at ourselves than our patients. Dr Stuart is a GP who has developed an interest in stress management to help his patients. We looked at what causes stress for individuals and how to recognise this and mechanisms to deal with it. He provided a copy of his booklet RELAX and tape which I can recommend. More details can be obtained at www.tmsrelax.com

Altogether an enjoyable two days and of course the networking played a large part in the success and also the excellent accommodation, food and alcohol as well!

Irene Griffiths
Respiratory Nurse Specialist
North Cheshire Hospitals NHS Trust
Warrington Hospital.





Local News



West Midlands Respiratory Nurse Special Interest Group

This group provides a support network for nurses working in both Primary and Secondary care. The quarterly meetings are held at the site of the Chairperson who is nominated annually. The group disseminates information via a newsletter on any aspect of nursing respiratory care. This is a recent initiative which it is hoped continues. Members of the group represent nurses on the committee of the Midland Thoracic Society. This ensures respiratory nurses are involved with the implementation and developments of care locally. For further information or to network with this group contact:

Dawn Bills, Dudley Group of Hospitals NHS Trust.

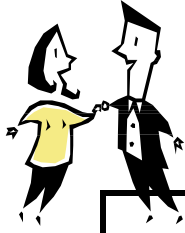
Telephone: 01384 244383 (24 hour helpline) or

Email: dawn.bills@dudleygoh-tr.wmids.nhs.uk

AT LONG LAST!

Have you all seen the bulletin from the Chief Executive of the Department of Health outlining the proposed changes for **oxygen** provision? It is envisaged that by 2005 all patients who may require oxygen will be assessed for this, and, if required, will be provided with their oxygen in whichever format is most suitable for the individual be that cylinder, concentrator or ambulatory oxygen. Prescription will no longer be the responsibility of GPs but the consultants. This could represent a great opportunity for the development of nurse-led oxygen assessment services ensuring that prescription of oxygen also involves comprehensive education for the patients.

Christina Dean, Respiratory Nurse Specialist, Central Cheshire PCT



Two Pulmonary Rehabilitation Programmes In One Trust!

The Central Cheshire Primary Care Trust covers a large semi-rural area. The first community pulmonary rehabilitation programme was started jointly without funding (no charge there then!) by the community physiotherapist and respiratory nurse specialist some three years ago in the north sector of the trust. Access for the patients from the southern sector was difficult as we could not use ambulance services. Many motivated patients, however, attended the programme despite the distance. Members of the local Breathe-Easy Group invited their local MP to lobby the trust for provision in the southern sector and a bid was made to fund further provision. To the great delight of everyone involved the trust has this year funded the existing programme and a new one! Both programmes will also now meet the BTS recommendations of two sessions a week for eight weeks.

The British Lung Foundation has recently published the results of their survey into pulmonary rehabilitation which shows that provision is still patchy across the country. Hope that reading the above will encourage everyone who is struggling to get started!

Christina Dean, Respiratory Nurse Specialist,
Central Cheshire PCT

Adherence With Long Term Treatments



Working in Respiratory Medicine for the past 14 years I have become increasingly interested and involved in adherence with long-term treatment. Most people will have seen the patient who has had their treatment increased time and time again, when actually they are not taking any of it. This non-adherence may be deliberate—the patient chooses not to take their medication for a variety of reasons, or it may be mistaken—they are unable to use their device. Improving adherence to any long term treatment is a major and ongoing problem and I feel nurses are best placed to improve the situation.

My interest in this prompted me to write two articles in the British Journal of Nursing a few years ago. I was pleased and excited to be contacted by the World Health Organisation (WHO), on the basis of these articles, to contribute to a multi-national internet discussion group set up to look at the global problem of adherence. There were a large number of experts and scientists on the various disease specific panels so I felt rather overawed and out of my league when 'chatting' to the likes of Bruce Bender (whom many of you will recognise from his work on adherence). The end result of this and a number of meetings (which I did not attend) is a publication from the WHO on the extent of the problem and suggestions how to improve adherence. I think it is essential reading for anyone involved in chronic disease management and is particularly pertinent in the light of nurse/supplementary prescribing. It is also gratifying that Dr Sabatee (the lead clinician on this from the WHO) feels that nurses are the key people to address the problems of adherence and to this end we are jointly trying to circulate the results of the report to as many nurses as possible. I think the report makes for fascinating and essential reading for nurses in both primary and secondary care. I hope you agree.

Alison Conway, Respiratory Nurse Specialist, Glenfields Hospital, Leicester

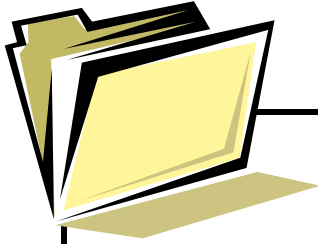
Do Respiratory Nurse Consultants Make A Difference?



The concept of a nurse consultant is not that new. In 1985 there was a consultant nurse employed at Tameside Hospital in Greater Manchester with the responsibility of focusing on issues pertaining to nursing development. In 1998 at the Nursing Standard Nurse of the Year Awards, the Prime Minister Tony Blair announced the Government's plans for the new breed of nurses. He expected that these nurses would be highly skilled in their speciality and therefore would have the same status as their medical consultant colleagues. The Government White Paper 'Making a Difference' (1999) set the scene with clear objectives to recruit more nurses, strengthen education and training, develop a modern career framework, enhance the quality of care, strengthen leadership within nursing and develop innovative evidence based ways of working.

April 2000 saw the first wave of nurse consultant posts. These posts have developed in a number of areas including rehabilitation and intermediate care, critical care, endoscopy, respiratory, mental health, Midwifery and research. In Pennine Acute NHS Hospital Trust there are six nurse consultants working in the specialities of Sexual Health, Tissue Viability, Intermediate Care, Critical Care, Midwifery, Rheumatology and myself in Respiratory.

I recently instigated two audits which involved asking my medical Colleagues (both in primary and secondary care) and patients and carers if my expert nursing involvement had enhanced their care and patient outcomes. I was delighted to receive a 100% response rate from the patient and carer audit. The feedback identified that of the responses 48% were seen on the hospital ward, 17% in the patients' homes and 35% seen clinic. Patients and their carers confirmed that they found the support from the Respiratory Nurse Consultant to be valuable. They commented that they felt listened to, were able to share their feelings and concerns and felt involved in their care.



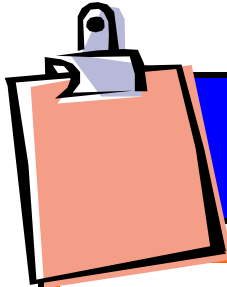
As a result of this support they posed questions and believed that they had been given enough information in order to manage their condition and make informed choices about their health needs.

The response rate from the multidisciplinary team was 50%. The feedback from this audit identified that the Respiratory Nurse Consultant role was well received by colleagues in both primary and secondary care. Support was seen to be timely and of a high quality and all respondents said they would refer to the RNC again and would encourage their colleagues to refer patients. Comments received highlighted that the RNC was seen to provide an excellent service, which encourages staff and service development and supports Primary Care Trusts.

From an educational perspective study days and teaching session evaluations confirm that the RNC meets the educational needs of the multidisciplinary team in both primary and secondary care and this helps to bridge the gap between academia and clinical practice.

The Nurse Consultant in any speciality has the responsibility to improve clinical practice, provide professional leadership, contribute to training needs and the educational development of colleagues, and enhance practice and service development. I believe that the audits demonstrate clearly that the Respiratory Nurse Consultant post is making a positive difference to patient care.

Karen Clancy, Respiratory Nurse Consultant,
Pennine Acute NHS Hospital Trust



Notice Board

USE THE ARNS WEBSITE – IT IS A MINE OF INFORMATION

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Dates for your diary

European Respiratory Society
Vienna

27th Sept - 1st Oct 2003

A Breath of Fresh Air—multi-
Disciplinary Respiratory meeting,
Royal College of Physicians,
London

15th Sept 2003

Cochrane Airways Group, 2nd
International Symposium

6th Nov - 7th Nov 2003

British Thoracic Society
London

3rd Dec - 5th Dec 2003