



December 2006

Newsletter

ARNS Conference 2006

This year has been a difficult one for nurses in the health service and it would be easy for a group of respiratory nurse specialist to get together and focus on the negative effect of financial cuts and threats to specialist posts across the country. However delegates at the 9th ARNS conference met in Warwick in an optimistic mood that was reflected in a call to ARNS members to "confront the challenges and embrace change" from the outgoing chair Liz Walker.

The challenges in the year ahead are both clinical and political and during the conference speakers asked delegates to think about clinical practice and the context in which it is delivered.

Barbara Stuttle, Director of Primary Care and Modernisation at Thurrock PCT said, "Nurses underestimate the depth and knowledge and skill that they have". She reminded delegates that respiratory nurses have proved that they can react to and embrace change. "Nurses can successfully take on new roles such as non medical prescribing and have demonstrated their ability to cross professional boundaries," she said. Ms Stuttle added, "Patients will start to choose their health professional to deliver their care".

She challenged respiratory nurse specialists to look at their unique skills and looking to the future Ms Stuttle predicted that franchises of nurses providing respiratory care could develop in the next 10 years. "The future is yours to grab and if anyone has expertise in respiratory care it is nurses" she said.

Shona Brown, Director of Nursing and Quality at Whipps Cross University Hospital, also identified the opportunity for respiratory nurses to think about different models of care but she suggested that clinical nurse specialist do not promote their skills or the service they provide. "Too often specialist staff, say they are too busy to raise their profile but this means that specialists are not visible in the Trust organisations," she said.

She challenged respiratory nurses, "You need to tap into what the trust board is interested in, tap into the 'must do' agenda and at the moment this is finance and health". Ms Brown suggested that respiratory nurses should look at length of stay data and how they are keeping people out of hospital. "The challenge is making sure the right people know what you are doing."

In an update on allergic rhinitis Jan Chantrell, Respiratory Nurse Specialist, Asthma and Allergy at Glenfield Hospital, asked delegates to think again about allergic rhinitis and especially the problem of nasal blockage. She emphasised the importance of history taking and identifying drug induced rhinitis due to chronic use of decongestants. Ms Chantrell noted that treatment failure often occurs because patients do not know how to use their nasal spray correctly and encouraged delegated to take time to teach patients the correct technique.

Changes to the supply of home oxygen therapy was a major concern at the beginning of 2006 however Julia Bott, Consultant Physiotherapist at Surrey PCT suggested that "the new guidelines have at least highlighted the problems of lack of consistency and put oxygen on the agenda". Looking ahead new BTS Emergency oxygen guidelines are due to be published in early 2007 and will have an impact on care provided by ambulance staff and those in secondary care.

The number of patients with ILD is rising partly due to better diagnosis but there is a lack of nurses with the skills to manage these patients according to Lisa Spencer, Research Fellow at South Manchester University Hospitals Trust. In a detailed overview of this complex disease she identified that numerous drug trials taking place to evaluate treatments for this condition and recommended that patient's who are not suitable for a transplant, should be considered for a trial. She identified the need to develop palliative care services for patients' as treatment is usually supportive.

John Stevenson, Consultant Physician at the Royal Brompton Hospital, explored the close association between systemic corticosteroid use and osteoporosis. He noted that there is still a question as to whether inhaled steroids can also affect bone density and that there are very few studies that address the specific treatment of steroid induced osteoporosis.

Dr Steph Taylor highlighted the importance of respiratory nurses undertaking research to demonstrate the role nurses play in the management of respiratory patients, whilst discussing the finding of a systematic review of the literature on early discharge schemes for COPD.

Mike Connolly, Macmillan Nurse Consultant in Supportive and Palliative Care introduced delegates to two very useful mnemonic tools during his "Open and Honest" workshop. Delegates were able to practice or observe seeing how these tools are so useful in helping to support patients with the psychological problems frequently associated with respiratory disease.

Jill Goddard, Respiratory Nurse Lead for Tower Hamlets PCT led a workshop looking at the changing population in the UK and discussed practical considerations for communicating with patients where English is not their first language. Participants were able to exchange ideas around how to do this in practice, therefore aiming to improve respiratory health in these groups.

Julie Lloyd, Respiratory Services Manager at Good Hope Hospital, and a speaker with a passion for respiratory disease, provided an overview of blood gas monitoring. Case studies were used for interpreting blood gas measurement. This proved to be a constructive workshop for both experienced and inexperienced respiratory nurses alike, who found this talk both interesting and very useful from both an academic and practical point of view.

The fourth workshop, Writing for Publication was programmed again this year due to popular request. Once again, this was well attended and evaluated.

The ARNS conference is an essential point of contact for respiratory nurse specialists to update on current practice but it is also an important event for networking and the conference speakers stimulated considerable discussion about the future of respiratory care, how it is organised, as well as clinical developments.

The conference dinner provided an opportunity for the membership to welcome the new Chair, Sam Prigmore and thank Liz Walker and the ARNS committee for their work in raising the profile of respiratory nursing at a national level over the last two years.

Sam Prigmore, commenting on her new role as chair of ARNS, called for respiratory nurses to remain actively involved in their professional organisation. "I want to continue to build on the work, Liz (Walker) and previous Chairs have started. Respiratory nurses are not going away. The way we deliver care may well change, but we want to support respiratory nurses and represent them professionally. We need to keep respiratory nurses and respiratory patients high on the agenda. We have a strong political voice".

2007 will be our 10th conference and we are keen to get as many members there - New and Old! We will start to plan the conference in January so please let us know what you would like us to include.

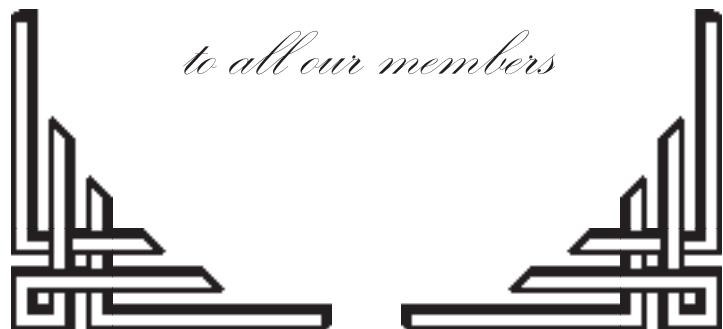
We look forward to welcoming you to the 10th Conference.

Sam Prigmore

Chair, ARNS



*A Very Merry
Christmas
and
a Happy New Year
to all our members*



Many thanks to Eileen Shepherd for her significant contribution to this Conference Report.