

Award Winning Service

Written by Dorothy Wood, BLF Lead Respiratory Nurse, Hartlepool

Hartlepool is home to the Community Respiratory Assessment and Management Service (CRAMS) which recently won the Practice Based Commissioning Vision Award and the Nurse in Practice Award for respiratory services at ceremonies in Birmingham. The service was launched in October 2007 and delivers respiratory services from a primary care centre.

Recognition that unplanned COPD admissions and oxygen costs were rising lead to this 'invest to save' initiative. The team is badged by the British Lung Foundation and consists of a part time respiratory physician Dr Niall Keane, Dorothy Wood (BLF Lead Respiratory Nurse), Donna Webb (BLF Respiratory Nurse Specialist) and Carol Storm clerical officer. The aim of the team is to deliver high-quality care in the community setting and promote appropriate use of resources.

Measured outcomes of the service after the first year included the improvement in quality of respiratory services and improved use of resources by preventing unnecessary hospital admissions and reducing inappropriate oxygen use.

CRAMS had 2,509 patient contacts in one year. In the first year of operation:

- 172 oxygen assessments were carried out
- Oxygen was removed from 27 patients



- For new referrals, 10 needed LTOT but in 86% of cases oxygen wasn't needed.
- 12% of oxygen prescriptions were changed
- At the end of year one, five patients were being supported with the withdrawal of their oxygen.

Annual patient satisfaction surveys are sent out to patients. In March 09, the service had a 60% response rate. 75% of patients identified CRAMS as providing excellent care and they were highly satisfied with the service. The remaining 25% identified CRAMS as being very good and good. 100% of

respondents would recommend the service to others.

Since its inception two years ago the service now delivers pulmonary rehabilitation at a local gym, provides overnight oximetry measurements and is working with secondary care staff to develop a COPD pathway in conjunction with all stakeholders that meets the needs of COPD patients and ensures the on-going delivery and development of excellent services for respiratory patients. The progress to date is being considered within the strategic framework of the foundation trust and its plans for service delivery in the area.

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Association of Respiratory Nurse Specialists

keeping you up to date with the latest news in respiratory nursing

newsletter

June 2010

Welcome to the summer edition of the ARNS newsletter

Hi! Welcome to the post ARNS conference newsletter.

Luckily, I was able to attend this year's conference and gained a huge amount. After each session I came out thinking, 'that was great' and then go to the next session and come away thinking, 'that was really, really interesting'. Personally, the closing session from Dame Helena Shovelton gave me a real sense of empowerment. In my personal opinion it was really inspiring and for someone so incredibly experienced and eminent, the talk was down to earth and very motivating, my

poor colleagues at work were all given the sound bites over our lunch's on the Monday am!

Within this edition, we have a full conference report, please visit the ARNS website to see the photos. There is also a piece from Hartlepool's Community Respiratory Assessment and Management Service (CRAMS) which recently won the Practice Based Commissioning Vision Award and the Nurse in Practice Award for respiratory services at ceremonies in Birmingham.

Finally, I am really keen to put into



future newsletters any local articles or work you want to promote, so please email me with any ideas you have.

Becky Sherrington, Editor

ARNS Annual Conference 2010



Pictured left, raffle winner, Debra Moses-Nolan, from Guernsey Channel Islands.

Pictured right, some of the members at the Saturday night 'dinner and disco'.

More conference news inside.

Produced by
Rebecca Sherrington
Editor

Please note ARNS does not endorse the content of any of these articles, but hopes that by providing the information it will be useful for its members



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

Day 1 - Friday

Written by Eileen Shepherd

Annette Duck the newly appointed ARNS chair, gave a warm welcome to all delegates. Annette informed the conference that sadly due to ill-health Jenny Till the preceding chair had resigned and on behalf of the membership, passed on good wishes to Jenny and thanked her for all her hard work as chair of ARNS. New members to the committee were introduced as Kerry Mills and Moira Brownson.

The morning after the general election and at the same time as politicians in Westminster grappled with the political uncertainty of a hung parliament, talk of minority governments and public mandates, delegates at the ARNS conference met to discuss future developments in respiratory care. Earlier this year respiratory nurses welcomed the publications of a long awaited draft strategy but with a change of government and threats to funding there are concerns about its future.

Professor Mike Morgan, consultant respiratory physician at Glenfield hospital sounded a positive note. "Following the election the future of the strategy is unclear but the principles of COPD care had been established and regional structures and local networks are developing".

He suggested that the delay in the publication has provided an opportunity to develop implementation tools and supportive literature. If the strategy was shelved, "All the papers and guidance will be published by someone else, possibly the BTS. If it doesn't happen there wasn't any money anyway".

Professor Morgan raised concerns about inconsistent standards of training for specialist respiratory nurses particularly in the community. He said "It is indefensible that we are implementing a national strategy and have no idea of the skills of nurses who will be implementing it". He called for a specialist register for respiratory nurses and said BTS has written to the NMC about this issue.

Respiratory nurses need leadership training

Senior respiratory nurses must have leadership training as part of their professional development plan according to Steve Holmes, GP at Shepton Mallet and co-chair of IMPRESS.

He told delegates that doctors have an advantage over nurses in leadership training as these skills have been formally identified as part of their role. He noted that leadership does not feature highly in the pre registration nurse curriculum or in respiratory courses aimed at specialist nurses.

Speaking about the COPD national strategy, he noted that there was a "good spread of nurses and doctors to lead this programme at SHA level but there needs to be multiprofessional support at PCT level to get it through".

Double lung transplants are hampered by lack of donors

Double lung transplant surgery for COPD is a "luxury" because of a shortage of donor organs according to Dr Mo Al-Aloul, consultant transplant physician at University Hospital of South Manchester Foundation trust. COPD is the main indication for lung transplant in the UK and internationally. Dr Al-Aloul told delegates that COPD patients live 1 ½ years longer with a double lung transplant compared to a single lung transplant. Single lung transplant is associated with complications including native lung hyperinflation and reperfusion injury which can shorten survival. Dr Al-Aloul recommended that people join the organ transplant register.

Is asthma really controlled?

Linda Pearce, respiratory nurse consultant, West Suffolk Hospital, presented the results of the Eastern Region enquiry in the asthma deaths for 2006. The enquiry looked at factors contributing to asthma deaths, ways to reducing mortality and adherence to guidelines.

Out of 15 deaths attributed to asthma in people 65 years and under, 4 were sudden deaths associated with seasonal allergy. Dr Pearce noted, "Patients with seasonal asthma do not take inhaled corticosteroids out of season and need a trigger to remember them". 3 deaths were associated with aspirin sensitivity and there was evidence that patients had taken non-steroidal anti inflammatory drugs. 7 patients had significant co-morbidities and it was evident that 9 of the patients were not compliant with inhaler treatment. Only 3 patients had evidence of an asthma plan.

Dr Pearce said that risk factors for death in asthma "take us back to basics". Nurses need to consider psychosocial and behavioural issues, allergy, aspirin sensitivity, seasonal asthma and adherence to treatment.

Patient Phenotyping in COPD and Asthma. How relevant is it to treatment choices?

Dr Dermot Ryan explored and questioned whether identifying phenotypic variations help to focus management plans for individual patients, supporting the argument of tailoring treatment to the needs of patients.

End of life care is an essential part of respiratory nursing

Current provision of end of life care is unable to meet the needs of respiratory patients according to Mike Connolly, Macmillan nurse consultant at the University Hospital of South Manchester. He told delegates that shortages in palliative care services resulted in reactive interventions.

He said the problem is that the palliative care workforce is small but many general nurses have had little training in end of life care. He identified a need for training in communications skills, assessment and care plans, symptom control, psychological social and spiritual care as well as care in the final days of life.



Pictured above, Mike Connolly, Macmillan Nurse Consultant

Day 2 - Saturday

Written by Rebecca Sherrington

Saturday morning began early again and after a fabulous evening meal, a few drinks and dancing in tiara's everyone was still raring to go!

Mesothelioma; is it all about compensation?

Liz Darlison, gave a 'Top 10 Guide' for nurses and guided us through the difficulties that occur as a result of this challenging cancer. She argued nurses play a vital role in providing support and information for all cancer patients including those diagnosed with rare cancers and those associated with poorer outcomes. For those wanting further information Liz urged us to visit the website www.mesothelioma.uk.com and promoted the helpline number; 0800 169 2409

Lung Transplantation – The patient experience.

The late morning session then began with a frank and honest discussion between Dr James Atherton and his wife Kate Atherton about their experience of the lung transplant journey. Their incredibly personal and frank discussion demonstrated that both had experienced a very difficult period during and after the transplant. It was incredibly poignant to hear from both points of view and whilst as specialist nurses we all care for patients and their families in difficult situations, I think we sometimes become detached from the situation as we're the people who are problem solving and assisting in the organisation of care. To therefore sit and listen their story uninterrupted was incredibly moving, humbling and without doubt thought provoking.

Respiratory Nurse Specialists – Inspiring and Empowering? -

Dame Helena Shovelton, Chief Executive, British Lung Foundation

Dame Helena Shovelton was given the difficult task of inspiring and empowering a delegation group, at the end of a Saturday morning after a few intense days. However, her enthusiasm and drive was contagious and I don't think a written summary can really give her talk any justice.

However, she emphasised that our ability as clinical nurse specialists to drive through change is unquestionable and whilst leading change may not make us popular, if it changes things for the better we are well placed to drive through change and shouldn't doubt our own abilities. She also argued that we shouldn't wait or rely on anyone else to help us achieve what we want to make our lives become, it is up to us as individuals to decide where and what we want to be when we are 65 years old and go and get it.

Expert Panel - Claire Hurlin, Gail South and Dame Helena Shovelton



A number of questions were asked, which included 'Why were the BLF COPD Self Management plans chargeable' Dame Helena defended the BLF decision by explaining that all other materials which patients would request for and all other items available to healthcare professionals were free, and this is the only one item which is charged for. With increasing costs and such a small budget, Helena argued that she felt that this was justifiable.

'Did the panel believe clinical nurse specialists would be safe in the changing NHS?' Overall the panel said yes but Claire Hurlin argued that in Wales, CNS's had to ensure that they proved there was a role for respiratory specialist nurses as the chronic conditions agenda was looking at a more generalist way of working. Gail South felt they were safe and Helena said that there was research out there that showed people were provided with better quality of care if it was by a specialist.

DATES FOR your diary

24-25th June 2010

BTS Summer Meeting, Manchester
www.brit-thoracic.org.uk

30th June - 2nd July 2010

COPD 7 Conference,
International Convention Centre
Birmingham
www.copdconferences.org

8th July 2010

BTS Lung Cancer for Nurses
Churchill Hotel, York
www.brit-thoracic.org.uk

9th September 2010

Essential Allergy Update for
Primary Care
Telford International Centre
Telford
www.redhotirons.com/allergyday/

10th -11th September 2010

Optimal Respiratory Health:
Leading the way.
Primary Care Respiratory Society UK
(formerly GPIAG)
National Primary Care Conference
The International Centre, Telford
www.pcrs-uk.org

18th - 22nd September 2010

ERS Annual Congress, Barcelona
www.erscongress2010.org/

28 September 2010

Interstitial Lung Disease for Nurses
Education and Research Centre
Wythenshawe Hospital Manchester
www.brit-thoracic.org.uk/education-hub/short-courses.aspx

18 November 2010

Cough
Castle Hill Hospital, Hull
www.brit-thoracic.org.uk/education-hub/short-courses.aspx

17-18 February 2011

Non-invasive Ventilation
Maple House, Birmingham
www.brit-thoracic.org.uk/education-hub/short-courses.aspx

Further information for
these events can also be found on
www.arns.co.uk