



The COPD strategy can only fulfil its potential if nurses are trained

The COPD strategy offers a huge opportunity to transform patient care, but how will nurses deliver this agenda if they are not trained and educated to do so, asks Monica Fletcher

The COPD draft strategy for England is a step closer to publication following an extensive consultation that ended last month (Department of Health, 2010). But I can hear groans: "We are already creaking at the seams on the frontline and now another top down strategy to contend with."

Let me assure you its development has involved many nurses and this document will make a real difference and address the challenges faced by many people with COPD. More people die from respiratory diseases in this country than from any other condition and this strategy will start to make inroads in tackling this huge problem.

It feels like we have been waiting an age. We have been reassured that the result of the general election will not scupper its publication. The appointment of respiratory leads by strategic health authorities around the country and the development of the lung improvement programme are clear signs

that this will be the case. I am delighted to see that some of the vitally important SHA appointments are being filled by nurses, in job shares with medical colleagues.

Sadly, the main problem with the draft document is its length; at first glance it looks like a phone directory, which will put many of you off even picking it up. But if you visit the DH website and download a chapter, you may find it much more palatable.

The draft strategy encourages the NHS to: get more involved with preventing COPD, in particular smoking cessation and prevention; improve diagnosis; help people to self manage; reduce hospital admissions; and improve end of life care.

Nurses have the potential to grasp this strategy and transform the lives of the millions of people living with and dying of the condition each year. However, it is a concern that the needs of the workforce are not clearly explored in the document. How will nurses deliver this agenda if they are not trained and educated to do so?

COPD is a complex condition and, like many other long term conditions, it needs staff with special skills and competencies to ensure high quality and effective care.

We know there is very little new money to deliver this strategy and as pressures mount on all public services to cut costs, I do not foresee healthcare organisations rushing to train their workforce in COPD. Yet this is just what they should be doing – and doing it now – before the strategy becomes policy. As much of this care will be delivered in primary and community care settings, there must be significant investment in training and preparing the workforce who are mainly, although not exclusively, nurses.

The general medical services contract acknowledges that nurses employed by GP practices should have access to appropriate training and continuing professional development. Yet this is not universally embraced

across the country and in my experience in some of the areas of greatest need and deprivation, access to training is at its worst.

Nurses need to stand up and demand education and training in both COPD and spirometry. They can deliver the strategy. It is a huge opportunity for our patients and should not be missed. ●

MONICA FLETCHER is chief executive, Education for Health

REFERENCE

Department of Health (2010) Consultation on a Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England. London: DH. tinyurl.com/COPD-draft

DYSPHAGIA

The reference from the Royal College of Speech and Language Therapists (2006) quoted in the Changing Practice article on dysphagia (practice, page 18, 20 April), should have stated "choking and death" were among the risks associated with dysphagia rather than "asphyxiation and choking", as the article cited related to aspiration pneumonia.

'This document can make a real difference and address the challenges faced by many people with COPD'

THIS WEEK IN NURSING PRACTICE

10 IN DEPTH

Evaluating tools that can be used to measure breathlessness in chronic disease

Questionnaires help nurses to complete a thorough assessment but must be carefully selected to ensure they are appropriate to specific patient groups

14 INNOVATION

Developing self management plans to help people with COPD control their condition
People with long term conditions should be involved in the development of self management tools. A trust explains how they consulted patients to meet their needs

16 CHANGING PRACTICE

Do people with mild COPD benefit from pulmonary rehabilitation programmes?
Pulmonary rehabilitation is seen as a gold standard intervention for moderate to severe COPD. A pilot looked at its role for people during the early stages of the disease

18 PRACTICE QUESTION

Removing a chest drain
What is the correct procedure – on inhalation or on exhalation?

19 CHANGING PRACTICE

Clinical supervision using the 4S model 2: training supervisors to deliver effective sessions
Supervisors must be properly prepared if they are to deliver effective supervision. A solution focused approach to their training ensures they have the right skills