IN THIS ISSUE

ARNS

Association of Respiratory Nurse Specialists

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

newsletter

July 2014

Welcome to the summer edition of the

ARNS newsletter

The Respiratory Alliance, a national coalition of voluntary sector organisations and professional societies, was, unfortunately, unable to secure ongoing funding and folded earlier this year; however, the drive to keep respiratory health on the agenda of policy makers continues and has been much in evidence in recent months. Pressure for tobacco control has continued, both in terms of the plain packaging campaign and the ban on smoking in cars with children, and e-cigarettes remain very much a matter of public debate. The publications of the National Review of Asthma Deaths and the All Party Parliamentary Group Inquiry report on Respiratory Deaths have brought to the fore again the need for respiratory disease to feature alongside other high mortality conditions in terms of national and local health priorities.

ARNS has been very much present in these discussions, with committee members attending and contributing to parliamentary group discussions on respiratory deaths and e-cigarettes and engaging with Public Health England and the RCN on respiratory issues. Nurses have a vital role to play in developing and delivering services that make a difference both to quality and outcomes for patients living with respiratory conditions and ARNS is ensuring that the voice of respiratory nurses is represented through its collaborative work with other respiratory societies and public health organisations.

This was reflected in the varied programme enjoyed at this years ARNS conference, which saw presentations from leading nurses and clinicians at the forefront of initiatives both at local and national level, making a real difference to improving standards of care across the spectrum of respiratory disease.

We are keen to engage with the wider respiratory nursing community and know there are many of you delivering high quality services that really make a difference to patients. With the NHS, and nursing in particular, under the spotlight in recent months it is even more important that we recognise and share best practice. Let us know, via the ARNS secretariat email: info@arns.co.uk if you would like to publish your work, either via the ARNS newsletter or the wider nursing press; we have strong links with the Nursing Times and can put you in touch with the clinical editor who is happy to advise.

Keep in touch with us on twitter @ARNS_UK; or on Facebook social media is increasingly proving an effective way for networking and information sharing and can provide a fantastic forum for discussion. Remember also that we have a bursary scheme to support members to attend relevant courses and conferences – information on our website – do consider applying, attending an event can be inspiring and stimulating and gives you an opportunity to make useful connections in the wider respiratory community.

We look forward to hearing from you!

Sandra Olive

twitter facebook

A Day in the Life of a Nurse Consultant... Wendy Preston

Tuesday 10th June started with the usual morning routine and waving my son off to school for his breakfast club then the mad rush to work for the usual morning which begins with the hospital update 'the bed meeting'. Beds are tight again at George Eliot Hospital in Warwickshire, a district general hospital.

I have a busy morning ahead as a trip to London beckons later, my role is diverse and encompasses acute medicine with a 41 bedded acute medics unit, ambulatory care unit and emergency department. My role is new and as the first nurse consultant I get a lot of enquiries about my distinctive uniform and I am empowered to make positive change. The morning begins with my rounds focusing on patients with respiratory infections on AMU and ensuring all of the medical rounds are proceeding and systems in place are working well. For example the respiratory and cardiac clinical nurse specialists collect a list of all patients admitted overnight to ensure speciality review occurs in a timely manner. I love this clinical aspect to my role and maintaining patient contact, today a precious moment was holding a patients hand as he shed a tear. They were happy tears as he could home to his wife of 61 years, glad to admit my heart was touched.

My rounds are quick today as I have a task and finish meeting for care bundles which includes pneumonia and COPD, bingo we have made rapid progress with a dedicated section on our trust computer system and robust audit system to ensure patient care improved and meet our CQUIN.

Next a meeting to review our 'smoke free site' trust policy in the light of the NICE guidance and recent safety incidents regarding electronic cigarettes. We agree a strategy that will be put to our workforce wellbeing group next week, I also have actions; speaking to the head office of our retail shop in the trust to sell nicotine replacement products as recommended by NICE and the rollout of an electronic referral system for smoking cessation developed by NSCST.

Time for a quick trip to our onsite fruit and vegetable stall at the main entrance (great strategy to reduce smokers standing there) before the quick car journey to the station. I love train journeys as I get loads of work done – today collating all of the evaluations from the fantastic ARNS conference in May, this will be used to plan future conferences.

I am extremely excited about today's trip to the capital, I am representing ARNS & RCN at an All Party Parliamentary Group meeting on electronic cigarettes at parliament!!!! I meet Helen Donavan from the RCN and her press officer before we go through the airport style security, fabulous experience and buildings. The meeting is very well attended and discussed the limited evidence base, user experience, regulation the DOH position. There was a short opportunity and of course I couldn't keep quiet and asked for regulation and clarity on the safety of the products and assurance around the inhalation of nicotine and in particular the various flavours. I am passionate that there should be research that compares e-cigarettes and combination nicotine replacement therapy/ medications as part of a full smoking cessation programme.

On the return journey I manage to put the finishing touches to my UKNCSCT conference talk which is in two days' time on smoking cessation in primary and secondary care and tweet about today's events.

Back home in time for an hour of quality time with my youngest son before his bedtime. Tomorrow will be another day in this exciting role with no two days the same which I love.

A Day in the life of... ..Sarah Murphy TB Nurse Specialist, London TB Extended Contact Tracing Team (LTBEx)

I check my email and see that the LTBEx team has received a new referral for a possible TB incident from a London Health Protection Team. I read through the referral form and then check on the HPZone online database to see if there is any more information. I realise that there is not sufficient information available yet to start to make a risk assessment, so I call the TB Nurse Specialist who is case managing the index case (patient). Luckily, I phone them and they are free to speak. As we used to work together, we have a quick catch up, then get on with the work stuff. They let me know that the laboratory culture result is still pending, but the sputum was smear positive, which confirms that the patient was infectious. The clinic have started close contact screening and have invited their flatmates into the clinic to have Mantoux skin tests to see if they show signs of TB infection to identify if there are any signs of TB transmission. This is important information as we always follow a 'stone-in-the-pond' approach to contact tracing to systematically make sure that the people with the most contact are screened first. The index case works in a large open plan office. He was very shocked by his TB diagnosis and is very concerned about people at work finding out. The case manager has explained about the need for public health assessment and possible action, but he is anxious and not currently giving any contact details for his manager or occupation health department. We agree that the case manager will follow this up at the home visit this week to see if she can build trust with the index case. If that does not work, I will call the patient the following week to explain the need for assessments and reassure that we maintain patient confidentiality.

We have a quick team meeting. I am the senior nurse in the team and managing 3 junior nurses. We catch up on what ongoing incidents are open and decide action plans. We seem to have many juggling balls up in the air at the moment as we are working on around 10 different TB incidents at the moment.

In the afternoon I go to a secondary school to chair a first TB incident meeting. The school are very nervous about how the staff and parents will react to finding out that there has been a case of infectious TB in the school, so I need to give a lot of calm reassurance that we are experienced and know how to lead this situation. I talk about TB transmission routes and the need for prolonged contact to be considered at risk of acquiring TB. With the help of the year leader, we go through the timetable and attendance records to identify 100 children who will require screening. The TB Nurse Specialist representing the local TB clinic agrees that doing on-site screening in the school will be the least disruptive way to screen so many children, so the clinic and LTBEx nurses will work together to screen all the children. We all agree potential dates for the screening to take place. I will draft letters for all the students who need screening and also letters for the rest of the year group who do not require screening, but to 'inform and advise' them that there has been a case of TB. It is a good opportunity to raise awareness of TB and its signs and symptoms. We will give the LTBEx team contact details for anyone who is very concerned and wants to talk. We will also prepare a holding press statement, in case the media become interested. The school and local authority will need to approve the letters before they can be sent out. The meeting was very successful and it feels really satisfying to bring together key stakeholders from NHS trusts, local authority, public health and education to work together to agree on timely public health action.

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Matt Hodson conquered the Great Wall of China!

Matt Hodson, Viv Bennett (Director of Nursing PHE & Department of Health, Jane Cummings Chief Nursing Officer, Penny Woods CEO BLF, and Peter Carter – Chief Executive RCN), presenting a cheque for £3,500 at the Nursing Standards Nurse of the Year Awards, fundraising for the BLF, by trekking across the great wall of china. Matthew would like to express his thanks to everyone who donated money to this amazing charity.

The APPG on Respiratory Health

The APPG on Respiratory Health's report on its inquiry into respiratory deaths has been launched, and to which ARNS and the RCNS provided joint evidence. The year-long inquiry into respiratory deaths shows that the UK has the worst death rate amongst OECD countries for respiratory disease and points to a combination of factors contributing to respiratory deaths: a lack of awareness, poor standards of care and under-investment in clinical leadership, data and medical research. The report makes a number of recommendations on what needs to happen to enable respiratory conditions to stand on a par with the other 'big killer' diseases. You can read the report on the ARNS website www.asthma.org.uk/campaign-appg

Rebecca Sherrington, Chair, said "ARNS welcomes the recommendations, which included our evidence, as it provides the opportunity to evaluate and focus on changes to health policy and clinical practice, and which will ultimately improve patient care. We now need to now ensure that the recommendations are acted upon and ARNS will ensure that we work with all organisations to influence respiratory care".

Asthma UK National Review

The National Review of Asthma Deaths (NRAD) was published in May and looked at the factors contributing to 195 deaths from asthma. Among its findings were that less than a quarter (23 per cent) of those who died had ever been given an action plan even though the evidence shows that people with an action plan are four times less likely to be hospitalised by an asthma attack.

The review also recommends that anyone given more than 12 reliever inhalers in a year should urgently be called in for an asthma review. Of the deaths analysed by NRAD, 39 per cent had been prescribed more than 12 reliever inhalers in the year before they died; four per cent had been prescribed more than 50.

A person with asthma would normally need at least 12 preventer inhalers a year but the review found just 20 per cent of those who died had been prescribed this amount. In addition, five patients were being prescribed long acting beta agonists (LABAs) without inhaled steroids. This is unlicensed and has been associated in trials with increased mortality.

Please do share these findings with colleagues and help bring attention to what NRAD has uncovered. Asthma UK has also developed a toolkit for healthcare professionals which can be found on their website here:
http://www.asthma.org.uk/Sites/healthcare-professionals/news/hcptoolkit

The All Party Parliamentary Group on Respiratory Health published its report on respiratory deaths on June 25th. Asthma UK is working with Clinical Commissioning Groups (CCGs) to improve asthma care and prevent deaths. If you're interested in contacting your CCG about this campaign on behalf of Asthma UK please contact their Campaigns Manager, Katherine Dickinson, by emailing kdickinson@asthma.org.uk

ARNS
Association of Respiratory Nurse Specialists

SAVE THE DATE

ARNS ANNUAL CONFERENCE 2015
8th AND 9th MAY 2015
BELFAST

Following the very successful conference in May, we are delighted to announce that the ARNS Annual Conference will be held in Belfast in 2015. The conference will be held on 8th and 9th May , and we have identified an excellent venue. The Conference Organising Team is now working hard to draw up the conference programme which will be available in the Autumn. We feel confident that all our sponsors will wish to support this event, as we embrace our growing membership in Northern Ireland, and offer all our members a new and exciting venue for the conference in 2015. Belfast is a fabulous city to visit, and we believe that many members will wish to take advantage of the opportunity to explore and enjoy Belfast at its best.

ARNS Annual Conference 2014: The Brave New World of Respiratory Care

The last few years have not been without challenges in healthcare; last year saw the publication of the Francis Report which has seen us all refocusing on where our core values lie in our resource-stretched NHS. So it was heartening to see so many delegates at this year's conference keen to be part of a community of respiratory nurses passionate about delivering and developing high quality services for those living with respiratory disease.

Becky Sherrington, ARNS Chair, welcomed us with a brief explanation of the direction ARNS is taking as an association with the wider respiratory and healthcare communities to represent and champion the contribution of respiratory nursing excellence. This year has seen a significant growth in membership and in the visibility of ARNS via social media platforms with their potential to reach out to a new and wider audience. We were actively encouraged to keep our phones on and tweet thoughts from the conference throughout the two days; those thoughts can be found using #ARNS2014 and enabled the 'ripples' from the conference to spread much further than the conference hall.

We were delighted to welcome Professor Viv Bennett, Director of Nursing at Dept of Health & Public Health England, who inspired us with a personal and heartfelt account of the impact and value of nursing contact. She encouraged us to consider respiratory nursing in the wider context of public health and reminded us that nurses are a vital resource in personalising the public health agenda. We can all contribute to policy-making decisions by engaging with consultations, such as those for plain cigarette packaging and emergency inhalers for asthma in schools. We can and must make the 'every contact counts' message ever present in our day-to-day practice.

The second speakers were no less inspiring; Nina Turner and Helen Jefford, from Oxleas NHS FT, won the Nursing Times Respiratory Award 2013 with their innovative work to develop a collaborative programme to deliver pulmonary rehabilitation within a prison setting. They demonstrated that inequitable care can, and should, be challenged and that it is possible to achieve positive outcomes both for patients and institutions even in a very different environment. Nina and Helen have a vision to spread their model of prison PR and launched their comprehensive and impressive guide to setting up PR in prisons at the conference, enthusiastically received by many delegates.

This year's conference agenda proved very topical with the publication of the National Review of Asthma Deaths report just a few days earlier. Heather Matthews, Respiratory Nursing Team Lead at James Paget Hospital introduced the session with a case study that illustrated the personal impact of failure to manage asthma effectively before handing over to Dr Mark Levy, GP and Clinical Lead for UK NRAD who summarised the key findings and recommendations of the report. Dr Levy noted 3 key areas where asthma care fails; a failure to call for or get help, a failure to recognise danger signals and a failure to recognise asthma as a chronic illness requiring ongoing management. The report recommends a new Read code to denominate 'fixed airflow obstruction secondary to chronic asthma' as separate to 'COPD' to ensure that the condition is managed according to the appropriate guidelines and pathways. Dr Levy highlighted the importance of regular review, accurate classification and appropriate and prompt follow up after acute asthma episodes, all areas where nurses can have a vital role. Excessive prescription of reliever inhalers and under-prescribing of preventer inhalers was identified, suggesting the value of electronic prescribing surveillance to highlight unexpected patterns of inhaler use. It seems essential to raise the profile of asthma care and for all nurses to have appropriate training and support to ensure deteriorating or uncontrolled asthma can be identified and addressed.

The final speaker of the day was Professor Mike Roberts, who described the value and impact of the National COPD audit programme which collects data to drive quality improvements by measuring current practice against guideline derived clinical standards. The National audits benchmark practice against national average and give us an opportunity to bring about significant improvements in standards of patient care by sharing high quality and best practice. There was some reassurance for those of us in the throes of collecting data for this year's very long and comprehensive dataset that we are contributing to a huge body of information across the whole COPD pathway, which will contribute to developing better care for our patients of the future.

As always the ARNS conference dinner is a very sociable and enjoyable occasion with just a glass or two of wine, some impressive interpretations of the 'Black & White' conference theme and as always some late night dancing! However, Saturday morning saw just a few bleary eyes, with a good turnout even at the early morning sponsored symposium.

Day two of the conference was opened by Vice Chair, Matt Hodson, with the formal launch of the new ARNS website, complete with ribbon cutting ceremony, followed by prize-giving for the poster presentations. It was great to see such a variety presented at the conference and the top three posters all demonstrated excellent work in areas with implications for clinical practice across respiratory nursing.

The Liverpool Care Pathway has been another contentious area for nursing in recent months, represented by politicians and the press as a misused tool, which enabled nurses to withhold treatment and hasten death. The LCP will be withdrawn entirely this summer and leaves a void in terms of guidance for nurses who want to provide good quality end of life care. Mike Connolly, Nurse Consultant in Palliative Care, Manchester, presented a very moving and passionate defence of the right of patients to have a 'good death', free from unnecessary and distressing treatments and investigations. The LCP was never intended to be a 'treatment' in itself but provided a framework for good practice and without it nurses caring for those who are dying are seeking an alternative 'pathway' to provide guidance. Mike questioned whether the real problem was, and continues to be, the way in which we communicate nursing or caring interventions. Talking about dying is difficult and we don't always get it right; we need to continue to strive to provide sensitive individualised care in this important area. Mike's presentation was heartfelt and inspiring and I think left more than a few of us feeling our emotions had been challenged.

As a relatively new convert to the world of twitter, I was excited to hear Teresa Chin's equally inspiring talk on the value of embracing social media as a way to connect with others, to share ideas and values across traditional professional, organisational and even geographical boundaries. Teresa is the founder of the hugely successful brand @WeNurses established initially as a means of reconnecting with the world of nursing after a period of time out of the mainstream workforce. WeNurses now has over 18,000 followers on twitter and promotes the use of social media as a forum, hosting regular twitter chats on a huge range of healthcare issues. Teresa encouraged us to acknowledge that we are in a world where social media is now the norm; many of our younger patients and colleagues are 'digital natives' who cannot imagine a world without instant connectivity. Why not learn how to use the potential of this resource effectively? And for those of us still a little wobbly from Mike's talk, Teresa ensured the tissues were out again by presenting a short film put together from pictures posted by nurses to represent their pride in nursing.

There is not space in this piece to go into the breakout sessions that took place across the two days; suffice to say there was 'something for everyone' from tips on writing for publication, a nurse prescribing update, practical tips on coping strategies for anxiety, depression and breathlessness and using cough assist devices to a panel discussion on how to think about nursing research and its potential to enhance evidence based care.

Our final presentation ensured we left conference buzzing after Phoene Cave, Vocal Coach and Music Therapist, had us all up on our feet singing to illustrate the effects of singing on breathing control and well-being. Phoene described her work with patients with chronic lung disease at Royal Brompton and the Whittington Hospital in London, delivering singing workshops which have been supported by the BLF and replicated in areas across the country. For more information, take a look at www.singing-for.co.uk.

If I had to pick one word to describe this year's conference it would be 'inspiring'. The combination of expert passionate speakers and the opportunity to meet and talk to enthusiastic respiratory nurses with a willingness to share learning and experiences meant that I, and I know many others, left conference with a renewed energy and drive to continue to develop and support the best patient-centred respiratory care that we can.

Sandra Olive

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