



## AN INTRODUCTION FROM MONICA FLETCHER



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I am delighted to be launching our first edition of the *British Journal of Primary Care Nursing (BJPCN) Respiratory Diseases and Allergy* in collaboration with the editorial team at Sherborne Gibbs (publisher of *BJPCN CVD and Diabetes*), under the editorial eye of Jan Procter-King, nationally recognised senior tutor for the Primary Care Training Centre. Jan is a member of the board of the Primary Care Cardiovascular Society, an Educational Lead PWSI for Cardiology and Diabetology, a member of the DoH vascular board and a primary care CHD nurse. It is truly an exciting time for respiratory disease in primary care and there is evidence of further developments in the future as work has now formally started on the production of the National Service Framework (NSF) for COPD – see further reference to this under the section 'The National Perspective'.

Next year – 2007 – is a big year for Education for Health as it is the twentieth birthday of the National Respiratory Training Centre (also for our colleagues at the General Practice Airways Group – GPIAG). A time for reflection as well as partying! We are planning to run a joint symposium at the GPIAG annual conference in June to celebrate what has been achieved in respiratory disease in primary care over the last two decades.

The high level of government interest in our work was reflected in a visit by Rosie Winterton, Health Minister, to Education for Health in October, in response to a personal invitation made when I met the Minister in June when the Government announced that an NSF for COPD was going to be produced. The development of an NSF is welcome news for patients, their families and healthcare professionals. A national standard will go a long way to ironing out inequalities in care. However, appropriately qualified and trained staff – particularly nurses – will be essential to meet any targets set in this framework. Nurses, both in

primary and secondary care, take a lead in the long-term management of many of these patients.

Rosie Winterton's visit had two main purposes. First, to highlight to the Minister the importance of training for NHS staff and the excellent work of the Charity and second, to underline the important role that nurses fulfil in delivering high-quality care to patients. I stressed to the Minister that "in the current climate of NHS reorganisations, cash deficits and low staff morale, education is often forgotten, and this cannot be allowed to continue. High-quality education is essential to enable staff employed in primary and secondary care to safely undertake the expanding roles that are now expected of them. Unless this is provided, patient care could be put at risk."



Minister Rosie Winterton and Monica Fletcher

I told the Minister that Education for Health had more than 4,000 students attending one of our nationally recognised training courses in respiratory and cardiovascular disease during 2005/06. However, I had to warn her: "We have seen a downturn in the first three months of this academic year, which is extremely worrying, and patient care could suffer as a result."

The Minister also heard from Specialist Respiratory Nurses around the country that posts are being slashed as a result of NHS funding deficits. Alyson Anderton, a Respiratory Specialist Nurse from Nottingham, highlighted the plight of respiratory nurses at Nottingham University Hospitals NHS Trust where 40% of specialist posts were under threat. She stated: "This will have a huge effect on patient care and the education and training of other doctors and nurses."

Although this picture is a fairly desperate one there is some good news, such as the new service being led by Gail South, Education for Health Trainer and respiratory nurse consultant in Rotherham PCT.

### OVERSEAS NEWS

There is much activity in respiratory medicine on the international front. I recently attended a two-day planning meeting in Washington DC, USA, as a

member of the International Lung Health Committee of the American Thoracic Society (ATS). The ATS takes its international focus very seriously, with more than 25% of the delegates attending their annual conference coming from outside North America and Canada. Their plans are ambitious – to improve lung health of children and adults across the globe, and particularly in developing countries. There were representatives from all over the world, all really committed to making a difference at an international level.

There are two major respiratory societies for clinicians and researchers in the US. Alongside the ATS there is also the American College of Chest Physicians (ACCP). This group also runs an annual conference, held in Salt Lake City in November 2006. I presented the keynote address to the Allied Health Network, outlining what was happening around the globe in respiratory disease and focusing on the vital role fulfilled by nurses and other allied health professionals.

Slightly closer to home, I am now serving as Chairman of the Primary Care Group of the European Respiratory Society (ERS), having taken over from Mark Levy at the last conference in September. We are planning to run a primary care day on Saturday 15th September at the 2007 annual conference in Stockholm. I was also asked to represent our assembly (Clinical Assembly One) at the ERS school meeting in Athens last month to present the outline programme aimed at nurses and doctors in primary care.

Our training efforts in Bermuda continue to be supported by both the US and the UK teams and I am delighted to be running an educators' course in January to help build the local infrastructure and capacity. Liz Boden, the Executive Director of Open Airways, continues to be an inspiration with her vision and amazing fund-raising abilities. We have now had two teams of doctors and nurses from Syria attending training courses in the UK and over the forthcoming year we will be establishing a training centre in Syria.

### GUIDELINES IN PRACTICE PRIZE AWARD WINNERS

We send our congratulations to Catherine Tutt, Practice Nurse and Education for Health Trainer, and Dr Nigel Masters, General Practitioner, from High Wycombe, who have won the Guidelines in Practice Award for the COPD category for their proactive approach to COPD care. They received their award at a ceremony at the Landmark Hotel, London on Thursday 9 November.



## THE NATIONAL PERSPECTIVE

### NATIONAL SERVICE FRAMEWORK FOR COPD

COPD is costly. The annual direct costs to the NHS are £500 million. The costs to the individual with COPD do not appear in statistical reports but we must not forget the disabling nature of the disease, the fear and frustration felt by patients and the lack of services currently available to them.

The inclusion of COPD in the General Medical Services (GMS) Contract Quality and Outcomes Framework (QOF) has raised the profile of COPD and has begun to raise the standard of care these patients receive, but inequalities in provision of care remain across the country. The announcement of a National Service Framework (NSF) for COPD is welcome. This should raise the profile of this important condition even further and create the framework for provision of equitable, high standards of care. Work has already begun and an external reference group has been appointed. The new NSF is expected to be introduced in 2008.

### REVIEW OF SERVICES FOR ALLERGY: THE EPIDEMIOLOGY, DEMAND FOR, AND PROVISION OF, TREATMENT AND EFFECTIVENESS OF CLINICAL INTERVENTIONS

The long-awaited review of allergy services was published in July 2006 by the Department of Health. Despite several papers from the British Society for Allergy and Clinical Immunology highlighting the poor provision of allergy services in primary, secondary and tertiary care, the report failed to commit to providing any core funding for appointing more allergy specialists, and no core support for the development of primary care allergy services.

A spokesman for the British Society for Allergy and Clinical Immunology commented: "The Department of Health recognises there is a problem, but fails to adequately address this and fails to make any recommendation that will ensure change".

### PRIMARY CARE ALLERGY NETWORK

The government's vision for the NHS of the future is a community-based service with support from secondary and tertiary care (*NHS Plan 2000*), which will require a radical shift in the way that services are delivered. There are many doctors, nurses and allied health professionals working in primary care who have the enthusiasm, energy and interest needed to improve allergy services. But they have

previously lacked an organisational group that can harness their collective talents and meet their development needs.

In response to this need, the Primary Care Allergy Network (PCAN) has been set up to bring together representatives from a range of related primary care disciplines to try to address the recognised deficits in community-based allergy services. PCAN is co-chaired by Dr Samantha Walker and Dr Chris Morton, who would be delighted to hear from anyone interested in improving primary care allergy services.

**i** For more information on PCAN contact [s.walker@educationforhealth.org.uk](mailto:s.walker@educationforhealth.org.uk)

### EDUCATION FOR HEALTH AND THE BRITISH SOCIETY FOR ALLERGY AND CLINICAL IMMUNOLOGY

PCAN will be working closely with other professional groups in allergy, including the British Society for Allergy and Clinical Immunology (BSACI) and the General Practice Airways Group (GPIAG), to develop the necessary infrastructure to support allergy services.

Education for Health has also been working with the BSACI on a number of very successful educational initiatives sponsored by the pharmaceutical company Schering Plough UK, including four regional allergy workshops and a Primary Care Allergy Day held as part of the Society's annual scientific meeting in July 2006. These events were well attended and scored well on evaluation, and we are looking forward to working with the BSACI on similar events in 2007.

**i** For more information contact Jan Chantrell, the allergy module leader at Education for Health [j.chantrell@educationforhealth.org.uk](mailto:j.chantrell@educationforhealth.org.uk)

### NEW DEVELOPMENTS AT EDUCATION FOR HEALTH



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**E**ducation for Health strives to be responsive to student feedback as well as changes in the Health Service. As a result, we have updated the smoking cessation module and are in

the process of redeveloping and validating two further modules. If successfully validated, we anticipate they will be launched in the first half of 2007.

### SMOKING CESSATION MODULE AT DIPLOMA LEVEL

This successful distance learning module now includes information on the changes to nicotine replacement therapy (NRT) prescribing and information on motivational techniques.

### NEW DEGREE LEVEL COPD MODULE

Students cannot take our current COPD modules at both degree and diploma level because of the similarities in their content. We are redeveloping the degree level module to allow students to progress from diploma level and to provide in-depth education in areas not covered in the existing modules, such as palliative care and service delivery.

It is envisaged that this new module will be of interest to health professionals working at a high level of autonomy and those with a strategic role, from both primary and secondary care. Level 2 education (or appropriate prior clinical experience) in COPD will be an entry requirement.

### NEW DEGREE LEVEL MODULES IN CARDIO-RESPIRATORY SYMPTOMS

Our degree level module on breathlessness has scored highly on evaluation, with students reporting that it has enabled them to change their practice and expand their role. Past students have, however, commented that the module covers an enormous amount of material. As a result of the breadth of the module some content is not relevant to all students' needs and other areas are not covered in sufficient detail.

The breathlessness module has therefore been divided into two separate degree level modules:

- Cardiorespiratory symptoms: acute assessment and diagnosis.
- Cardiorespiratory symptoms: long-term management and palliative care.

This division will allow more in-depth coverage of both areas and will enable individual students to choose to take one or both modules, according to their needs and area of practice.

**i** For more information on the breathlessness modules contact [r.booker@educationforhealth.org.uk](mailto:r.booker@educationforhealth.org.uk)

## THE TRAINERS' NETWORK



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**E**ducation for Health has around 90 trainers based throughout the UK, with a further 25 trainers worldwide. Trainers are practising clinicians from a variety of health professional backgrounds, including specialist nurses, practice nurses, hospital physicians, general practitioners, pharmacists and physiotherapists. They are experts in the management of respiratory, allergic or cardiovascular disease within their own field of practice.

Education for Health trainers are key to the success of the organisation. Trainers facilitate study days and workshops on courses ranging from one-day introductory level courses, through diploma, degree and postgraduate level modules. As part of this role, trainers can act as mentors to students, carry out practical assessments and mark exam papers or coursework submissions. They act as a valuable support to module leaders by participating in the design and ongoing development of modules and programmes of study.

Some trainers become personal tutors for students on programmes of study such as the MSc programme or get involved in supervising dissertations. As respected key opinion leaders, Education for Health trainers are frequently invited to sit on advisory boards or focus groups when opinions on the future of healthcare are being sought.

All trainers participate in an initial training programme and there is an ongoing programme of study days, which provide updates on clinical practice, educational strategies and personal development. Individuals are encouraged to participate in any or all of the roles outlined, according to their availability and personal interests.

Being an Education for Health trainer provides the opportunity to belong to a friendly, professional network with improving patient care as its main focus. Gail South, respiratory nurse consultant, regards becoming a trainer as one of the best decisions she has made in her career. She said: "It

is such a two-way process. I learn as much from many of the students as they learn from me. I have made lifelong friends and feel an integral part of an organisation that has shown that it drives up standards of care for patients".



"...I have made lifelong friends and feel an integral part of an organisation that has shown that it drives up standards of care for patients"

Gail South, Respiratory Nurse Consultant and Education for Health Trainer

**i** If you are interested in becoming an Education for Health trainer, contact Sue Rivers, Director of Education and Quality Enhancement  
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## A DAY IN THE LIFE OF...



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**I**'ve been awake since about 6.30am, listening to a strange duet of dog and blackbird. I trickle downstairs, braving an unofficial shower of hand and foot licking from my manic cocker spaniel. My computer shakes itself into life; I grab some books about e-learning and put in an hour or so on my doctoral thesis. This is a virtual auto-ethnography about e-learning entitled 'Conversations and silence: learning by word of mouse?'. It is about how and what adult students learn by exchanging written messages in computer conferences. It is also about my own life in education from my first day at school aged 4 to the present day – I was one of the students on the programme I am researching which really helps me to empathise with my own students.

A delicious segment of Warwickshire countryside peels past me on the way to work. Another computer awaits me there. Its cheery reply to my morning greeting is a stream of 50 e-mails! I am invited to talk about our work to new External Examiners, to contribute to the education section of the Annual

Report to our Trustees, and there's the interesting possibility of a five-figure grant to investigate.

I chair a board determining examination results for about 100 health professionals taking our asthma modules. I prepare a presentation to a group of new trainers (the brilliant facilitators who deliver our teaching sessions). I put the finishing touches to an important 70-page document seeking the Open University's permission to run two exciting new modules: Cardiovascular Risk Assessment and Atrial Fibrillation.

I move away from the computer and meetings form effortlessly around me: staff training and complex student queries issues to deal with, pioneering new types of assessment to introduce... As the day ends, my diary smiles, shuts and winks at me.

I can't claim to save lives, but in my role with Education for Health I know that I am helping to make a difference to people living with long-term conditions.

## NEW RESOURCES FROM EDUCATION FOR HEALTH



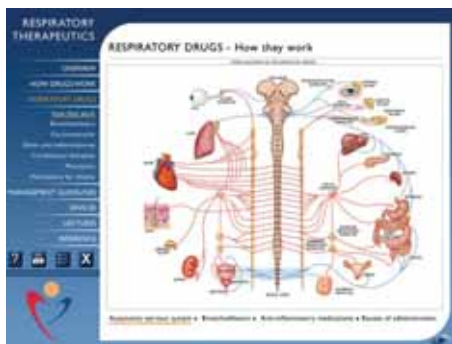
Respiratory  
Therapeutics  
CD-ROM

**E**ducation for Health has re-launched its CD-ROM, *Respiratory Therapeutics*. It has been extensively updated to reflect new developments in respiratory pharmacology and inhaler technology.

The CD-ROM covers basic pharmacology and pharmacokinetics, helping users to gain a better understanding of how drugs work. It also contains helpful audio lectures from recognised experts, covering some potentially tricky areas such as helping patients to select suitable inhaler devices and the safety of inhaled corticosteroids.

It contains an extensive section on inhaler devices, nebulisers, nasal sprays and drops and adrenaline injectors. This covers every inhaler device currently available in the UK. There are video clips showing the correct use of many commonly used inhaler devices, helpful information about care and replacement of inhalers, and the 'dos and don'ts' of using the devices.

This CD-ROM is a great aid to improving your consultations and provides enhanced patient care. It forms part of all Education for Health respiratory module learning materials.



**i** Reserve your copy, costing £7.99 inc p&p (cheques payable to Education for Health), by telephoning: 01926 493313; faxing: 01926 493224; or writing to: Education for Health, 10 Church Street, Warwick, CV34 4AB.

## NEWS FROM THE RESEARCH DIRECTORATE

### RESEARCH AND EVIDENCE-BASED PRACTICE



Dr Samantha Walker  
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**T**he merger between Education for Health and Heartsave last year provided a timely opportunity to revisit our research strategy to ensure its relevance to the future of both organisations and to recent NHS research and development initiatives. At the heart of this strategy is the recognition of the need for research evidence which can support clinical decision making, as well as the need for nurses to be able to access and evaluate evidence-based resources.

Education for Health now has four full-time and two part-time research staff who are working together on a broad range of research projects. We presented four abstracts (on adherence and asthma, clinical leadership and the role of asthma training, the effects of asthma training in the US, and the effects of anti-IgE on asthma) at the recent

European Respiratory Society (ERS) Conference in Munich, all of which were received with interest and enthusiasm.

Two of our research staff, Samantha Walker and Jane Upton, have been developing an interest in evidence-based decision-making. Samantha ran an interesting session, also at the ERS, about how health professionals and patients can access and evaluate web-based health resources to complement their clinical care. In early October, we were delighted to hear that our randomised controlled trial evaluating the effects of standardised allergy training on health professionals' practice and patients' quality of life was accepted for publication in the prestigious journal *Clinical & Experimental Allergy*. We look forward to sharing these findings with you in due course. We also have a number of other research papers in the pipeline, which we will also share with you in the future.

Finally, our degree level module on evidence-based practice, recently renamed 'Evidence-based Healthcare', goes from strength to strength under Jane Upton's expert leadership. The module provides clinicians with the skills needed to access and evaluate research evidence to improve their clinical skills, and is a must for all those who wish to maintain their clinical skills in the current NHS environment.

## CONFERENCE REPORTS

### EUROPEAN RESPIRATORY SOCIETY MEETING

**T**he annual European Respiratory Society meeting was held this year in Munich in September. There were over 16,000 delegates from all over the world at this conference. Education for Health was well represented. In addition to four research abstracts accepted from the training centre, Monica Fletcher and Samantha Walker spoke at, or chaired, several major symposia.

A well-attended, evening symposium presented some of the initial results of the Towards a Revolution in COPD Health (TORCH) Study. This three year study investigated the effects of a combination of a long-acting beta<sub>2</sub> agonist and inhaled corticosteroid on all-cause mortality in patients with COPD. This global study, a good example of well co-ordinated research, recruited over 6,100 patients. Interesting data about improvements in quality of life and exacerbations were presented, but the study just failed to reach significance for the primary outcome; reduction in

mortality. Nevertheless, the study adds to our understanding of the use of these agents in the treatment of COPD patients. It has served to further emphasise that appropriate and adequate pharmacotherapy can improve outcomes for COPD patients. This is not a condition where 'nothing can be done'. It was particularly heartening to see the amount of interest generated by symposia and presentations on the challenges faced by primary care practitioners dealing with asthma and COPD. It appears that there is a global recognition of the need to improve the care of respiratory patients in the community. Primary care clearly has an enormous role to play in this.

### GENERAL PRACTICE AIRWAYS GROUP

#### NATIONAL PRIMARY CARE CONFERENCE

The General Practice Airways Group National Primary Care Conference was held in September at the University of Warwick, with the subtitle *Respiratory Care: The Future is Now*. It explored current challenges in respiratory care and new ideas, technologies and therapies. The conference was attended by Monica Fletcher, together with three members of Education for Health's research department.

Samantha Walker spoke about practical approaches to acute allergies; Jane Upton presented research findings showing a significant relationship between adherence to asthma treatment and patients' attitudes regarding their inhaler devices, and Jane Coomber presented a poster on patients' understanding and use of asthma inhalers and their access to asthma knowledge.



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### RCN TUBERCULOSIS (TB) NURSES FORUM ANNUAL CONFERENCE

The RCN TB Nurses Forum annual conference was held at York Racecourse on 10th October 2006. It was attended by a varied group of health professionals working in the field of TB. This included TB nurse specialists, health protection agency nurses, nurses with responsibility for TB in their area, prison nurses and nurses working in Immigration Centres.

The launch of the TB NICE guideline has provided staff working in this specialty with further support in delivering evidence-based care and treatment to patients with the disease. The Chief Medical Officer's TB action plan is also a significant publication which will give additional direction. A varied programme ensured that there were presentations relevant to all disciplines and led to a very informative and interesting day.

**i** For further information please contact Eileen Pearson, Module leader for TB on 01926 836848 or via e-mail at [e.pearson@educationforhealth.org.uk](mailto:e.pearson@educationforhealth.org.uk)

### RCN PAEDIATRIC RESPIRATORY NURSES' GROUP

Childhood sleep breathing problems are generally under-recognised, warned Dr Martyn Rees, Consultant Paediatrician, Royal Shrewsbury Hospital, in a session on 'Sleep disorders in Childhood' at the Royal College of Nursing (RCN) Paediatric Respiratory Nurses' Group autumn meeting, held in Warwick.

The group is celebrating its 10th year and currently has a membership of 800 nurses. Delegates who attended the meeting took part in an exciting programme of thought-provoking sessions and workshops on topical issues in respiratory medicine.

Dr Gary Connett, Consultant Paediatrician, Southampton General Hospital, explored the concept of dysfunctional breathing, somatising disorders and asthma in children. He reminded the audience that physical symptoms that cannot be explained on the basis of an organic disease process are quite common in childhood, but are poorly understood and managed.

A session on the diagnosis of allergic disease in childhood, presented by Jan Chantrell, Allergy Module Lead, Education for Health, warned that people with allergies often feel let down by a poor and frequently unobtainable service. She examined the development of allergy and atopy throughout childhood, and explored investigation pathways, history taking, diagnosis and treatment.

Dr Neil Hopper, Consultant Paediatrician Endocrinology, Sunderland Royal Hospital, discussed the adrenal effects of steroids in respiratory paediatrics and examined the body's natural secretion of steroids and the effect that commonly

used steroid medications have on this axis. He warned that children may be at risk of adrenal suppression.

The morning session closed with the launch of the personal hand-held asthma record that Siobhan Davies and colleagues in North Staffordshire have been developing with children and families over the past two years. An emergency asthma card is integral to the A5-sized record.

The management of anaphylaxis and the transition from paediatric to adult care were the topics of afternoon workshops delivered by Lynette Williams, Paediatric Respiratory Nurse, Royal Shrewsbury Hospital, and Sue Madge, Nurse Consultant, Royal Brompton Hospital, respectively.

**i** Members of the RCN Paediatric Respiratory Nurses' Group are invited to attend two meetings each year. RCN members who are interested in joining can do so by contacting RCN headquarters or by selecting their choice of forum membership that forms part of annual membership review.

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### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): TRAINING NEEDS AND OPPORTUNITIES

**C**OPD was, until recently, a relatively neglected respiratory disease, poorly understood and under-recognised. The introduction of QOF points for COPD within the GMS contract has raised its profile. The implementation of a National Service Framework for COPD in 2008 will serve to raise it even further.

There are 900,000 diagnosed cases of COPD in the UK and an estimated further two million that remain undiagnosed. 12.5% of all emergency medical admissions are due to COPD and it is the cause of more than 30,000 deaths a year. The annual direct costs to the NHS are £500 million.

The Healthcare Commission report, *Clearing the Air*, published in June this year highlights the burden of COPD on both the health service and patients. Quotes from patient focus groups in the report vividly demonstrate the lack of services

available to patients and the fragmented nature of the care that they currently receive.

We need to improve on the current poor provision of services highlighted in the Healthcare Commission report. As healthcare professionals, we would all like to deliver a high standard of care and reduce the burden that COPD places on patients and the NHS.

#### PREVENTING COPD

COPD is predominantly due to smoking, although it does, rarely, occur in non-smokers. Prevention is better than cure, is more cost-effective for the health service and better for the patient. Smoking cessation advice is therefore key at all stages and is the only intervention that alters the natural history of COPD.

Nicotine is, however, well recognised to be a highly addictive drug and quit rates are low. Smoking cessation can be seen as a singularly unrewarding area of healthcare, even though helping a smoker to quit is probably the most worthwhile intervention you can ever make to improve their health.

Knowing how to effectively address smoking without jeopardising therapeutic relationships is an invaluable skill that can be taught effectively. These counselling skills are also transferable to other situations, such as weight reduction, achieving concordance with drug therapy and encouraging patients to exercise regularly.

Effective pharmacological approaches to smoking cessation are available and patients should be advised to use them to improve their chances of stopping smoking. These pharmacological approaches are more effective when combined with motivational counselling and support from an appropriately trained and skilled health professional.

#### EARLY DIAGNOSIS

The key steps to diagnosing COPD at an early stage, when interventions are likely to be most effective, are to:

- Be aware of the presenting symptoms
- Gain a full history
- Perform technically accurate spirometry and interpret it accurately.

COPD progresses insidiously and patients adapt to slowly developing breathlessness, so they tend to present late. Diagnostic delay is common and patients have frequently lost more than half of their respiratory reserve before a diagnosis is made.

If you examine patient records you are likely to find several consultations for so-called 'winter bronchitis' over a prolonged period – a good predictor of COPD. These episodes will often have been treated with antibiotics, and further investigation, including spirometry may not have been considered. This represents a missed opportunity to make an early diagnosis.

Spirometry is essential for the detection of early airflow obstruction and the results are helpful in staging the severity of COPD and determining therapy. It is, however, useless if it is not performed properly and reported accurately. Training in the technique is essential.

A nationally recognised certificate of competence in the performance and interpretation of spirometry is available from the British Thoracic Society and Association for Respiratory Technology and Physiology (ARTP) on successful completion of the spirometry module provided by Education for Health in collaboration with ARTP. It is hoped that all healthcare professionals with a responsibility for performing and interpreting spirometry, in all healthcare settings will eventually hold this competency certificate.

### MANAGING COPD

COPD is, by definition, largely irreversible. However, this does not mean that it is not amenable to therapy. COPD cannot be cured but a realistic aim is to strive for maximum symptom control.

There are a number of effective drugs available to reduce breathlessness, improve functional ability and reduce exacerbation frequency. Appropriate assessment of the patient and an understanding of the available therapies will ensure rational and effective prescribing in line with the national guidelines and the published evidence.

Non-pharmacological approaches are as important as drug therapy. Pulmonary rehabilitation is a multidisciplinary approach that has been shown to be extremely effective in increasing functional and maximal exercise capacity and health-related quality of life. It is becoming more widely available, although service provision remains patchy. Patients are individually assessed and exercise is prescribed. Education to encourage self-efficacy and improve knowledge and confidence is also an essential part of a successful programme.

### RESPIRATORY FAILURE

Patients may become hypoxic, hypercapnic and acidotic during an exacerbation of COPD, particularly in moderate to severe disease. This is a potentially life-threatening situation and an indication for mechanical ventilation. Non-invasive ventilation (NIV) is an effective method of mechanical ventilation that does not require intubation and reduces the need for intensive care. It is recommended that it is available in all hospitals likely to admit such patients and it is becoming more widely available.

One of the keys to effective NIV is to ensure that the healthcare personnel setting up and using the equipment are properly trained and competent. Masks need to be properly fitted and the ventilator properly set up if the technique is to be effective and tolerated.

### EDUCATION AND TRAINING

Education and training is essential for the delivery of high-quality care, yet in the pressured environment of today's NHS finding time for study can be challenging. The flexibility of distance learning can be a solution to those challenges. The supportive learning environment offered by Education for Health

can encourage the career-long learning necessary to keep pace with rapid change. Learning materials are regularly updated and are evidence-based. Modules are assessed and validated by the Open University (OU) and can be used as part of a DipHE or BSc(Hons) with Education for Health. Alternatively, the respect in which the OU is held both nationally and internationally makes it easy to transfer credits towards a higher degree with another institute.

Modules from Education for Health are also mapped against the Knowledge and Skills Framework making it easy for you to identify and plan your competence development within the remit of *Agenda for Change*.

Education for Health developed its first COPD module in 1996, anticipating the release of the first British guideline for COPD management by the British Thoracic Society in 1997. Since then, further modules and one-day short courses in COPD and related subjects, such as pulmonary rehabilitation, smoking cessation and NIV, have been introduced to cater for the needs of a wide range of health professionals with a range of roles and involvement in COPD care in all healthcare settings.

### COPD and related courses provided by Education for Health

Short courses	Modules at DipHE level 2	Modules at BSc level 3
<b>COPD</b>		
Home care and the COPD patient	COPD	COPD
Pulmonary rehabilitation		Pulmonary rehabilitation
<b>Spirometry</b>		
Spirometry for Health Care Assistants	Spirometry	
Smoking cessation	Smoking cessation	
<b>NIV</b>		
	Principles of managing long-term conditions	
Reading and understanding research papers		Evidence-based practice Respiratory therapeutics

The future for COPD patients is beginning to look brighter, but there is no room for complacency. If these bright hopes are to be realised we will need a well-trained and competent workforce able to rise to the challenge.



For further information about Education for Health's courses in COPD, contact Rachel Booker, [r.booker@educationforhealth.org.uk](mailto:r.booker@educationforhealth.org.uk) Tel: 01926 838964