



education for health

## INTRODUCTION FROM CHIEF EXECUTIVE MONICA FLETCHER



Monica Fletcher  
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As the New Year is upon us, our 20th anniversary celebrations are now coming to an end. It has been a really exciting year for us and we have been delighted to share our successes from the past two decades and, at the same time, to reflect on the future. We know so much has been achieved over those twenty years and the care and management of people living with respiratory disease has improved considerably, but there is still so much more that needs to be done, not only at a local and national level but also at a global level.

As a charity, we not only strive to improve the education and training of health professionals, but are also involved in undertaking research to demonstrate that this makes a real difference by improving the care people receive. In addition to these two key activities, much of my work is concerned with raising the profile of respiratory diseases.

The UK model of general practice and teamwork is held up as an exemplar around the globe, and this year we undertook a survey to see how far practice nursing had come in the management of respiratory diseases. Our survey clearly demonstrated that nurses are taking a lead role in airways disease, many with minimal support from their GP colleagues. However, it is not all 'roses' and we, like many people, were horrified to have identified that many nurses had received insufficient levels of training to undertake such an advanced level of clinical practice.

We embarked on the survey to celebrate the role of practice nurses and the part played by Education for Health in achieving this role over the last 20 years and managed to publish the results in time to celebrate our 20th Anniversary at an event hosted by Baroness Julia Cumberlege at the House of Lords on the 10th October 2007.



## CELEBRATING OUR 20TH ANNIVERSARY IN STYLE AT THE HOUSE OF LORDS ON 10TH OCTOBER 2007



Chief Executive Monica Fletcher with Greta Barnes, Founder and now Patron of Education for Health



Baroness Julia Cumberlege with Education for Health Trustees Ala Szczepura, Professor of Health Services Research at Warwick Medical School and Prof. Jeremy Dale, Director of The Centre of Primary Health Care Studies.

The event was a great success and attended by more than 50 guests from respiratory, allergy and cardiovascular fields, as well as by representatives from the Department of Health, patient charities, specialist groups including ARNS, and the media, who enjoyed presentations from Monica Fletcher, Dr Sandy Gupta, Trustee of Education for Health and Consultant Cardiologist at Whipps Cross and St Bartholomew's, London, and Dr Iain Small, trainer and forthcoming chair of the GPIAG.

To help us raise the implications of the survey among all of our partners and stakeholders, as well as offer practical support and encourage debate and positive action by patients, practice nurses, GPs and secondary care health professionals, we also took the opportunity to make two further announcements:

- For patients, we launched a new charter for patients with long-term conditions. It is designed to give patients the confidence to ask for the best care possible from a well-educated, confident and competent healthcare team.
- For nurses and allied health professionals, we launched a *How to present and win your case for education* toolkit. It's aimed squarely at those health professionals who share our passion for, and commitment to, continuing professional development that enables them to deliver measurable health improvements for their patients with long-term conditions.

Both resources are available from our website at [www.educationforhealth.org.uk](http://www.educationforhealth.org.uk). We hope you find them useful and if you would like to share your experiences or have any other feedback on either the *Patient Charter* or the *Business Case toolkit*, then please email Candy Perry at [c.perry@educationforhealth.org.uk](mailto:c.perry@educationforhealth.org.uk)

## PRIMARY CARE LIVE



The Education for Health stand at Primary Care LIVE (9-10 October, London) was the ideal venue to launch the new Nurses Toolkit *How to write the perfect business case to secure study leave and funding for training*. More than 1,800 healthcare professionals gathered at the event, which took place at ExCel. Candy Perry, Head of Marketing, ran a fringe session on the stand to announce this new resource specifically designed to help nurses to write a sound business case when applying for study time and support for training.

Delegates also had the opportunity to take part in the main programme sessions delivered by Clinical Leads Bev Cox, Yvonne Henderson and Jane Leyshon. Interactive sessions included a talk on 'The penis as the barometer of CV health – erectile dysfunction and coronary heart disease'. This session highlighted the need for practitioners to view erectile dysfunction in the wider context of total health as opposed to an isolated disorder.

Other sessions included:

- How to treat asthma exacerbations
- A practical guide to spirometry and diagnosis
- The management of COPD and a practical workshop on chest examinations.

The BTS Winter Conference will take place in London on 5-7 December. Monica Fletcher will be running an oral presentation on *The training of general practice nurses: are we prepared for the NSF for COPD?* Visit the Education for Health stand number C4 to find out more.

## EUROPEAN RESPIRATORY SOCIETY (ERS)

(15-19 SEPTEMBER; STOCKHOLM, SWEDEN)



**T**he ERS meeting is a key international event for respiratory clinicians across the globe and not just from Europe. Monica Fletcher

is Chair of the Primary Care group within the Society and this year she was central in organising the Primary Care Day on the Saturday.

More than 300 health professionals attended the various sessions held on that day. It is just so exciting to see multiprofessional learning really taking place! There were sessions on the political environment, inhaler devices, end-of-life care, pulmonary rehabilitation, information technology, pulmonary function testing and much, much more. The networking from these conferences is incredible and puts Education for Health clearly in the international arena.

## EUROPEAN LUNG FOUNDATION (ELF)



**A**t the ERS scientific meeting, Monica Fletcher was elected as a committee member on the ELF. She has been

serving as the Chair of the Professional Advisory Committee until now. The aim of this organisation is to improve the knowledge of patients living with lung conditions. ELF produces many useful leaflets and web-based information for patients, which are as useful for us working in the UK as they are for colleagues around Europe. At present, we are devising information for patients who have lung disease wishing to fly around Europe. Why not visit the website at [www.ersnet.org?](http://www.ersnet.org?)

**i** If you have any comments about the resources or would like to suggest other topics that could be included, please let Monica Fletcher have your ideas by sending them to [m.fletcher@educationforhealth.org.uk](mailto:m.fletcher@educationforhealth.org.uk)

## COMMUNICATION ACROSS THE ATLANTIC – WORKING TOGETHER TO IMPROVE ASTHMA EDUCATION

NURSE ASTHMA CARE EDUCATION (NACE), SEPTEMBER 2007



Jude Fishwick-Taylor  
Director of NRTC-US



**T**he National Respiratory Training Center (the US sister organisation to Education for Health, based in Virginia) was invited to collaborate in a national research programme on improving

communication between nurses and asthma patients.

A highly successful project for physicians (PACE) had demonstrated that training in basic communication skills and how to convey key asthma messages had made a significant difference to the doctors involved. The Center for Managing Chronic Disease (CMCD), part of the University of Michigan, was given federal funding to find out if the project would be equally effective with nurses, who are often responsible for patient education.

The programme is led by Dr Noreen Clarke, in collaboration with Monica Fletcher, Chief Executive of Education for Health, and Judith Fishwick-Taylor, Director of NRTC. The NRTC is responsible for training the nurses on the programme, whose data will be collected both before and after the training, by the research team at the university.

So, in late September a core group of lead nurses from widespread states gathered in Ann Arbor, MI, to pilot and learn the programme that they will then teach to more than 500 nurses nationwide. Monica was accompanied to the US by Liz Bryant, who has developed a short course in the UK on communication skills, and the two-day initiation was a blending of asthma expertise, behavioural research outcomes and participant experiences from both the US and the UK.

Health professionals on both sides of the water sometimes do not listen to patient concerns, do not adapt their discussion to the needs of the patient and do not know the key asthma messages that will make a difference. It will be very exciting to observe the impact of this project, and to use the research to improve nurse consultations in both nations.

## COMMUNITY MATRONS DO IT TOGETHER TO GET BETTER IN THE SOUTH WEST OF ENGLAND



Liz Bryant  
Programme Lead and Head of Student Support Education for Health

**C**ommunity matrons are a group of highly motivated and highly skilled health professionals who are often working across boundaries and in complex structures. Like all pioneers, they value networking with others in a similar position, particularly if there is a good reason to get together.

We have been delighted to work with community matrons from several South West Primary Care Trusts. Having identified a mutual need for clinical updates in heart failure, COPD and diabetes, Education for Health has delivered a series of study days to improve clinical knowledge in these chronic diseases. In addition, we worked with them to develop a new study day on long-term conditions, which used case management and a student workbook to consolidate the clinical learning and to plan the way forward within the local environment.

Of vital significance in embedding the new learning, students were encouraged to bring in specific examples from their caseload to discuss, concentrating on the patients' perceptions of the problems, and tested new ways of sharing decision-making. The students and the facilitator also discovered inequity and disparity between areas, discussed priorities and framed a submission to the local managers for consideration.

Comments that were made at the time included:

'Have been able to review own work methods objectively with input from other community matrons who work in different ways.'

'Case studies in groups were a really good way of problem-solving.'

This kind of team working and networking, focusing on case management, may be useful for other professionals; the combined expertise of community pharmacists, social workers and specialist nurses could enable the multidisciplinary team to go a long way towards that elusive 'seamless care'.

**i** If you feel you are in need of an update in a particular long-term condition, one of the short courses offered by Education for Health might just be for you. Find out more at:

[http://www.educationforhealth.org.uk/pages/education\\_training/short\\_courses\\_overview.asp](http://www.educationforhealth.org.uk/pages/education_training/short_courses_overview.asp)

## CHOOSING AN INHALER DEVICE FOR YOUR PATIENTS – A FREE RESOURCE FOR PCTs, PRACTICES, HOSPITALS AND PHARMACIES



**A**LTANA Pharma, a Nycomed Company, has worked with Education for Health to produce this informative and easy-to-use wallchart.

Designed specifically for

healthcare professionals caring for people with respiratory illness, this quick reference chart can be used during the review or prescribing process to help both patient and professional choose the most suitable device for them.

The chart also includes:

- a check list for those using a metered dose inhaler (MDI)
- a reminder of the BTS SIGN Guidelines on the Management of Asthma
- useful information regarding the features and use of spacers.

The choice of devices included on the chart can be tailored according to PCT and regional requirements and personalised with the PCT logo.

**i** To view a sample chart online, see: [http://www.educationforhealth.org.uk/pages/\\_documents/inhaler\\_wallchartsept07.pdf](http://www.educationforhealth.org.uk/pages/_documents/inhaler_wallchartsept07.pdf)

If you would like further information and details on how to obtain your own tailor-made chart, simply subscribe to our FREE e-Newsletter by e-mailing [news@educationforhealth.org.uk](mailto:news@educationforhealth.org.uk)

## NEW COURSE PROGRAMME PUBLISHED



**R**esearch shows that healthcare professionals who undergo accredited training with Education for Health are able to significantly improve patients' health-

related quality of life.<sup>1</sup>

With more than 50 continuing professional education courses and programmes in respiratory, cardiovascular and allergic disease and offering one of the largest flexible distance learning programmes in the world, with Education for Health as your partner for career-long learning we are confident that we can help you improve the quality of the support and care you offer your patients with long-term illness.

**i** For further information and to enrol, view our 2007/08 Course Programme at: [http://www.educationforhealth.org.uk/pages/\\_documents/course\\_prog\\_oct07.pdf](http://www.educationforhealth.org.uk/pages/_documents/course_prog_oct07.pdf)

1. Sheikh A, Khan-Wasti S, Price D, Smeeth L, Fletcher M, Walker S. Standardized training for healthcare professionals and its impact on patients with perennial rhinitis: a multi-centre randomized controlled trial. *Clin Exp Allergy* 2007; 37: 90-99.

## WEATHER WATCHING WITH THE MET OFFICE



**J**ust as the cold snap hit us in October, Education for Health marked the occasion with a series of educational workshops around the country on the risks for people with COPD when cold weather strikes.

The free workshops, developed in collaboration with the Met Office and with support from Microsoft,

gave healthcare professionals from a range of backgrounds an opportunity to learn about the work that has been done in this area by the Met Office and to begin to think about how the lessons learned could be incorporated into their own practice.

The meetings, which were held in London, Warwick and Reading, consisted of clinical updates on the optimal management of people with COPD and advice on how the concept of 'anticipatory care' works. These two complementary sessions identified the reasons for the rise in the risk of COPD exacerbations in the winter and then explained what could be done to minimise this risk through improvements in both pharmacological and non-pharmacological management.

Dr Tish Laing-Morton led the Met Office sessions with support from the Clinical Leads from Education for Health, and the feedback from the delegates was very positive.

The Met Office figures show that it is not only COPD that deteriorates in cold weather; there are also more myocardial infarctions, more strokes and more exacerbations of heart failure during winter. There is clearly potential for us to work together on this in the future. In the meantime, make sure that you warn your patients to keep warm and keep well. I'm off to dig out my winter woollies...

**i** For more information on modules on COPD, managing long-term conditions, spirometry and cardiovascular conditions including heart failure, please visit the website [www.educationforhealth.org.uk](http://www.educationforhealth.org.uk)

## ASTHMA MANAGEMENT IS TRANSFORMED



**A**sthma management transformed was an international, one-day conference provided and funded by AstraZeneca in The Hague, in the Netherlands. It had international speakers discussing the wealth of evidence for combination therapy both from the patients' perspective, *ie* self-management and concordance with one device, and from the health professional point of view. A pharmacologist spoke on the way drugs work synergistically and Professor Martyn Partridge, Professor of Respiratory Medicine at Imperial College, NHLI Division and Honorary Consultant Physician, Charing Cross Hospital, London, spoke

eloquently on the needs of the patient. His INSPIRE study discusses the thoughts and feelings of patients with asthma. He gave some thought-provoking statistics such as:

- Patients with asthma may only consult for a total of 30 minutes per year: the remainder of the time they self-manage
- Despite regular inhaled steroids, only 28% of patients were well controlled while the remaining 72% stated they were either not well controlled or uncontrolled.

Professor Partridge also discussed research showing that doctors interrupt a consultation after an average of just 17 seconds. Research has shown that if a patient is allowed to talk, they will complete their 'story' in less than two minutes and can give more information than if they are interrupted and questioned. Consultation skills are therefore fundamental to good patient care. *Partners in care – 5 steps to a better consultation* – is a one-day course offered by Education for Health designed to improve and develop your consultation skills to maximise the time that you have with your patients. More information is available on our website or from Liz Bryant (Clinical Lead) on [l.bryant@educationforhealth.org.uk](mailto:l.bryant@educationforhealth.org.uk)

The day ended with Dr John Haughney, a GP from Glasgow, speaking on how we can implement good asthma care in primary care. The event was a wonderful opportunity to talk with our international colleagues and share best practice. It was good to appreciate how far we have come with asthma care but also how far we have to go.

- If you would like the opportunity to develop good practice in your area, visit our website [www.educationforhealth.org.uk](http://www.educationforhealth.org.uk) which gives information about asthma training at both diploma and degree level. Alternatively, contact Jane Leyshon (Clinical Lead) on [j.leyshon@educationforhealth.org.uk](mailto:j.leyshon@educationforhealth.org.uk)

## WORLD COPD DAY



Chris Loveridge  
[c.loveridge@educationforhealth.org.uk](mailto:c.loveridge@educationforhealth.org.uk)

**W**orld COPD Day, held on the 14th November, aimed to raise the profile of this common long-term condition still

further. Many local events took place, which many of you will have been involved in. The theme of the day was "Breathless not Helpless," and health professionals from both primary and secondary care and patients took part in a series of debates and discussions, fund-raising and profile-raising events.



The overwhelming feeling from the day was that patients want to be able to manage their symptoms of COPD, particularly breathlessness, and that they need support from all health professionals to do this. Education for Health has recently launched a new degree-level module: *Cardio-Respiratory Symptoms: Long-term Management and Palliative Care*, which explores the impact and management of breathlessness, chest pain and cough and develops your skills in managing these in the clinical setting.

The New Year will also see the launch of a brand new degree-level module; *Cardio-Respiratory Symptoms: Assessment and Diagnosis*, which focuses on the assessment, diagnosis and immediate management of breathlessness, chest pain and cough. The two modules are designed to complement each other, but can be taken as individual modules depending on your area of clinical practice.

- For further information please contact Yvonne Henderson (Clinical Lead) on [y.henderson@educationforhealth.org.uk](mailto:y.henderson@educationforhealth.org.uk)

## A DAY IN THE LIFE OF....



Bev Cox  
Clinical Lead  
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**I**t's almost two years since I joined Education for Health as Module Leader for Heart Failure. I have been rather busy in these two years, however, and am now Clinical Lead (we changed the name to more closely reflect what we do) for Coronary Heart Disease and Diabetes as a Cardiovascular Disease. I am also leading on the *Essentials of Primary Care Nursing* course for nurses new to general practice nursing.

Being a Clinical Lead is not unlike working in

general practice in that you need to have a broad knowledge base on a range of subjects. Importantly, you need to be able to translate knowledge into wisdom – by that I mean that you need to know how to bridge the theory-practice gap. For that reason, Clinical Leads are all encouraged to maintain hands-on clinical practice, seeing patients who do not abide by NSFs and NICE guidelines.

There is no such thing as an average day for a Clinical Lead, as activities can be as diverse as writing new materials, moderating exam papers, attending exam boards and going out to support new trainers as they deliver courses or attending meetings. Internal meetings allow us to maintain communication within the teams – each course that runs will need input from the Clinical Lead, the education co-ordinator, marketing, exams and the research team.

In the past year, we have also had the opportunity of meeting up with significant political figures such as Christine Beasley, Roger Boyle and Rosie Winterton, which gave us the chance to flag up the importance of education and nurse leadership.

External meetings may involve collaboration with our colleagues at the Open University or discussions with our external examiners and assessors. We also attend the significant meetings in our clinical areas, such as the British Society for Heart Failure annual conference or the European Respiratory Society meeting.

Another area of the job that I thoroughly enjoy is writing for publications. Education for Health has close links with the British Journal of Primary Care Nursing ([www.bjpcn.co.uk](http://www.bjpcn.co.uk)) and we are expected to contribute articles to both the cardiovascular and the respiratory versions of the journal and electronic newsletter. Some of us sit on the editorial boards of other journals too – I attend editorial board meetings for *Practice Nursing* journal twice a year and write for that journal and *Practice Nurse*.

All in all, then, the days are never boring. I work four days a week here at Education for Health, which allows me to work one day a week in practice seeing patients with respiratory and cardiovascular disease. This gives me the chance to combine the best of both worlds.

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