



Respiratory Nurse Specialist David Long

It's been just over a year since the LMC employed me as a Respiratory Advisor. I thought it might be useful to reflect on the last year and share the impact the role has had. This was a new role, so was organic in its development, although we did have a few ideas to start!

What has worked well?

- **News Items and useful documents** which are e-mailed to practice nurses and stored on the SGPET website. I send information and opinions to practice nurses, to inform them of changes to respiratory practice or an item of news I think may help them in their clinical practice ie 1st Line inhaler choice chart to standardise cost effective inhaler prescribing in practice.
 - <https://www.somersetgpeducationtrust.co.uk/respiratoryguidanceinformation>
- **Advice and Guidance** has been used to help support clinical decision making ie 'sense check'. It has also been a way of stopping unnecessary referrals or making sure that certain elements of care have been undertaken before referral, allowing specialist care to see the severe rather than difficult patients.
 - **Feedback**
 - *"Many thanks. That is what I thought."*
 - *"Thank you, yes that is helpful. I can attach it to her notes"*
 - *Thank you so much for your help with this."*
 - *"Amazing, thanks."*
 - *"Thanks David, that's reassured me."*
- **The coaching of GPN's new to the respiratory speciality** has been beneficial, in allowing nurses to get to a basic level of understanding and start clinics with the support of their colleagues. It has allowed for more than one nurse in the practice to be involved in the speciality and provide continuity of care during time of absence. It has also allowed me to understand the processes and challenges involved in reviewing complex and routine patients care 'at the coal face'. This has had a direct result in discussions taking place at CCG level and has help inform me of the educational needs of GPN's which in turn feeds into educational programmes.
 - **Feedback**
 - *"David came in regularly to spend time with the nurse giving her one to one guidance and she is now in a position to put her learning into practice."*
 - *"This has taken the pressure off the rest of the team to maintain a normal workload without having to shut clinics etc for learning"*
 - *"It has been great from a practice point of view to enable a nurse to have a good understanding of a chronic disease from a professional on a one to one basis"*
 - *"I feel I achieved my goal and also identified resources for continued development."*

- *"Thanks for all your support."*
- **The educational sessions 'lunch and learn' and evening events** have been well received keeping clinicians up to date regarding airways disease. These have been most successful when there has been multidisciplinary involvement. The reason is that apart from imparting information, it has been a facilitated discussion within the group and at times solved practice issues such as a process or clinical inconsistencies.
- **Feedback**
 - *"Thanks so much for coming along to the COPD Group this afternoon. People said you were the most informative speaker we've had yet."*
 - *"Clear and concise"*
 - *"great update and allowed time for discussion practice issues"*
- The support given to the more experienced GPN's has been through **'virtual clinics'**. Review patients electronically/discussion for a morning or afternoon. This again is a learning opportunity for all and again has helped said patients but the legacy of the learning continues with the clinician.
- **Feedback**
 - *"Thanks for visiting us at ... a few weeks ago, it was very helpful."*
 - *"It has allowed me to be more confident when discussing patients with a GP."*
 - *"Thank you that is very helpful, the patient is in tomorrow for further review."*

The Future

I would like to continue with the above good work and so far have only concentrated on the nursing profession. I would like to expand the offer to the wider healthcare teams such as GP's, Pharmacists, Urgent Care and HCA's to name a few. So if you think the above would be beneficial to you as an individual, practice or PCN please contact me.

I would also like to offer education at PCN level as this has significant advantages of which a few are detailed below..

There is evidence that having a specialist working in primary care as above and within PCN's helps reduce costs, allows a consistent approach across PCN's through education, support and standardisation of practice which benefit patient outcomes. Moreover, it may help in the long term cross covering in surgeries if needed or 'pool nurse' to move around as the processes and treatment would be standardised.

The role continues to develop and any suggestion would be considered if it was felt it would improve clinical practice. So if you have any suggestions please let me know (dlong1@nhs.net).