

SIGN / BTS asthma management update

The British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN) have updated the pharmacological management section of the British Guideline on the Management of Asthma. First published as a supplement to Thorax in February 2003, the guideline is a comprehensive resource for those caring for individuals with asthma.

A major review of the entire guideline is planned for early 2008. In the meantime, the July 2007 makes the following recommendations:

Safety of inhaled steroids in children. Clinical adrenal insufficiency has been identified in a small number of children who have become acutely unwell at the time of intercurrent illness. Most of these children had been

treated with high doses of inhaled corticosteroids. The guideline notes that the dose or duration of inhaled steroid treatment required to place a child at risk of clinical adrenal insufficiency is unknown. A new good practice point has been added stating "Specific written advice about steroid replacement in the event of a severe intercurrent illness should be part of the management plan for children treated with $\geq 800\text{mcg}$ per day of BDP or equivalent. Any child on this dose should be under the care of a specialist paediatrician for the duration of the treatment."

Comparison of inhaled steroids. There is limited published evidence regarding the clinical benefit of the new inhaled steroid, ciclesonide, as the exact efficacy to safety ratio compared with other inhaled steroids has not been fully estab-

lished. The guideline does not make any specific recommendations about ciclesonide.

Smoking. There is a new section about the effect of smoking on the efficacy of inhaled steroids. The guideline now recommends that "Clinicians should be aware that higher doses of inhaled steroids may be needed in patients who are smokers/ex-smokers."

Onset of exacerbation of asthma. The guideline looks at the evidence for adjustable dosing of inhaled steroids and concludes that in adults, doubling the dose of inhaled steroids at the time of exacerbation has not been shown to be effective. However, studies in which the dose of a combination inhaler budesonide/formoterol is adjusted according to symptoms have shown good levels of asthma

control. As it is not clear if this is superior to the use of more conventional stable dose of inhaled steroids and long-acting b2 agonists, no specific recommendations have been made.

Anti IgE monoclonal antibody. There is a new section about the anti IgE monoclonal antibody, omalizumab. The guideline summarises the latest evidence and concludes that as there are no active comparative studies it is not possible to place omalizumab in the stepwise treatment of asthma.



Working in Partnership Programme: self care for primary care

Self care is creeping up the agenda in Scotland. The second draft of the capability framework, which is part of the Scottish review of community nursing, lists the empowerment of patients and their families through self care as one of the essential capabilities for nursing in the community.

So far the Scottish Government has been hedging its bets when it comes to whether there will be funding to increase the number of skilled staff in this area. However, an initiative that was launched in England three years ago could be a way for everyone in primary care to start learning more about self care for free.

The Working in Partnership Programme (WiPP) was set up in 2004 as a result of negotiations for the new GP contract. All parties involved in the negotiations - the NHS Confederation, the Department of Health and the British Medical Association - agreed that there was a rising level of workload on general practice. The WiPP remit was to develop a range of no-cost capacity-building tools and resources to address this. Over the past three years, the organization has worked with more than 100 NHS and patient organizations to develop 13 initiatives.

One of them is the self care for primary care project. Most of the tools are web-based, enabling practices located anywhere in the country to download them from www.wipp.nhs.uk. Helena Jordan, Project Manager for the initiative, lists the thinking behind the potential of self care is not new. She points to a 2002 report by Derek Wanless, 'Securing our Future Health: Taking a Long-Term View', which found that £100 invested in self care would result in £150 savings.

But for self care to become a habit among the public, a culture change among patients and health professionals is required. This was the starting point for the self care for primary care project, says Helena.

"We were looking at the culture of the NHS which is based on a paternalistic model. This work is around helping NHS professionals to change the way they care for some patients. They can educate patients on how and where to go to improve their self care skills."

So, working with Professor of Primary Care at Staffordshire University, Ruth Chambers, WiPP developed resources and tools for practices to do this. The tools were then tested and evaluated in general practices in three PCT pilot sites - Central Cheshire PCT, Lambeth and Southwark PCT, and Bradford and Airedale PCT.

Nigel Hughes, Senior Manager Public Health Programme at Bradford

and Airedale PCT, believes that some practices had been unsure about the benefits of the project. He said: "Practices can be nervous about taking anything new on, yet self care takes them ahead of the game in terms of demand management. Unless they do something to tackle it, it'll get worse."

Helena Jordan thinks this was one reason why it was so important to pilot the tools in real surgeries under typical, everyday pressures. Because of this trialling process, other practices can now become involved, confident in the knowledge that the tools have been tested thoroughly. "It was important to get them right so others knew they were fit for purpose," she says.

Pilot practices found one of the most useful tools to be the PART (Prevention, Await resolution, Relieve symptoms and Tolerance) model. This enables surgeries to plot their workload so they can implement self care initiatives in the right areas.

Wendy Ribbons, Practice Manager of Ilkley Moor Medical Practice, says the West Yorkshire surgery had seen its practice population swell by 1,700 in three years. The practice faced a challenge to manage the demand.

When they applied PART, it became clear that the surgery had a high level of GP consultations for minor ailments. GPs therefore drew up a list of common ailments that could be allocated a five-minute, rather than the usual ten-minute, consultation. Patients who qualified were identified when they telephoned for a GP appointment.



Wendy says: "Receptionists asked them, 'Can you give us an idea of why you want to see the doctor, or is it personal?'"

"Staff initially felt uncomfortable, but if the patient says it's personal then that's the end of it, we don't push it."

The system has enabled doctors to allocate 20-minute consultations for more complex problems. The practice also introduced a 'traffic-light' booking system so that staff could see doctors' workload at a glance. Wendy explains: "Around 30 per cent of doctors' time will be booked in advance, and they are green appointments. If the doctor has asked a patient back for a follow-up, and they have booked that themselves, then that's orange. Red appointments are those made on the day." To assist patients with self treating, the practice has also produced information on common ailments, available both in hard copy and on the practice website.

All the WiPP tools can be adapted to suit the specific needs of a practice. For example, the Tudor Surgery in Nantwich, Cheshire, felt uncomfortable about having receptionists ask patients about their health problems - they set up a nurse triage system instead.

Practice Development Manager, Debbie Howarth, says: "We didn't want non-clinical staff giving out advice over the 'phone. But they do direct people to the appropriate health care professional... If the patient is unhappy about accepting that information, they're put through to nurse triage. Most people are happy about that."

The practice ran a capacity and demand audit to identify the best times for nurse triage to take place. The morning period was selected, although they are now considering an expansion to the afternoon. At present, the nurse works one hour and a half each morning, and speaks to patients by 'phone in ten-minute slots. She gives advice on self care for minor illness or chronic disease and directs appropriate cases to other professionals. Debbie says it has been a great success. "Very few patients need to see the GP so most of the time it's something that people can

deal with themselves. It's cost effective because those patients would otherwise be banging on the GP's door," she says.

Debbie believes the only thing the practice may have done differently in implementing its self care strategy is the way it handled promotion. "If we had more advertising, it would have helped. It's about changing a mind-set, and that takes time. People feel unwell so they think they'll go and see their GP. It's about educating them that they don't always need to."



Healthy eating and exercise

At the Weaver Vale Surgery in Winsford, the team set up an information board in the waiting room as a guide for patients on the ways they could self care. They decided to start with sore throats. Practice manager Val Callow says the board provided patients with basic information on how to self treat a sore throat.

The practice had intended to expand onto other conditions, but a move to new premises meant the plans faltered. "We've not had the time to implement it again yet, but that doesn't mean we won't attempt to move forward with it in the future," says Val.

As well as resources enabling practices to implement self care strategies for themselves, there are 'Train the trainer' workshops for those that need extra support. The workshop is

a two-day course, in which individuals are coached on how to deliver a 'Self Care for You' programme. The programme is designed to educate the public about wellbeing, and covers issues such as healthy eating, exercise, anxiety and stress.

Helena Jordan says it is an ideal way for practices to introduce self care to their patients. She says the flexibility and diversity of the self care tools mean that practices can use them in the ways that best suit them, wherever their location. "It's whatever works for a practice. We've always been very clear that it should not be prescriptive because every practice is different, so it's easy for a practice to adapt it to their own needs, no matter where they are in the country."

EmoTrance

A new system for handling the human energy system - EmoTrance - will be introduced to Scotland in October.

Developed by Dr Silvia Hartmann in 2002, EmoTrance is a process of working with, and transforming emotional energy. Sandra Hillawi, Master Trainer, and Director of Passion for Health, will deliver EmoTrance to audiences both in Scotland and internationally.

Edinburgh's Solas Cafe & Resource Centre will host the EmoTrance Self Help Workshop and EmoTrance Practitioner Training which will take place on 20th and 21st October respectively.

EmoTrance requires no faith or meditation; there is no need to buy or sell gadgets or 'aids'; there is no dogma attached, or fairy tales involved. EmoTrance is simply a collection of concepts and techniques with a proven track record.

Participants will learn to understand emotional energy,



Sandra Hillawi

and how they can transform their responses to life for healing and personal development so as to achieve greater levels of joy and happiness.

The Practitioner Training day is designed for workshop facilitators, teachers, and those seeking a rewarding career in helping others to heal, transform and achieve more joy and happiness, both for themselves and in the world around them.

■ For more information visit www.passionforhealth.com, or call 023 92 433928.

Drug-free step in the right direction for arthritis sufferers

The Original Copper Heeler - a simple copper shoe insole - is a new drug-free product that combats the pain of arthritis and aching joints. Designed by Orthopaedic Technician Anthony Andrews, it has proven to be highly successful on the market. So much so that Anthony promises to refund the price if the insole does not work.

Copper is famed for its healing properties and many arthritis sufferers have long hailed its benefits through traditional bangles. Anthony worked out that if a bangle had beneficial effects, then a greater area of copper, if placed inside the shoe, should offer much more relief to aching joints. After two years of testing of shapes, thickness and designs he came up with the copper insole.

The Original Copper Heeler is available in all sizes. It is ultra thin, lightweight and moulded to the shape of the foot for



maximum comfort. You simply peel off the adhesive pads and place inside footwear. The heel works by interacting with the sweat glands on the soles of the feet to boost copper absorption.

■ For information and testimonials, see: www.theoriginalcopperheeler.com
Alternatively, call: 020 7486 4664
Retail price: £19.95 per pair, plus P&P.
Please Quote reference GCPR when ordering.