



Skill Levels for Delivering High Quality Respiratory Care by Nurses in Primary Care

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In conjunction with the
GPIAG Practice Nurse Working Party

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Summary of recommendations

Skill levels for delivering high quality respiratory care by nurses in primary care, as recommended by the GPIAG.

Minimal Involvement in Respiratory Care

- Respiratory patients seen by this nurse or allied health professional already have a diagnosis made
- Routine review may be undertaken where inhaler technique and peak flow (asthma) are checked
- A basic understanding of the disease processes is required
- Basic history taking as per a recognised respiratory template, such as the GPIAG or SPICE template, asking the 3 RCP questions with symptom scoring
- Checking concordance with regularly prescribed (respiratory) medication
- Ascertaining smoking status and giving cessation advice where appropriate - referring to specialist smoking cessation services as required
- Problem identification and referral

Medium Involvement in Respiratory Care

- All of the minimum requirements and skills **plus**
- Ongoing experience in dealing with respiratory patients
- Patients seen by a nurse at this level could require a diagnosis to be made by them differentiating between common respiratory conditions such as asthma and COPD
- Use of protocols to guide diagnostic and therapeutic options
- Perform more detailed diagnostic testing e.g. reversibility testing, and monitoring e.g. pulse oximetry
- Initiate and assess trials of different treatments
- Referral of patients when necessary

Maximum involvement in respiratory care

- Nurses with all of the minimum and medium skills **plus**
 - Seeing patients without a confirmed diagnosis
- Skills required include -
- History taking, examination skills + or – auscultation skills, knowledge and interpretation of investigations such as spirometry, pulse oximetry etc.
 - Would usually follow diagnostic pathways and recognised guidelines with expertise to recognise areas of uncertainty
 - In depth knowledge of drug treatments and therapeutic options
 - Knowledge of appropriate onward referral at a specialised level

Introduction

The GPIAG Practice Nurse Working Party recognised that there is a need for standardisation of respiratory care and a definite need to provide some form of standardised education and support for nurses who regularly care for and make decisions with people with respiratory disease in primary care.

Whilst there are a group of nurses in primary care who have taken a clear lead in learning more about respiratory care, there is a wider community of nurses who work as generalists but are involved in the management of respiratory diseases on a day-to-day basis. This document, written by Ruth McArthur with input from the Practice Nurse Working Party and Respiratory Nurse Alliance, outlines the standards and skills required from the individual primary care nurse at three clear levels: minimal, medium and maximum which has been adapted from the National Respiratory Training Centre (now Education for Health) original skills level set for asthma. The document is supported and endorsed by the following organisations, who have all contributed to its development through the Respiratory Nurse Alliance:

- Education for Health
- Respiratory Education UK

The GPIAG is grateful to ALTANA Pharma - a Nycomed Company for the provision of educational grants to support the setting up of and work of its Practice Nurse Working Party.

Skill levels for delivering high quality respiratory care by nurses in primary care

There are several levels of expertise, training, tasks, and responsibilities necessary to deliver respiratory care within a primary care setting and all nurses work under their own professional code of conduct as accountable autonomous practitioners.

It should be noted that nurses in primary care will not be the only group of healthcare professionals providing respiratory care for those living with a long-term condition such as asthma or COPD.

Currently and in the future qualified, registered practitioners such as ECPS, public health nurses, treatment room nurses, pharmacists, school nurses, community nurses, community matrons and nurse practitioners will also be involved in delivering care within a primary care setting. However at present, as the GPIAG current nurse membership is mainly comprised of nurses in primary care, this document is directed at providing advice and support towards them.

What is the role of GPIAG?

The General Practice Airways Group (GPIAG) is an independent charity representing primary care health professionals interested in delivering the best standards of respiratory care. It is dedicated to achieving optimal respiratory care for all, through:

- Representing primary care respiratory health needs at policy level
- Promoting best practice in primary care respiratory health through education, training and other services
- Supporting the development of primary care health professionals in respiratory medicine
- Facilitating and leading primary care respiratory research

The GPIAG, through its Practice Nurses Working Party, has developed recommendations on the levels of involvement and the skill levels necessary to deliver safe, high quality care to patients with respiratory disease. The GPIAG is not a training provider itself but can sign-post interested individuals to recognised accredited training providers such as ARTP, Education for Health, Respiratory Education UK and other accredited regional providers, etc. The GPIAG is not involved with assessing skill levels or competencies.

NHS Knowledge and Skills Framework (KSF) in relation to skill levels

The purpose of The NHS Knowledge and Skills Framework (KSF) is to enable nurses to identify their competence development as they progress through the career levels, linking it to the specialist area of practice in which they work.

The KSF was published by the DOH in October 2004 and has been used to ensure that nurses are meeting the expected levels for career progression within the remit of Agenda for Change, as well as identifying the knowledge and skills that needs to be applied to practice areas.

GPIAG recognise the value of this document and is suggesting that those nurses who wish to progress in their specialist skills of providing care for respiratory patients should have a framework on which to base their level of involvement.

Using the RCN framework, nurses will be able to achieve multiple agendas within one portfolio to demonstrate:

- Skills at different levels in general & specialist areas of nursing
- Readiness to progress to the next career level using the tools that can help nurses become professionally accredited
- Achievement of the KSF in relation to one's own job profile/post outline pay band

GPIAG is recommending skill levels which are in line with KSF recommendations.

Examples include :

- Nurses should participate in life-long learning by accessing and utilising learning materials from a wide variety of sources to inform professional practice
- Provide written & verbal feedback on learning from study days/courses to other members of the team
- Use a range of teaching methods to enable patient learning
- Guide and direct patients and carers to services such as voluntary organisations
- Identify the needs of the local population with regard to health & well being
- Be accountable & responsible for own actions in assessment and care planning ensuring continuity of care
- Undertake specialist interventions, treatments, therapies for the patient group in partnership
- Demonstrate working knowledge of the key specialist interventions, treatments etc appropriate to the patient group being cared for

Education for Health and Respiratory Education UK are developing the use of the KSF document to ensure competencies for each of their modules are mapped against it, specifically looking at core competencies and skills in delivering respiratory care.

Skill levels for delivering high quality respiratory care by nurses in primary care, as recommended by the GPIAG

Minimal Involvement in Respiratory Care

- Respiratory patients seen by this nurse or allied health professional already have a diagnosis made
- Routine review may be undertaken where inhaler technique and peak flow (asthma) are checked
- A basic understanding of the disease processes is required
- Basic history taking as per a recognised respiratory template, such as the GPIAG or SPICE template, asking the 3 RCP questions with symptom scoring
- Checking concordance with regularly prescribed (respiratory) medication
- Ascertaining smoking status and giving cessation advice where appropriate – referring to specialist smoking cessation services as required
- Problem identification and referral

A nurse working at this level in delivering respiratory care should have in-house training and support and at the very least be able to access an essential skills/short course (respiratory) which will equip them with the necessary skill levels to deliver care at this level.

Recommended training organisations and training opportunities can be found on the GPIAG website. Nurses working at this level will need to keep their skills /knowledge updated and would benefit from joining a local respiratory primary care nurse group and/or the GPIAG (<http://www.gpiag.org>).

Medium Involvement in Respiratory Care

- All of the minimum requirements and skills **plus**
- Ongoing experience in dealing with respiratory patients
- Patients seen by a nurse at this level could require a diagnosis to be made by them differentiating between common respiratory conditions such as asthma and COPD
- Use of protocols to guide diagnostic and therapeutic options
- Perform more detailed diagnostic testing e.g. reversibility testing, and monitoring e.g pulse oximetry
- Initiate and assess trials of different treatments
- Referral of patients when necessary

A nurse working at this level should be enrolled on a respiratory diploma level module or, if already in possession of a respiratory diploma, be able to access regular updates from a credible source.

Updating of knowledge and skills could be linked to ongoing professional development and appraisal, which links and describes this process.

This could be available from academic training organisations (for more formal updating) and from local professionals who can provide support in the clinical setting. Protocols and PGDs are available on <http://www.gpiag.org>.

Nurses need to be able to demonstrate continuous professional development and indicate in their annual appraisal where gaps in their knowledge lie and what steps require to be undertaken to update or maintain existing knowledge and skills.

Maximum involvement in respiratory care

- Nurses with all of the minimum and medium skills **plus**
- Seeing patients without a confirmed diagnosis

Skills required include -

- History taking, examination skills + or – auscultation skills, knowledge and interpretation of investigations such as spirometry, pulse oximetry etc.
- Would usually follow diagnostic pathways and recognised guidelines with expertise to recognise areas of uncertainty
- In depth knowledge of drug treatments and therapeutic options
- Knowledge of appropriate onward referral at a specialised level

Nurses working at this advanced level will require to have experience in dealing with respiratory patients and to have accredited training - Minimum diploma(s), e.g. Asthma and COPD. It is also advantageous for nurses at this level to have studied respiratory modules at degree level.

The practitioner working at this level should also be encouraged to be a member of a respiratory interest group and attend regular updates/conferences ensuring his/her knowledge base remains current and evidence based. A nurse working at this level should also demonstrate continuous development in his/her role as reflected in his/her Professional Development Plan (PDP).