



“ Recognising our Potential ”

Editors Welcome

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September already!? That means that winter is almost here.

So what does the change in season mean to us? For some it means that they may have to walk the dog in the dark. Others it means those last few tomatoes on the plant will never ripen now. Time to dig out the winter clothes and put blankets back onto the bed.

But to some of our patients, and many of our colleagues, it means exacerbations!!! It's the time of year when every third patient comes to see us with buckets of green sputum, highly productive and unable to stop coughing long enough to confirm their name let alone breath hold for a transfer.

For many of our hospitals, it is the season of increased bed stays and our respiratory teams will be working increasingly hard on the early discharge schemes that most, if not all hospitals have in place.

So remember, when we are all moaning about the cold, the wet and the dark because it makes us miserable, at least it isn't making us potentially, fatally ill.

Besides, only 12 weeks until Santa pops down the chimney.

On that cheerful note, this issue has come together and concentrates on achievement and the potential to learn.

From the marvellous achievements of the lab in focus to colleagues who we feel should be recognised on a national level, there are recognitions for many in this issue.

Although not all of us are honoured on the birthdays list, or nominated for awards it is important to remember the patients we see. We all know that less than 50% of our patients object to coming to the lab for their check ups. They "hate" the mouthpieces, the nose clips, the blowing but one thing you never here the patients say is they dislike the physiologist. Mainly because many of them are unaware that is our title, but also because of the fact that at a local level we make a difference to the people who are performing the diagnostics. We help guide a team of professionals to not only find a diagnosis but hopefully, not all of the time though, provide information that will offer symptom relief. More often than not, this is the most we can offer our patients. But this must never go underestimated.

When the patient is sat in the hot seat, with a machine they dislike, to perform tricks they find difficult, the only ally they have in that room is YOU!! The physiologist. For that, we are all local heroes in the eyes of our patients.

Birthday Honours 2010

Prof. Sue Hill has now sent the invitation for nominations for Healthcare Scientists for the Birthday Honours 2010. Closing date for nominations was 1st September 2009, and the ARTP were asked for nominations also.

Those that have been nominated are unaware of the nomination.

The Secretary of State, Andy Burnham MP, is very keen to ensure that the honours system rewards those who have made great achievements in health and social care. *"As part of this year's invitation for submissions, I would be delighted to receive nominations for healthcare scientists"*.

Nominations were encouraged which recognised those people who have a track record of 'making a difference' at the cutting edge of scientific practice and are recognised by their peers for such dedication.

Nominees were asked to do everything possible to identify candidates who meet these requirements particularly within the higher levels of awards – OBE/CBE/K&DBE. It is imperative to ensure anyone being nominated for an award is unaware. Please note, nominations can come from individuals or organisations.

For more details, please go to;

http://www.nwhcs.nhs.uk/news-birthday_honours_2010_round_healthcare_scientists.html

World COPD Day

Each year the British Lung Foundation focuses its campaigning around World COPD Day, an annual event organised by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) to improve awareness and care of COPD around the world.

World COPD Day is organized by GOLD (Global Initiative for Chronic Obstructive Lung Disease) in collaboration with health care professionals and COPD patient groups throughout the world. Its aim is to raise awareness about COPD and improve COPD care throughout the world

Each year GOLD chooses a theme and coordinates preparation and distribution of World COPD Day materials and resources. World COPD Day activities are organized in each country by health care professionals, educators, and members of the public who want to help reduce the burden of COPD.

The first World COPD Day was held in 2002. Each year organisers in more than 50 countries worldwide have carried out activities, making the day one of the world's most important COPD awareness and education events

In the UK, COPD is promoted predominantly by the British Lung Foundation. The British Lung Foundation published a report called 'Invisible Lives' for the World COPD Day, which identified the areas or "hotspots" in the UK where people with undiagnosed COPD are most likely to live.

In 2008, the British Lung Foundation continued the search for the 'missing millions' with COPD and called on the Government to make COPD a national priority and to incorporate spirometry into the new health MOT screening programme. Members of the ARTP assisted in the many screening events that occurred around the country. Early diagnosis of patients with COPD would benefit both the patients and the NHS by minimising the impact of the disease on patient lives and avoid expensive emergency hospital admissions.

This year, the aim is to raise awareness of:

- the symptoms of Chronic Obstructive Pulmonary Disease
- the impending implementation of the Clinical Strategy for COPD
- the importance of 'at risk' groups i.e. current and ex-smokers or those with symptoms asking their GP for a lung test
- BLF services – Love Your Lungs testing campaigns, self management plans and exercise diaries

The theme for 2009 is 'Love your Lungs' and encompasses both preventative and proactive messages such as calls to action (get your lungs tested). It can also be used to make people with COPD aware of how to manage their

condition through exercise (pulmonary rehabilitation) and a healthy lifestyle. This campaign is targeted at a number of audiences. The BLF is moving into a more preventative approach to lung health with the COPD lung testing events across the country. To mirror this, the 'Love your Lungs' campaign can target two groups of people:

- 1) Those with lung disease who need to be aware of treatments to manage their condition (eg BLF Active)
- 2) People who don't have a lung condition but need to be informed of ways to keep their lungs healthy and the importance of early diagnosis.

Campaign Key Messages

- Chronic Obstructive Pulmonary Disease or COPD is an umbrella term that includes conditions like emphysema and chronic bronchitis
- Symptoms include a persistent cough, breathlessness, chronic bronchitis, or lots of phlegm and current or ex-smokers are particularly at risk
- COPD is a progressive, irreversible lung disease but it is preventable and if diagnosed early can be easily treated and managed
- If you have any of these symptoms ask your GP for a spirometry test. The test only takes around 10 minutes, doesn't hurt and simply involves blowing into a tube.

Key Statistics

- COPD is the UK's 5th biggest killer and kills more women than breast cancer and more men than prostate cancer
- COPD is a long term condition that causes the 2nd highest amount of emergency hospital admissions in the UK and is estimated to cost the NHS in England £500 million a year

Please look at the BLF website (<http://www.lunguk.org/>) and the WCD websites for details of how to get involved or to request a campaign pack. If you want to get involved at a local level (even if it is just displaying a poster in your hospital), why not contact your local breathe easy group to join forces?

Exhale would love to hear of any events you are holding.

Lab in Focus



This summer has seen the opening of a massive new development encompassing Manchester Royal Infirmary, Manchester Royal Eye Hospital, St Mary's Hospital for Women and Children and both the Manchester Children's Hospitals; Booth Hall and Pendlebury. The site is the size of 66 football pitches and has taken 1,200 workmen 47 months to build. In February 2007 our department relocated into the first phase of this new building.

Lung function on this massive site is covered by our team of 3 physiologists with a part time physiologist specialising in children. From our humble beginnings in the 1960's we have expanded to 4 labs offering the usual range of services from simple spirometry to full lung function, hypoxic challenge, capillary blood gases, respiratory muscle testing, 6 minute and shuttle walk tests and overnight oximetry. We also administrate and run one of the largest nebuliser services in the country.

Shirley Turner our Senior Chief Physiologist has been here from the early 70's (more years than she cares to admit to) and has seen many changes in the way the lung function service has been delivered, both here and across the country. With more and more demands on the service for pre-operative testing and 2 additional Respiratory Consultants we are kept very busy indeed with an average of 5,000 patients per year of which approximately 1,000 are pre-op tests.

Although we don't offer a massive range of services like some of the bigger labs in the country, we do pride ourselves on patient care and because we are a small department our long term patients get to know us pretty well. In fact during the last 30+ years we have never had a patient make a complaint about any of the staff or the service we provide.

This year has seen an expansion of the service that Respiratory Medicine provides in the development of a community based COPD service. This will provide COPD clinics within the Central Manchester PCT for assessment, diagnosis and treatment of COPD including LTOT assessments. Our role as part of this new service is to ensure that all GP practices in the Central Manchester area are competent to perform spirometry and are adhering to current guidelines. We are now a recognised ARTP training centre and offer courses to Practice Nurses throughout the PCT to achieve our goal of a competent, quality community service.





REMINDER!!



There are still places available at the following ARTP Conferences. If you are interested, please contact conference@artp.org.uk or telephone 0845 226 3062 for more information and/or a registration form.

IARS/ARTP CONFERENCE 2009

15th – 16th October 2009

Bewleys Hotel, Ballsbridge, Dublin

Registration fees

ARTP Member - £90.00

Non-Member - £110.00

Conference Programme includes:

- New Developments Plenary Session including “Temporary Positive Expiratory Pressure” by Dr Adrian Kendrick
- Update on International Development including the “European Spirometry Driving Licence” by Ms Nichele Agnew

ARTP ANNUAL CONFERENCE 2010

28th – 30th January 2010

Park Inn Hotel, Heathrow

Registration fees (accommodation extra)

	<i>Early full delegate</i>	<i>Late full delegate</i>	<i>Thurs Only</i>	<i>Fri Only (incl gala dinner)</i>	<i>Fri only (excl gala dinner)</i>	<i>Sat only</i>
<i>ARTP Member</i>	<i>£170</i>	<i>£200*</i>	<i>£80</i>	<i>£110</i>	<i>£80</i>	<i>£40</i>
<i>Non-Member</i>	<i>£215</i>	<i>£245*</i>	<i>£125</i>	<i>£185</i>	<i>£125</i>	<i>£50</i>
<i>ARTP Student Member</i>	<i>£140</i>	<i>£170*</i>	<i>£60</i>	<i>£100</i>	<i>£60</i>	<i>£30</i>
<i>Student Non-Member (early and late includes ARTP Membership up to 1/5/10)</i>	<i>£170</i>	<i>£200*</i>	<i>£90</i>	<i>£130</i>	<i>£80</i>	<i>£40</i>

* Late registration supplement applies to registrations received after 31/12/09

Conference programme includes:

- Theme – “Flying Higher & Higher”
- 2 Sleep Plenary Sessions including “OSA or OSAS – Who Is Fit to Drive” by Professor John Stradling
- Interesting, educational and entertaining view of exercise including talks by Dr John Carlisle, Mr Joseph Marzouk and Dr Sandy Jack
- Don’t forget the date for Abstract submissions is **30th October 2009**.
- Each accepted Abstract lead author will receive a £50 voucher to be used towards ARTP Courses and Conferences
- Authors chosen to give a spoken presentation will receive a £100 voucher to be used towards ARTP Courses and Conferences
- The best poster, regardless of category, will also receive a special prize awarded during the Gala Dinner
- Get your “thinking caps” on as we are looking for nominations for the ARTP Awards for Services to Respiratory Measurement.
- 2 awards presented – one to a medic or physiologist/scientist; the other to a physiologist/scientist
- Don’t forget nominations should include why this person is nominated and should be supported by two other ARTP members from outside the nominator’s department.

SEND IN YOUR REGISTRATION FORMS WITHOUT DELAY TO AVOID DISAPPOINTMENT!!!

Badgers Bits



The top 10 most common things a Respiratory Physiologist is most likely to experience in a day;

- 10: What is my weight in stones?
- 9: Why do I need to remove my shoes/Do I need to take my socks off?
- 8: Patients moving the chair from its designated position!
- 7: Patients answering DOB incorrectly!
- 6: Insisting on telling you about their haemorrhoids, or other non-relevant conditions
- 5: Confusing inhalation/exhalation with breath holding
- 4: Insist the nose clips limit breathing
- 3: Ask multiple times if the nose clips are required
- 2: Patients insisting that "they can't"

And number 1

The ever raging battle to get a patient to understand and use the flanged mouthpiece, because "their mouths are just not that big"

Web links from this issue

CSO Conference	www.cso2009.co.uk/
World COPD Day	www.goldcopd.com/WCDIndex.asp
Association of Clinical Scientists	www.assclinsci.org
European Respiratory Society	www.ersnet.org
Health Professions Council	www.hpc-uk.org
Department of Health	www.dh.gov.uk
British Thoracic Society	www.brit-thoracic.org.uk
British Lung Foundation	http://www.lunguk.org/

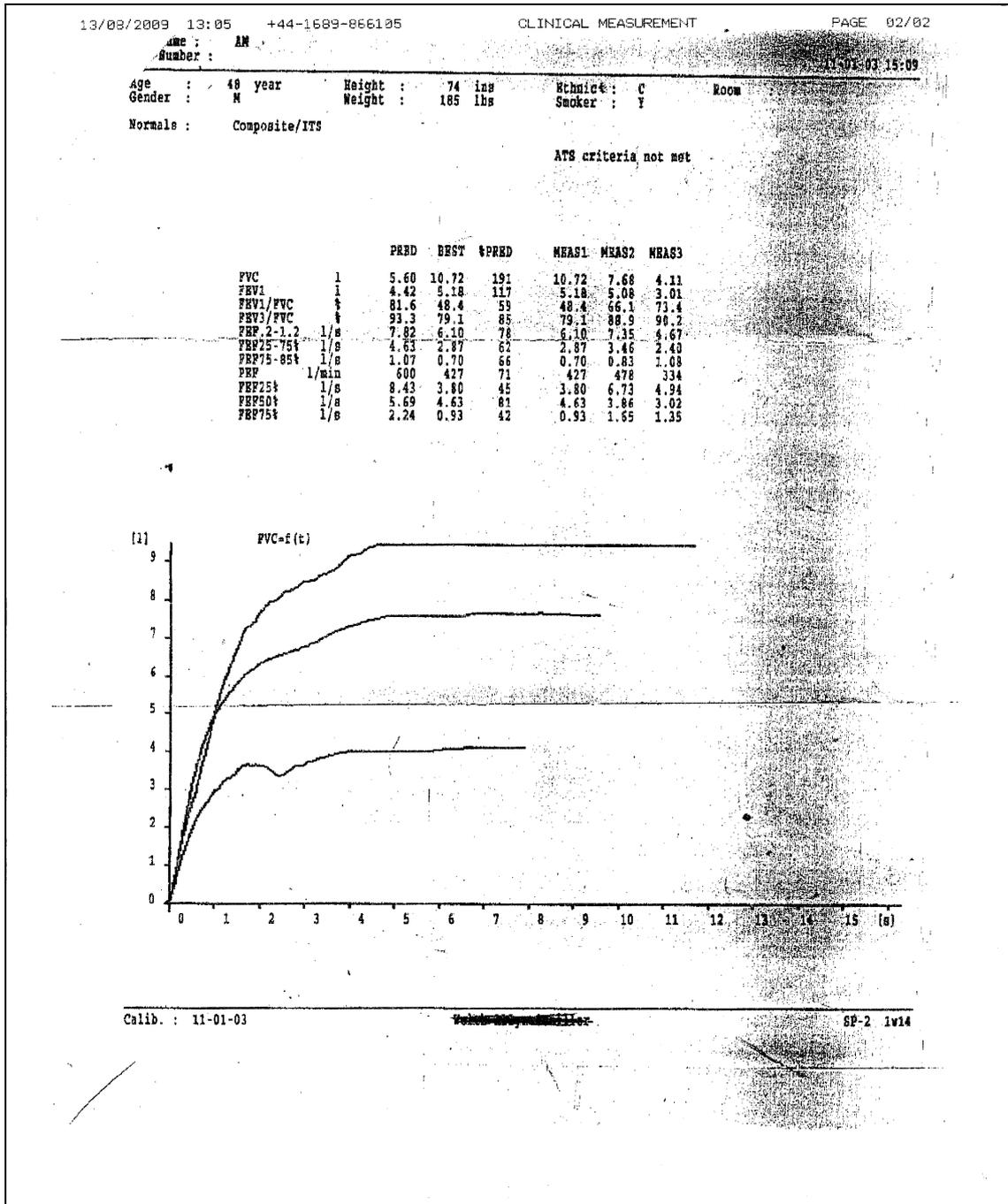
Forthcoming ARTP Education and Events

• SPIROMETRY	Sept 7 th & 8 th	Brompton
• ERS Annual Congress 2009	Sept 12 th – 16 th	Vienna, Austria
• BASIC SLEEP	Sept 29 th & 30 th	Bristol
• SPIROMETRY	Nov 23 rd & 24 th	Brompton
• CSO Conference	Nov 24 th & 25 th	London
• BTS 2009 – Winter Meeting	Dec 2 nd & 4 th	Westminster
• ARTP Annual Conference 2010	Jan 28 th -30 th	Heathrow

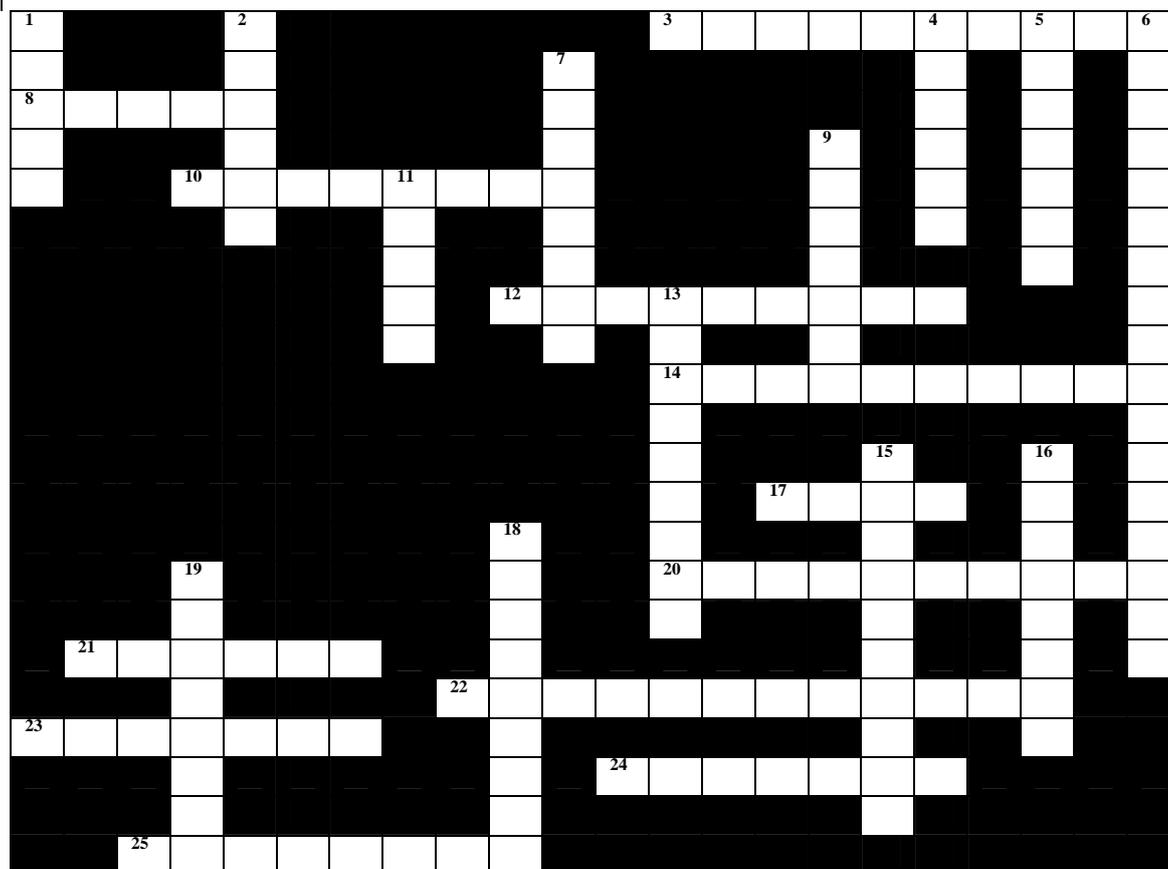
Spirometry of the month

This is a spirometry trace presented at a UK lab. The patient told the physiologist that their spirometry was performed in a shopping mall during his holiday in 2003 to the USA.

Examine the trace, and report on the results below.



Consistent obtained spirometry values in the lung function lab were 3.6 litres and 4.8 litres respectively for FEV1 and FVC – maybe the lab in question didn't push the patient hard enough!!!



Across

3	The cause of this pulmonary fibrosis is unknown. (10)
8	How many kilograms does the intermedical Ndd portable TLCO system weigh? (5)
10	Name the portable electronic mesh nebuliser by Intermedical Omron. (8)
12	A mismatch between this and ventilation is characteristic of a PE. (9)
14	What is the name of the new portable Intermedical Ndd TLCO Monitor? (7, 3)
17	What is the name of the multicentre global study for which the Intermedical Ndd EasyOne was the spirometer of choice? (4)
20	This condition, which causes an abnormal increase in the number of immune cells, is also known histiocytosis X. (10, 4, 13) – first word
21	Taken as part of a patient history. Patients always request this measurement to be converted into “old money”. Ie. Habitus noted. (6)
22	What technology is used to measure flow in the Intermedical Ndd EasyOne spirometers? (10)
23	An “animal attraction”, giving rise to lung disease _____ fanciers lung. (6)
24	Who is the manufacturer of 25 across? (7)
25	Name of the portable domiciliary diagnostic sleep apnoea screener offered by Intermedical? (8)

Down

1	Incremental shuttle walks and 6 minute walk tests are example of these exercise tests. (5)
2	Measurement of this compound can indicate the presence of airways hyper responsiveness. (8, 6, 5) – second word.
4	The Intermittent illness is marked by episodic symptoms caused by triggering events/allergens. (6)
5	The fitness to fly test has this clinical name. (7, 9) – first word
6	See 20 across. – second and third word.
7	Analysers of this type are commonly used to measure CO ₂ , CO and CH ₄ during gas transfer. (8)
9	This factor plays a major part in increasing your chances of developing sleep apnoea. (7)
11	See 2 down. – third word.
13	What is the name of the smallest portable concentrator supplied by Intermedical? (9)
15	Who is the manufacturer of the Bluenight Pulsoximeter especially designed for 6 minute walk tests? (10)
16	See 2 down. – first word.
18	See 5 down. – second word.
19	Name the 100% hygienic barrier mouthpiece used on the Intermedical Ndd Transducers. (8)

Many thanks to Intermedical for sponsoring this crossword and offering a £20.00 book token for the winner.

If other companies would like to sponsor future puzzles, please contact exhale@artp.org.uk

Please can completed entries be sent to Kimberley Jenkins, Exhale Editor, exhale@artp.org.uk by **29th September 2009** Entries can also be snail mailed (or posted) to Kimberley Jenkins, Lead Respiratory Physiologist, Ward 14, Milton Keynes NHS Foundation Trust, Eaglestone, Milton Keynes, BS16 3SN.

Please include your name, and contact details. Entrants must be paid up ARTP members and not on the ARTP Editorial committee.

The winner will be drawn at random on **1st October 2009** and the winner notified.



Congratulations to **Harry Patel** of Russell Hall Hospital, who was the winner of the August Crossword.

www.artp.org.uk

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