Asthma is one of the most common long-term conditions that primary care nurses will come across in practice. Around 5.4 million people have asthma and three people still die every day from the condition.¹

The National Review of Asthma Deaths (NRAD) released in May 2014 found that the number of asthma-related deaths had not reduced significantly despite identifying that there are preventable factors in two-thirds of deaths.²

A recent survey carried out by Independent Nurse and Napp Pharmaceuticals Limited of 184 nurses found that nearly 35% said there was not enough time to spend with their asthma patients. (Figure 1). A number of reasons were stated as to why nurses felt that they did not have the time for patients with asthma. One of the main reasons given was that there was not enough time in 20 minute consultations to properly discuss and inform patients about asthma.

Another reason identified was that there are not enough asthma nurses to be able to consult with all of the asthma patients that a practice encounters.

Further analysis of the survey results also revealed that just over 20% of the respondents believed that their practice considered asthma as a lower priority than other chronic conditions such as diabetes and hypertension. Seventy-seven per cent of the respondents felt that asthma treatment was not at the same level as other chronic conditions. Only 2% of the respondents felt that asthma was more important than other chronic conditions.

The importance that a practice places on asthma care nurses will come across in practice places on asthma care nurses will come across in practice. Arrow 184 respondents stated that nearly 35% of nurses outlined that more in-depth asthma training would improve their practice around asthma management and care.

Sixty-five per cent of the respondents stated that their practices ran nurse-led asthma clinics, which was higher than the percentage of practices that ran clinics for diabetes and coronary heart disease (39% and 33% respectively).

Training

The survey highlighted that most nurses believe that if a nurse is running an asthma clinic they should have regularly updated training.

The majority of the respondents believed that their training was to a sufficient level. Over 90% of the respondents felt confident that their asthma management was in line with local guidelines (Figure 2). However, this paints a slightly contradictory picture as in another question around 20% reported they had not received any formal training.

Nurses’ need for training was also reinforced in the final question of the survey when respondents were asked if they wanted to add anything about the need for asthma training.

A large number of the respondents stated that yearly updates were needed for asthma care and that all nurses who carry out asthma reviews must have up-to-date and sufficient training.

Monica Fletcher, chief executive of Education for Health and chair of the UK Inhaler Group, highlighted that these results have changed very little in the past decade. ‘It is interesting that 20% of nurses have not had training – Education for Health commissioned a similar survey eight-nine years ago that had the same result’. It doesn’t surprise me; it saddens me that actually after such an amount of time we haven’t made in-roads.’

Inhaler technique

Nearly half of the respondents (47%) said that they were very confident in their inhaler technique and 56% said they were confident demonstrating their inhaler technique. Only 3% said they were not confident at all.

Ms Fletcher says that many nurses feel that their inhaler technique is good but when they are asked to demonstrate their technique they do it incorrectly. ‘The danger with that is that nurses think they are showing the correct method and pass it onto the patients, who go away and adopt the incorrect technique,’ says Ms Fletcher.

‘The concern is that medicines won’t be effective, or worse, the patient may not think the medicine is working at all and may not use it. We’ve got to get this sorted out – and that starts with the healthcare professional. There should be a national system where people are assessed where they’re deemed to be competent, then reassessed yearly,’ she adds.

Interestingly, in a separate question further into the survey which asked what kind of extra training nurses would like, less than 1% said they would want more training on inhaler technique confirming Ms Fletcher’s belief about

“35% of nurses state they do not have enough time to spend with their asthma patients”
nurses and their technique.

Other areas that nurses highlighted they might want enhanced training in was treatment and devices, managing severe asthma and complications in asthma.

The Napp Academy

The Napp Academy provides training for nurses in asthma. It provides courses for nurses on supporting them in their professional development: clinical courses cover chest examination techniques and inhaler technique.

Deirdre Siddaway, a delegate and tutor at the Napp Academy and a respiratory specialist, says that on-going education for nurses has always been a challenge. ‘It is really difficult for nurses working with asthma patients to gain good access to training. The NMC [Nursing and Midwifery Council] have now given us a new process for revalidation - it is going to be even more important for nurses to be able to access this training so that they can demonstrate that they’ve been to the training, but more importantly, that they are actually changing their practice as a result of it,’ she adds.

Steph Wolfe, an independent respiratory nurse who has previously taught for the Napp Academy, says that the need for asthma training for nurses is ongoing.

‘There is a general belief that asthma is done and dusted, and it is not. The NRAD report did say that there are still deaths from asthma. Napp keeps that in focus and teaches training on asthma which is so desperately needed – especially in primary care.’

“The Napp Academy teaches delegates the fundamentals [of asthma care], which are so important, from inhaler technique, adherence to treatments, selecting devices and self-management plans.”

Ms Wolfe adds that in the local community, some training is available but it is often not well attended because it’s pharmacologically based.

‘There is lack of training at the moment due to time, money or other things. The Napp Academy enables nurses to get away from practice, network with other people and up-skill their training.’

Conclusion

The respondents to the survey identified that training was key for practice nurses who are regularly carrying out asthma checks. However, they also identified that there was local variation in the amount of training that is available for nurses.

Ms Fletcher: ‘The survey has been fantastic at highlighting the importance of the role of the nurse: but good asthma care is about teamwork.

‘Everyone has a role to play from the practice receptionist, to the nurse, to the GPs and how they work within a team. It would be great to think about having asthma friendly practices in the future, and being able to identify what that looks like–so the whole team is really well streamlined.’

Figure 2: Do you feel your management of asthma patients is in line with national or local guidelines?

Yes
No
Don’t know

92
4
4

84 respondents

References

2. Why asthma still kills. National review into


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