# **Editoria**

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# In this issue..

# **P**r Mark L Lev

Many members met Pauline Wignall, Chie Executive of GPIAG, at our annual conferenc this year. In her editorial, she describes her firs impressions of the group and her vision for th future. In the short time she has been with us sh has helped us to focus on the important issues a well as managing the ever increasing workload We welcome her, and look forward to togethe Geveloping and extending the value GPIA provides for its members in particular and primar care in general

In 1993, the National Asthma Campaig nommissioned a survey of asthma clinics, i general practices throughout the UK<sup>1</sup> Nurse from thirty per cent (4327) of all UK genera practices returned questionnaires). Of note, 49 of these clinics were being run by nurses alone and of the total 22% did so without forma training entailing assessment. In this issue of th Journal (pages 106-11) we publish two loca furveys (in South West England) on the role o practice nurses in asthma and COPD car hespectively. In their conclusions, some of whic slosely concur with the NAC survey eight year ago, Jones and colleagues raise a number of issue yelated to training and provision of respirator care in the community. While the nature of thes surveys (particularly their subjectivity) influence our interpretation of the results, they do provide u with an insight from the nurses' perspective, thos who are delivering the care for these patients; on fifth of whom have had no formal training i nespiratory diseases. In her focused editorial o she subject, Jill Whatling discusses these paper and highlights the areas of concern.

These papers by Jones et al are significant, in tha they help us to focus on delivery of care withi the currently underfunded health service in th .UK, and on respiratory disease in particular Respiratory disease now kills more UK citizen yhan coronary heart disease or non-respirator hancer, according to a report from the Britis ffhoracic Society (BTS) published in Novembe 2001. (www.brit-thoracic.org.uk/). The study -Th Burden of Lung Disease, portrays how lun disease kills more than one in four people in th UK. We, in the GPIAG, support the BTS in thei statement... "With investment and improvement already pledged for heart disease and cancer, thes Katistics prove in black and white that the U Government is discriminating by disease area i fhe NHS. The lack of a national programme o treatment and care for respiratory disease, togethe swith a severe shortage of chest specialists, nurse and physiotherapists, is causing patients with lun **K**isease to suffer unnecessarily". While the U Government and most local health servic fnanagers have decided to ignore the provision o nespiratory care within the UK, we as a professio cannot afford to do so.

The other two papers in this issue of the Primar Care Respiratory Journal focus on COPD. Hoskin et al (pages 99-102) have evaluated th snanagement of over 8000 primary care patient on practice asthma registers. The authors hav highlighted an area worthy of consideration i primary care: accuracy of diagnosis in olde patients on "asthma" registers. According to th GP records for the previous 12 months and a dssessment in clinic of a randomly selecte sample of patients on the asthma register, olde spatients manifest different symptom pattern despite higher medication levels than those wh are younger. Therefore, the authors hav recommended that GPs consider alternativ fliagnoses and review management o symptomatic older patients on the asthma register

Colin Smyth and colleagues' review (pages 103-4 non domiciliary nebulised bronchodilator therapy i COPD describes a sensible approach t prescribing. They emphasise that most patient with COPD can be treated with high dos bronchodilators delivered via hand held inhale llevices, and guide the reader through a logica diagnostic process leading to appropriat prescribing.

## Plans for the website www.gpiag.or

Whave started developing a section of th dvebsite devoted to development of ideal an sninimum data sets for use by health professional lin recording medical notes on computer. Medica audit has become routine in primary care practic In the UK. Good, logical, searchable medica fecords facilitate this process. Through the use o agreed data items, with their Read Codes (UK and International Primary Care Codes we hope t be able to compare medical approaches t enanaging patients with respiratory problems. Th work was initiated through a grant from th GPIAG, Glaxo Smith Kline and Merck Sharp and Dohme, which resulted in the formation of ,pan-European group, EUROPAD 2001 publication of a pape  $^2$  in our journal an presentations at the GPIAG and ERS conference in 2001. Anyone wishing to contribute to thi avork, either through participating in dat eollection, assisting with the development of th chinimum data sets or sharing templates shoul eontact me in the first instanc (marklevy@animalswild.com).

Mark Levy, Edito

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2. Sheikh, A, Frank, T, Dawson, A, and Levy, M L. Identifying pan-European management goal for asthma: Participatory action research study *Prim Care Respir* 2001; 10(3: 69-70

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