

In this issue...

Dr Mark L Levy

The UK NHS Plan set out a commitment to improve access and the convenience of primary care services; originally the plan aimed to reduce hospital waiting times and help to free-up consultant time in secondary care, through establishing primary care practitioners with special interests.¹ Williams *et al*² expanded the discussion by highlighting the potential clinical and organisational contribution of GPs to the overall care of patients with respiratory diseases.

Subsequently, in collaboration with other organisations, including the Royal College of General Practitioners, the GPIAG has been influential, in securing the inclusion of GPs with respiratory expertise in the General Practitioners with Special Interest (GPwSI) programme.³⁻⁵ In this issue, Jones provides an overview of the framework for respiratory GPwSIs (pp35), and the editorials by Ryan (pp36) and Fletcher (pp37) address issues from the GPs and Nurses perspectives respectively. Finally, the working party of the GPIAG and RCGP (pp38-41), in their paper, describe the background and key features of the framework for respiratory GPwSIs.

While the concept of GPwSIs is extremely exciting, the UK Government has not yet prioritised respiratory disease for attention by the health service, and therefore, even if they are motivated, primary care organisations (PCOs) are left to try and fund the local scheme for respiratory GPwSIs; very few are doing so at the time of writing. Furthermore, despite the fact that asthma and COPD have been included in the quality aspects of the negotiations for a new UK General practice Contract⁶ it seems that there will be little additional funding to enhance primary care in these disciplines.

Ninan and Ryan (pp42-45) present a strong case for improving the management of childhood asthma. They have adopted a consensus based approach together with a number of experts in the field, to develop a template for running a paediatric asthma clinic. Their 'minimum' set of criteria for paediatric care may serve as a framework for PCOs and secondary care providers wishing to commission and audit their paediatric asthma service.

In their paper, van Ganse *et al* (pp46-51) conclude that the patient's understanding of the disease and its treatment; the patient's beliefs and perception of the disease and its treatment, the patient's willingness to take an active part in his/her asthma management play

a significant role in determining adherence to treatment in people with asthma. The methodology of this study included extensive literature review and interviews from a small group of European pulmonologists and asthma patients. The results, interestingly, demonstrate the variability of perception and opinion (with some exceptions) between health professionals and patients, with the latter unsurprisingly focusing on symptoms, and the effect of asthma on their lives.

Do inhaled steroids help control asthma in young children? In their systematic review of effectiveness of inhaled steroids in children, aged less than six years, Deborah Enting and colleagues (pp52-57) conclude they do. They identified and analysed 12 studies that met their criteria, comparing inhaled corticosteroids with placebo in children with asthma. As they describe in their review, many varied outcomes were used in the seven parallel and five crossover studies, with little consistency in the measures used between the studies. The lack of use of objective, standardised outcomes does make it difficult to pool results and compare studies. Perhaps, the research community should agree upon including some standard outcomes in their studies for the purpose of facilitating future comparison of studies.

It is a challenge to complete two audit cycles in practice; Drs Deshpande and Caira (pp58-60) are to be commended for managing three cycles in their audit of COPD patients. Of note, their patients have increased their use of short acting bronchodilators, reduced their smoking prevalence, reduced the use of inhaled steroids and improved their quality of life. This audit design provides a baseline framework for others in primary care to assess the care of patients with COPD.

The abstracts presented at this years XIVth Annual Scientific Meeting are published on pages 61 to 70. ■

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Editor

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