

Nursing Focus

QOF Medicine Series

Tuesday 16th June 2009

Friday 2nd October 2009

Wednesday 3rd February 2010

9.40am to 4.30pm

RCN Building

20 Cavendish Square, London W1

We are delighted to present our next series of QOF Medicine meetings. These are based on our original two day Clinical Update course; and in response to popular demand are now expanded to three days to cover the key elements of QOF as they apply to Nursing Care.

QOF 1	QOF 3	QOF 2
Diabetes, Renal and Obesity	Respiratory, Smoking & Lipids	Cardiovascular Disease
<i>Tuesday 16th June 2009</i>	<i>Friday 2nd October 2009</i>	<i>Wednesday 3rd February 2010</i> <i>(Please note date change)</i>
Diabetes Chronic Kidney Disease Obesity	Asthma COPD Smoking Lipids	Heart Failure Ischaemic Heart Disease Hypertension Atrial Fibrillation Anticoagulation Stroke & TIA

Sessions have specific learning objectives relevant to the needs of modern nurses and are structured to allow ample time for questions, discussion and interaction.

Speakers are recognised leaders in their fields. Course notes will be provided for each session, containing the information presented by the speakers. The meetings will be chaired and facilitated by Mary Brice, British Heart Foundation Heart Failure Nurse Consultant.

Course fee: £135+VAT for 1 day; £260 +VAT for 2 days; £385 +VAT for 3 days.

Further information from Liz Banks, Conference Organiser or e-mail
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QOF 1: Diabetes, Chronic Kidney Disease and Obesity

Tuesday 16th June 2009

9.15am Registration

9.40am Welcome

9.50am Session 1

Dr Cormac Breen. Consultant Nephrologist, Guy's Hospital.

Proteinuria and haematuria

Urine dipstick testing.

- False negatives and false positives.
- Asymptomatic haematuria. Distinguishing renal and urological causes.
- Asymptomatic proteinuria. What must not be missed?

Assessment of renal function (CKD1)

- Blood tests. The abnormal "U&E". How to proceed.
- Urine tests. Spot and 24 hour urine collections.
- Calculation of GFR and relevance of stages 1 to 5.
- Nuclear medicine and radiology

Chronic kidney disease in general practice

- The benefit of early detection.
- Who is most at risk?
- Monitoring of GFR in general practice. When to refer?
- Importance of BP control. (CKD2, CKD3)
- Therapeutic approaches to chronic kidney disease.

CKD1. Register of patients aged 18 years and over with Stage 3 to 5 CKD

CKD2. Record of blood pressure

CKD3. Last blood pressure reading is 140/85 or less

CKD5. Percentage of patients on CKD register with hypertension and proteinuria treated with ACE-I or ARB

11.05am Coffee

11.25am Session 2

Glenys Jones. Nutritionist, MRC Human Nutrition Research, Cambridge.

Managing Obesity

- Obesity. Recent trends. Why is it becoming so common? Will the trends continue?
- What are the health risks? Why is obesity a risk factor?
- Fitness or fatness? Which matters most?
- Weight loss strategies: Benefits for the patient. Managing expectations. How much and how fast?
- Diets – separating fact from fiction.
- Behavioural modification – helping people to change.
- Drugs – what's available? what's round the corner? Do they work? NICE guidelines.
- Exercise - does it work? does it give added benefit?
- A whole lifestyle approach – changing for better, changing for ever.

OB1. Patients aged 16 and over with a BMI greater than or equal to 30

DM2. BMI recorded

12.40pm Lunch

1.40pm Session 3

Dr Mark Vanderpump. Consultant Endocrinologist, Royal Free Hospital.

Diabetes (Session 1)

Incidence, aetiology and pathogenesis

- Viral infections and nutritional factors. Genetics.
- The burden of obesity (DM2)

Diagnosis (DM19)

- Fasting glucose. Glucose tolerance test.

What's the evidence for current practice?

- Who should be screened, how often and what methods?
- Intensive diabetic control. What are the benefits and disadvantages?
- Routine and annual checks (DM11, DM12). Retinal screening (DM21), peripheral vascular disease (DM9), neuropathy (DM10), nephropathy (DM13, DM22)

DM19. Register of Type 1 and Type 2 diabetics aged 17 years and over
DM2. BMI recorded

DM21. Record of retinal screening

DM9. Record of the presence or absence of peripheral pulses

DM10. Record of neuropathy testing

DM11. Record of the blood pressure

DM12. Last blood pressure is 145/85 or less

DM13. Record of micro-albuminuria testing

DM22. Record of estimated glomerular filtration rate (eGFR) or serum creatinine

DM18. Influenza immunisation

2.55pm Tea

3.15pm Session 4

Dr Mark Vanderpump. Consultant Endocrinologist, Royal Free Hospital.

Treatment of Diabetes (Session 2)

- Diet. Implementation and monitoring. (DM5, DM20, DM7)
- When should medication be started?
- Hypoglycaemic agents – old and new
- Insulin.
- Other medication. ACE inhibitors and statins for everyone? (DM15, DM16, DM17)
- A practical approach to monitoring the diabetic patient in the surgery and at home.

DM5. HbA1c recorded

DM20. Last HbA1c is 7.5 or less

DM7. Last HbA1c is 10 or less

DM15. Diagnosis of proteinuria or micro-albuminuria treated with ACE inhibitors (or A2 antagonists)

DM16. Record of total cholesterol

DM17. Last measured total cholesterol within previous 15 months is 5 mmol/l or less

4.30pm Close

QOF 2 Cardiovascular Disease

Wednesday 3rd February 2010

9.15am Registration

9.40am Welcome

9.50am Session 1

Speaker to be confirmed

Heart failure and arrhythmias

Heart failure

- Diagnosis (**HF1**). How predictive are clinical features?
- BNP v echocardiography (**HF2**)
- Pathophysiology
- Diuretics: purely palliative?
- Beta-blockers. ACE inhibitors. Spironolactone (**HF3**)
- Primary prevention

Arrhythmias in general practice

- Atrial fibrillation (**AF1, AF2**)
- Warfarin and antiplatelet therapy. (**AF3**)

HF1. Register of patients with heart failure.

HF2. Confirmed by an echocardiogram or by specialist assessment.

HF3. Currently treated with an ACE inhibitor or Angiotensin Receptor Blocker

AF1. Register of patients with atrial fibrillation.

AF2. ECG or specialist confirmed diagnosis.

AF3. Currently treated with anti-coagulation or anti-platelet therapy.

11.05am Coffee

11.30am Session 2.

Speaker to be confirmed

Angina and Myocardial Infarction

- Investigation of chest pain. (**CHD1, CHD2**)
 - Reliability of symptoms, role of RACPC, which tests to use and what is the Calcium score all about?
- Chronic stable angina – or is it?
 - How should I manage it?
 - Statins, betablockers and ACE/ARB (**CHD7, CHD8, CHD10, CHD11**)
 - Aspirin, clopidogrel –one or both and when and for how long? (**CHD9**)
- Revascularisation – PCI or CABG – which, when and for whom?
- Acute coronary syndromes – current management strategies.
 - What's the hype about primary angioplasty?
- Rehabilitation and “safe sex”.
- Other measures (**CHD12**)

CHD1. Register of patients with coronary heart disease

CHD2. Patients with newly diagnosed angina are referred for exercise testing and/or specialist assessment

CHD5. Record of blood pressure

CHD6. Last blood pressure reading is 150/90 or less

CHD7. Total cholesterol measured.

CHD8. Last measured total cholesterol is 5 mmol/l or less

CHD9. Aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken

CHD10. Treated with a beta blocker

CHD11. Treated with an ACE inhibitor or Angiotensin II antagonist

CHD12. Influenza immunisation

12.40pm Lunch

1.40pm Session 3

Dr Anthony Rudd. Consultant Physician. Elderly Care Unit, St Thomas' Hospital, London.

Stroke

- Definition. Incidence, prevalence and risk factors.

Transient Ischaemic Attack.

- Risk of stroke following TIA
- Assessment and treatment (**STROKE1, STROKE11**)
 - Aspirin, lipids and blood pressure (**STROKE5, STROKE6, STROKE7, STROKE8, STROKE12**)
 - Endarterectomy

Acute Management of Stroke

- Evidence for urgent CT or MRI scan(**STROKE11**)
- Is thrombolysis important?
- Use of acute aspirin
- Benefits of specialist stroke units.
- Effective ways to rehabilitate following a stroke.

Secondary Prevention

- Risk factors: behavioral and physiological
- Antiplatelet agents – which treatment or combination is best? (**STROKE12, AF3**)
 - Benefits of anticoagulation in AF. When to start treatment.
 - Anticoagulation in sinus rhythm?
- Is blood pressure reduction effective? (**STROKE5, STROKE6**)
- What about ACE inhibitors?
- Statins for people with no history of coronary heart disease? (**STROKE7, STROKE8**)
- Carotid endarterectomy – do the benefits outweigh the risks? Carotid angioplasty?
- Diabetic control and other measures (**STROKE10**)

STROKE1. Register of patients with stroke and TIA

STROKE11. New patients with a stroke referred for further investigation.

STROKE5. Record of blood pressure

STROKE6. Last blood pressure reading is 150/90 or less

STROKE7. Record of total cholesterol

STROKE8. Last measured total cholesterol is 5 mmol/l or less

STROKE12. Non-haemorrhagic stroke, or a history of TIA, taking anti-platelet agent or an anti-coagulant.

STROKE10. Influenza immunisation

AF3. Currently treated with anti-coagulation or anti-platelet therapy.

2.55pm Tea

3.15pm Session 4

Speaker to be confirmed

Hypertension

- Everyone below 135/80? Why? (**BP1, BP4, BP5**)
- Automatic machines – are they accurate?
- What to do about isolated systolic hypertension.
- What's the evidence for the effectiveness of current treatments? Low dose thiazides for everyone?
- ACE versus AT2? Which ACE is the most cost effective? Selective beta blockers. Is the outcome as good as atenolol? What are the main benefits? Calcium antagonists and potassium channel blockers.
- Treatment of the elderly.

BP1. Register of patients with established hypertension

BP4. Blood pressure in the previous 9 months

BP5. Last blood pressure is 150/90 or less

4.30pm Close

QOF 3: Respiratory, Smoking & Lipids

Friday 2nd October 2009

9.15am Registration

9.40am Welcome

9.50am Session 1

Dr Lieske Kuitert. Consultant Chest Physician, Royal London Hospital.

Asthma and COPD (Session 1)

Epidemiology and Pathogenesis of Asthma and COPD

- Asthma is on the increase. Why?
- What are the differences between asthma and COPD?

Diagnosis

- How to distinguish between COPD and asthma (**COPD1, ASTHMA1**)
- Lung function tests: spirometry, reversibility testing and steroid challenge. (**COPD9, ASTHMA8**)
- Extra-thoracic asthma – sinus disease and GI reflux.
- Exercise induced asthma.
- NSAIDs and asthma.

COPD1. Register of patients with COPD

COPD9. Diagnosis has been confirmed by spirometry including reversibility testing

ASTHMA1. Register of patients with asthma

ASTHMA8. Patients aged eight and over with measures of variability or reversibility

ASTHMA3. Patients between the ages of 14 and 19 in whom there is a record of smoking status

Smoking 1. Record of smoking status

11.05am Coffee

11.25am Session 2

Dr Lieske Kuitert. Consultant Chest Physician, Royal London Hospital.

Asthma and COPD (Session 2)

Drug Treatment of Asthma and COPD

- What are we trying to achieve?
- Value of smoking cessation (**Smoking1**)
- What drugs are available and how do they act?
- What's new? Combination treatments. Leukotriene receptor antagonists. Tiotropium.
- Devices and drug delivery. Use of home nebulisers.
- Differences in treatment of children and adults

Management Plans in Asthma and COPD

- BTS guidelines and their relevance to general practice.
- Patient education, diary cards and compliance.
- Monitoring. Use of FEV1 (**COPD10, COPD11, ASTHMA6**)
- Allergies and house dust mite.

COPD10. Record of FEV1 in the previous 15 months

COPD11. Inhaler technique has been checked

COPD8. Influenza immunisation

ASTHMA6. Record of asthma review

12.40pm Lunch

1.40pm Session 3

Dr Jonathan Morrell. GP and Hospital Practitioner in Cardiology, Hastings.

Lipids

- Who to treat? Setting population-based treatment thresholds.
- What is the key measurement? What is the value of total cholesterol? Should we routinely measure Cholesterol:HDL ratio? The significance of triglycerides.
- Risk factor assessment. Which are the most significant in reducing the risk of coronary events? (**CHD7, CHD8, STROKE7, STROKE8, DM16, DM17**)
- How effective is diet and weight loss?
- Exercise. Does it help?
- How low should we aim? Does very low cholesterol cause a reversal of atherosclerosis?
- Which statin? What doses are equipotent? Which is the most cost effective? Side effects and monitoring.
- How often should lipid levels be monitored?
- What about fibrates, cholestyramine and fish oils?
- What combinations of lipid lowering agents are acceptable?

CHD7. Total cholesterol measured.

CHD8. Last measured total cholesterol is 5 mmol/l or less

STROKE7. Record of total cholesterol

STROKE8. Last measured total cholesterol is 5 mmol/l or less

DM16. Record of total cholesterol

DM17. Last measured total cholesterol within previous 15 months is 5 mmol/l or less

2.55pm Tea

3.15pm Session 4

Prof Robert West. Co-author, Department of Health Smoking Cessation Guidelines for Health Professionals.

Smoking cessation (1 session)

- Latest smoking trends
- Smoking and health
- Nicotine dependence
- The process of stopping smoking
- Effective methods to help smokers stop

Smoking 1. Record of smoking status

Smoking 2. Cessation advice offered

4.30pm Close