



Shire Innovation Fund for IBD Nurses Newsletter

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The first phase of the newly established Shire Innovation Fund for inflammatory bowel disease (IBD) nurses has now been completed, and five grants have been awarded to IBD nurses across the UK.

This is the first issue of the **Shire Innovation Fund for IBD Nurses Newsletter**, which provides information on the fund itself, as well as overviews of the successful applicants and their projects. Future issues will follow up with the successful applicants and see how their projects are progressing.

This scheme is part of Shire Pharmaceuticals continued commitment to supporting initiatives that improve the outcomes of patients with IBD and Shire would like to take this opportunity to congratulate the grant recipients and wish them every success in their work in improving IBD patient care. If you haven't done so already, Shire would like to encourage you to apply for the second round of awards – we hope that you will find this initiative to be interesting and helpful to you and your patients!

**SEE INSIDE FOR
DETAILS OF
SUCCESSFUL
APPLICANTS AND
HOW TO APPLY...**

WHAT IS THE AIM OF THE INITIATIVE?

The Shire Innovation Fund for IBD Nurses was set up to support nurses working in IBD who want to develop their services further. A minimum of **10 grants** of up to **£1,500** per year each will be made available for nurse-led projects that further medical care for patients with IBD.

WHO CAN APPLY FOR FUNDING?

The fund is open to any nurse providing care to IBD patients and any proposal that furthers development of local IBD patients services. This can include providing resources for a nurse's own professional development, purchasing equipment, participation in congresses or educational programmes or auditing and research activities.



WHAT IS THE APPLICATION PROCESS?

The grants are awarded twice a year (a minimum of five grants for each round of applications) and all entrants are adjudicated by an independent judging panel consisting of three IBD specialist nurses from IBD centres across the UK.

With the first round of grants complete, the second round of applications for 2009 is open now. An application pack can be requested by email from **ShireInnovation@synergymedical.co.uk**.

The deadline for submitting applications is 10th October, and the awards will be announced on 5th November 2009.

There will also be another opportunity to apply in spring 2010.



The summer 2009 awards: successful projects

DAVID AMOUR

IBD CLINICAL NURSE SPECIALIST
RAIGMORE HOSPITAL, INVERNESS

Living with IBD in the Scottish Highlands often means having to travel long distances for treatment. David Amour is an IBD specialist nurse from Raigmore Hospital, Inverness, who is hoping to change that. He is the first and only IBD nurse at his hospital, which serves the largest geographical Trust in the UK, covering the whole of the Highlands and Western Isles, with a population of 300,000. As a result, some patients have to travel for miles to get to one of his three outpatient clinics a week, or to receive biologic therapy at the day case unit.

David applied to the Shire Innovation Fund for IBD Nurses in order to help these patients and improve IBD patient care in his hospital. He plans to use the grant from the Fund to attend St Mark's Hospital in London, a renowned centre of excellence in gastrointestinal medicine, in order to observe and learn from a well run biologic service and excellent gastrointestinal nursing unit. While there, he will work with Marian O'Connor, an IBD specialist nurse at St Mark's, to see what processes, innovations and teaching programmes they have in place and try and adopt and adapt these for use in Raigmore Hospital.

This will all go towards improving IBD patient care at his own hospital, but David also wants to use the knowledge gained to go out to smaller and more remote clinics and units, which do not have IBD specialist care and teach and train the nurses there, so that they will be able to administer biologic therapy on their own. By setting up these 'satellite centres' for IBD nursing, this will allow patients to attend their local clinic or hospital for their treatment, drastically reducing the distances they have to travel. Once training is complete, David will also return to help out and provide continued support. For David, a successful project will mean patients having to travel less for treatment and evaluation and thus an improvement in their quality of life.

David said that the Shire Innovation Fund for IBD Nurses initiative is important and that funding is often difficult to obtain, so finding someone that is willing to put up the money to fund useful projects is a good thing and will ultimately benefit the patient.

—“I would definitely recommend it to my colleagues. People often think of good ideas on how to improve their service, but they don't know where to get the funding from to make this happen... the application process was clear and straightforward”



MARK SEPHTON

IBD SPECIALIST NURSE
AINTREE UNIVERSITY HOSPITAL, LIVERPOOL

Clinical examination is a very important part of dealing with an IBD patient at hospital. Mark Sephton explained that when a patient comes into the hospital with significant abdominal pain, it is crucial to quickly determine the cause. To do this, it is important to examine and treat the patient as soon as possible, and this is best achieved by having the nurse who first sees the patient also perform the clinical examination before making a treatment decision based on this and the patient's history. If the nurse has to refer the patient to a specialist registrar, this not only makes the IBD patient wait longer for their treatment but also the registrars other scheduled patients as well.

A big part of Mark's job is reviewing, assessing patients and making adjustments to treatment, taking a holistic approach to patient management. However, without the qualifications to perform clinical examinations, he is unable at the moment to carry out enhanced clinical skills independently. He will be using his grant from the Shire Innovation Fund for IBD Nurses to make the first step by attending the Clinical Examination Skills course.

This is a 12-week course for specialist nurses from all disciplines, and is one of the pre-requisites for attending the nurse prescribing course. Although it is funded by the Strategic Health Authority and available for free, there is currently a 12-month waiting list. The grant will allow Mark to bypass the waiting list and attend the course in September this year. At the end of the course, Mark will be qualified to perform independent clinical examinations and make adjustments to treatment based on clinical findings. It will also allow him to enrol on the nurse prescribing course at a later date.

—“I think initiatives like this are very important ... it's good that pharmaceutical companies can give something back to the patients — if we don't use it, we'll lose it!”, “I'm glad there is grant money available that will not only improve my patients' standard of care but also my career.”



The British Society of Gastroenterology (BSG), Royal College of Nursing (RCN) and The National Association for Colitis and Crohn's Disease (NACC) have recently created IBD standards and guidance for treatment and Mark thinks “There is a lot of scope for this fund... [it] can go a long way to help IBD nurses and services meet these standards and guidance.”

From left to right: Jane Povey, a gastroenterology specialist nurse from Wirral Hospital NHS Trust who helped judge the Shire Innovation Fund for IBD Nurses awards, and Rehan Gomez, Associate Medical Director at Shire Pharmaceuticals, congratulate Mark Sephton on his award.

ROWAN SHAWS

IBD NURSE SPECIALIST
JAMES PAGET UNIVERSITY HOSPITALS, GREAT YARMOUTH

Before Rowan Shaws joined her Trust, all the care and management of IBD patients was handled by consultants, and there was no central point of contact for patients, and no patient database. Since joining, she has set up an answerphone service for IBD patients and now she is acting as a central point of contact between patients and consultants. She has many years of experience as a nurse endoscopist, having been one of the first to be trained in flexible sigmoidoscopy and as a coloproctology nurse specialist. As a result she has a lot of experience examining patients, but mostly on a visit-by-visit basis in cases of acute episodes. She would like to be involved in all aspects of long-term patient management, and although experienced, she knows there is a lot she still needs to learn about IBD.

In order to achieve these goals, Rowan plans to use her money from the Shire Innovation Fund for IBD Nurses to undertake the 12-week IBD nursing module, starting in October. Once complete, this will give her some degree of clinical independence as she will be able to examine and manage the treatment of the approximately 500 IBD patients in her Trust. She also plans on attending a nurse prescribing course, which will then allow her to also handle the patients' prescriptions. In this way, the patients will receive consistent care by a dedicated nurse with an interest in helping them manage their disease.

Rowan said that initiatives like the Shire Innovation Fund for IBD Nurses are vital, especially in the current financial climate where there are more and more constraints on funding. This makes getting funding for courses, study days and setting up in-house research projects much harder, especially in IBD, which can be quite isolated. Nurses generally need this additional source of funding support. She has already recommended the fund to three other new IBD nurses in her region, one of whom is already planning to apply for funding this year.



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**REMEMBER TO
SUBMIT YOUR
APPLICATION
FORMS BY 10TH
OCTOBER 2009!**



FRAN BREDIN

IBD SPECIALIST NURSE,
ADDENBROOKES HOSPITAL, CAMBRIDGE

Smoking has a significant impact on the severity and recurrence of disease in Crohn's patients and so giving up is highly recommended to anyone who smokes. However, quitting by yourself is not easy, and your chances of quitting are greatly improved when done as part of a structured programme with both psychological and pharmacological support.

Fran Bredin began working as an IBD nurse after meeting patients while working in gastroenterology. “I met quite a few patients with IBD and realised the impact it has on their lives, and that it was often such a hidden impact. They were often self-caring, and didn't need much actual physical nursing care, but were in need of supporting care like having someone to listen to them, and give practical advice on how to deal with problems outside the hospital.” She plans to use her grant to set up a research project looking into the effect of organised smoking cessation for Crohn's patients. Some years ago nurses in Poole ran a successful smoking cessation course for a small group of patients with Crohn's and so Fran plans to expand on this idea. As a part-researcher, part-IBD nurse, Fran is in an ideal position to look into this problem. She plans on inviting her 150–200 Crohn's patients who currently smoke to attend a seven week smoking cessation course, with the hope of getting 10–20 participants. Patients who are interested in quitting, but want to try on their own will be also be monitored as a control group.

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The course will be run by a smoking cessation professional and Fran will facilitate the project. The seven-week programme will include two weeks of discussion and psychological support, a quit date in week three, followed by four weeks of follow-up and support. In addition to general smoking cessation advice, the participants will also get Crohn's specific advice and information on disease management. This will make it the first disease-specific smoking cessation course in Cambridge.

All the participants will be monitored for disease activity as well as quality of life and followed up for two to three years to elucidate the long-term impact of the programme. Fran will evaluate the cost-effectiveness of the project with the view of potentially offering the Crohn's-specific smoking cessation course as an ongoing service. She would like to start the first course in September, and publish the initial findings by the end of the year with follow-up data later on. If the course is a success, she would like to repeat the project for more Crohn's patients.

Fran feels that initiatives like the Shire Innovation Fund for IBD Nurses are important “I would absolutely recommend this to my colleagues, it is almost impossible to get money for things like this. This project is very encouraging ... On the whole, IBD nurses tend to be very motivated, and have good ideas for service improvements, but find it very hard to get funding.”

CATH STANSFIELD

IBD SPECIALIST NURSE,
HOPE HOSPITAL, SALFORD



When having an acute flare of IBD, it's essential that the patient gets rapid and appropriate treatment for their condition, but this is not always possible in practice. One particular case that brought this issue to the attention of the patient focus group at Hope Hospital, was that of an IBD patient who went to A&E on Friday with a flare-up of his IBD. Because of a lack of understanding of the severity of the condition and the potential complications, he was only given analgesics and sent home. The next day, he was still in pain and went back to A&E and was given the same treatment. By Monday, he was very ill and required surgery. This is an extreme case, but even if the surgery could not have been avoided, by being able to quickly identify his condition and select the appropriate treatment at the initial visit, he could have avoided a weekend of pain.

Cath Stansfield has been an IBD nurse for 10 years, the last two of which were spent at Hope Hospital in Salford, a national centre for IBD. Hope serves about 1000 patients with IBD, and around 40% of those are out of area. Currently, the gastroenterology unit is undergoing an IBD service redesign, in order to improve outpatient service and streamline the process. As part of this, Cath plans to use her grant to develop a patient-held record booklet for all of the hospital's IBD patients. This will enable them to get the best diagnosis and treatments for their condition, even if they have a flare-up at home and go to a local clinic or hospital. The booklet will be a live document that will contain details of the patient's disease, what treatments they are currently on, what investigations they have undergone and the results of these, and the recommended action in case of a flare-up. To improve communication between the IBD department and other healthcare centres, it will also contain contact details for Cath and her team at Hope Hospital. This not only gives the staff at the healthcare centre where the patient is received a better idea of what to do, and who to contact for more information, it also empowers the patient by affording them a degree of ownership over their condition and symptoms. Patients often get a lot of information during a consultation and don't always remember it all, especially in an emergency. The patient-held records will mean that the patient should be able to tell the nurse or doctor who treats them what their condition is and what the recommended treatments are.



— Although her project is quite patient focused, Cath has already recommended the initiative to her colleagues for other kinds of projects as well; —“People didn't realise that you could use it for personal development as well, as long as it will benefit the patients.”

Cath plans to roll out the project as a six-month trial with 20 patients. At the end of the trial, an optimised version of the booklet can be given to all her IBD patients. She will also look at issues like cost-effectiveness, practicality (whether the patients remember to take the booklets with them) and if it has a significant impact on their quality of care.