

Building your staff for the future

A framework of National Occupational Standards and Units of Learning for the health and social care workforce working with people with respiratory disease

To support the Outcomes Strategy for COPD

March 2011

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Competence Framework to support the Outcomes Strategy for COPD

Delivery of high quality care needs a high quality workforce: skilled and competent practitioners who are fit to deliver care in the future health and social care system.

Patients and carers have told us during our consultation on the Strategy for Services for COPD in England that they want to be able to access safe and effective care when they need it and in the right place, delivered by the right person. They want to be empowered to ensure that they exercise maximum choice and control over the services they receive, working in partnership with professionals.

In conjunction with Skills for Health, we have developed a respiratory disease competence framework that describes the knowledge, skills and attitudes that are required to deliver patient centred respiratory care. The work has been supported by a range of key stakeholders including professional representatives from the British Thoracic Society (BTS), Association of Respiratory Nurse Specialists (ARNS), Primary Care Respiratory Society (PCRS) and the Royal College of Nursing (RCN) and by patient advocates and representatives; the British Lung Foundation (BLF) and Asthma UK.

Competence frameworks are focussed on outcomes and are an indispensable tool for those managing and developing a highly skilled workforce. They inform the development of education and training programmes as well as assessment strategies, all of which are going to be vital in implementing the Respiratory Disease Outcomes Framework.

We commend this framework to you and hope that you use it to develop the workforce so that the quality and efficiency of services provided for people with respiratory disease including COPD are improved across the respiratory care spectrum from prevention and early identification through to end of life.

Professor Sue Hill

Dr Robert Winter

National Clinical Directors, Respiratory Programme

The British Thoracic Society welcomes the publication of this Framework, which represents a big step forward in the development of an infrastructure that will support the objectives in the Respiratory Disease Outcomes Framework (formerly termed the National Clinical Strategy for COPD and asthma). To provide high quality patient care standards and outcome measures need to be clearly stated and a highly skilled, flexible, pro-active and competent workforce must be available to deliver the services working in partnership with patients. The Framework provides a starting point for critical evaluation of the contribution of the value of health care professional staff to the delivery of an effective Strategy and we hope it will be of assistance to health care managers and commissioners.

Professor Mike Morgan

Chair of British Thoracic Society Executive Committee

The Primary Care Respiratory Society UK (PCRS-UK) is the primary care professional society for respiratory medicine and is delighted to support the framework of the Respiratory Disease Outcomes Framework National Occupational Standards and Units of Learning for the health and social care workforce working with people with chronic obstructive pulmonary disease and has been pleased to contribute to its development, ensuring it is a clear and practical tool to support building the staff needed to deliver the Outcomes Strategy for COPD. PCRS-UK provides education, policy support and research for all levels of experience of primary care health professional interested in improving respiratory primary care and already has its own range of resources available to support the implementation of the outcomes framework (see http://www.pcrs-uk.org/copd_ns/index.php)

Anne Smith

Chief Executive, Primary Care Respiratory Society UK

Iain Small

Chair, Primary Care Respiratory Society UK, Executive

The Respiratory Forum within the RCN fully support this guidance, believing that it provides a suitable timely framework to allow patient centred focus care for those with respiratory disease including COPD.

Caia Francis

Chair, RCN Respiratory Forum, The Royal College of Nursing

ACPRC welcomes the publication of the Respiratory Care Competence Framework which will allow all healthcare professionals to identify the skills required to provide the best possible management of patients with this respiratory disease.

We look forward to more opportunities for multi-professional working and a more cohesive approach to patients with COPD as a result of this framework. ACPRC hope it will assist Respiratory Physiotherapists in ensuring that the best care is delivered from the right person with the right skills and qualifications, for the benefit of patients.

ACPRC

ARNS welcomes the development of these competences for the delivery of high quality respiratory care.

Association of Respiratory Nurse Specialists



Acknowledgements

Skills for Health and Skills for Care would like to thank everyone who worked with us and the Department of Health to review and comment on the National Occupational Standards and Units of Learning which will underpin the provision of high quality respiratory care including Chronic Obstructive Pulmonary Disease (COPD) services. This work has been widely consulted on, and we are delighted so many have come forward to share their views. Doctors, nurses, primary care specialists, allied health colleagues, patients, and many others from across the health sector have contributed to the process. Thank you for your invaluable contributions.

For a full list of contributors and partners, and membership of the competence development group, please see appendix 1.

Skills for Health is the Sector Skills Council for the UK healthcare sector, encompassing the National Health Services, independent healthcare providers and voluntary organisations. Its purpose is to help the whole sector develop a skilled, flexible and productive workforce, to improve the quality of health and healthcare.

Skills for Health is licensed by the UK Government. It was relicensed in 2009 following an assessment by the UK Commission for Employment and Skills (UKCES) and the National Audit Office (NAO). Skills for Health was assessed as being at the upper end of the “Good” category in most areas, and “Outstanding” in its groundbreaking approach to workforce redesign.

www.skillsforhealth.org.uk

Skills for Care is the employer led authority on the training standards and development needs of nearly one million social care staff in England providing over £25 million in funding to support improved training and qualifications for managers and staff. Skills for Care works with social care employers and training providers both regionally and nationally to establish the necessary standards and qualifications that equip social care workers with the skills needed to deliver an improved standard of care.

www.skillsforcare.org.uk

Executive summary

It is estimated that over 3 million people in the UK are living with Chronic Obstructive Pulmonary Disease (COPD) and other related respiratory disease but of those only approximately 835,000 have been diagnosed and are being treated. With better awareness, and clearer pathways to treatment, there will be implications for workforce planning, and commissioning of respiratory care services.

The purpose of this document is to provide an underpinning framework of National Occupational Standards and Units of Learning for the respiratory care workforce, so that people can plan and develop their services more effectively. The NOS and units of learning were identified following much consultation with the members of the development group, and with input from healthcare professionals as well as professional bodies and national groups.

By raising awareness and having proactive and opportunistic approaches to case finding, there will be an increase in the number of people being diagnosed with the disease. This will result in a greater demand for increased workforce activity, and an expectation that workers across health and social care will have a substantial knowledge base that informs all of their practice. Accordingly, this framework document provides a menu of National Occupational Standards and units of learning for practitioners to select from. No one person or role will have all the competences.

Evidence of competence will ensure practitioners are equipped with the appropriate skills, knowledge and understanding to deliver COPD services and promote patient self care and self management within their scope of practice/role/responsibility.

The Units of Learning have been mapped along a COPD spectrum, which can be used to guide and help when selecting competences relevant to your work practice. Other supporting resources, including an assessment strategy, are available on the Skills for Health website.

We recommend that service commissioners, service providers, local networks, and workforce planners take advantage of these resources to inform service and workforce design, and thereby support the shift of service delivery from acute settings into community settings.

Overview

The purpose of this document is to provide an underpinning framework of National Occupational Standards and Units of Learning for the respiratory care workforce, so that people can plan and develop their services more effectively. Its scope includes the wider non specialist workforce including social care workers as well as staff providing more specialist care, working across primary, secondary and domiciliary services.

The resource includes links to:

- National Occupational Standards and a set of Units of Learning to support respiratory care knowledge and understanding
- An assessment strategy for the units to assess competence for a range of functions within COPD and asthma
- Case studies which demonstrate how this framework could be used in practice.

The framework is published as part of a suite of documents to accompany the Respiratory Disease Outcomes Framework and the Respiratory Workforce Development Strategy.

Who is it for?

It has been developed for anyone involved in developing a skilled and flexible respiratory care including the COPD and asthma workforce. Key messages for commissioners, service providers, local networks and workforce planners are on page 15. We recommend they use this resource to:

- Ensure consistency and quality when commissioning services
- Inform job descriptions / identify roles to assist workforce planning
- Inform and shape skill mix of teams providing respiratory services
- Support recruitment of staff with the necessary knowledge and skills
- Review employees' existing competences gained through qualifications to ensure they are relevant in the respiratory care context
- Support development of education and training plans.

National Occupational Standards

National Occupational Standards (NOS) describe performance as the outcomes of a person's work. They focus on what the person needs to be able to do, as well as what they must know and understand to work effectively. Health and social care NOS are relevant to everyone who works in the health and social care sectors including the NHS, local government and independent and voluntary bodies. NOS do not describe who should undertake the specific function but instead focus on performance (what a person does), the performance criteria (the national standard they should achieve) and the underpinning knowledge and understanding required to undertake that particular function. They should always be used within the context of an individual's scope of practice.

Units of learning

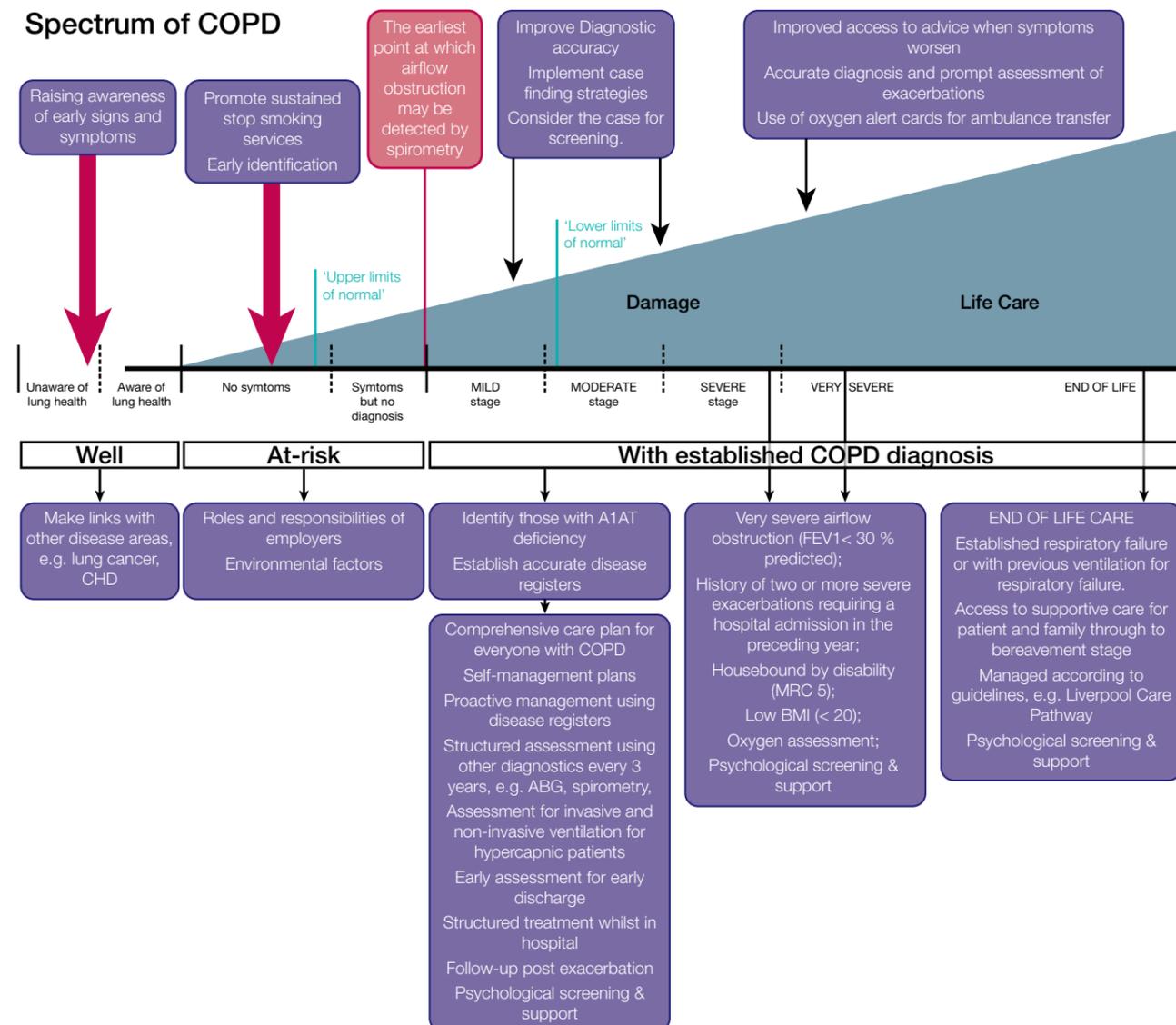
The units of learning are designed to provide a respiratory context to the National Occupational Standards described above. Like the NOS they are not role specific and so can be used as the basis of workforce and skills development for a wide range of health and social care staff.

They can be easily transposed into qualification credits for the Qualifications and Credit Framework, and used to assess competence in the workplace. They are useful for underpinning all forms of learning and training, both accredited and non accredited education programmes.

The NOS and units of learning were identified following much consultation with the members of the development group. Input came from healthcare professionals including respiratory consultants, occupational therapists, respiratory therapists, nurses, GPs and patients, as well as professional bodies and national groups.

The NOS and units of learning have been informed and are based on the high level COPD pathway below. They follow the stages of care in this pathway, and therefore can be used to support service planning and consequent workforce planning.

Diagram 1 Spectrum of Chronic Obstructive Pulmonary Disease (COPD)



Workforce Development to meet the Outcomes Strategy for COPD

It is estimated that 3 million people in the UK are living with respiratory disease including COPD¹ and asthma, but of those only approximately 835,000 have been diagnosed and are being treated. With better awareness, and clearer pathways to treatment, there will be implications for workforce planning, and commissioning of respiratory services.

Furthermore, research² has identified that by raising awareness and having proactive and opportunistic approaches to case finding, there will be an increase in the number of people being diagnosed with respiratory disease. This will result in a greater demand for increased workforce activity. Meeting this demand could be met by:

- Change in skill mix of respiratory care workforce
- Better workforce productivity.

Movement of services from acute settings to community settings, integrated working between health and social care and the greater emphasis on choice and control for service users will also have implications on required skill mix. Modelling the future workforce indicates some growth in respiratory medicine consultants and general physiotherapists, but little growth in future supply of general nurses and respiratory physiologists. It is anticipated therefore that healthcare employers will need to focus on the supply of specialist respiratory care nurses and respiratory physiologists in order to fill the skills gap, especially for managing patients with respiratory disease in non acute settings.

The Outcomes Strategy for COPD will be underpinned by an expectation that workers across health and social care will have a substantial knowledge base that informs all of their practice. Accordingly, this framework document provides access to National Occupational Standards and units of learning for practitioners to select from. No one person or role will have all these competences.

Our aim is that the resources in this document should:

- Assist with the selection of the most appropriate NOS according to the individual's role, responsibility and scope of practice
- Act as the building blocks for future commissioning within local networks
- Be useful for identifying appropriate education and training requirement
- Act as a guide for commissioners to ensure that respiratory care services are delivered to a consistently high standard.

Evidence of competence will ensure practitioners are equipped with the appropriate skills, knowledge and understanding to deliver the range of respiratory care services and promote patient self care and self management within their scope of practice/role/responsibility. For more information, see the Skills for Health and Skills for Care's websites which provide detailed information about the performance criteria and knowledge and understanding requirements for each National Occupational Standard (NOS).

See www.skillforhealth.org.uk and <http://www.skillsforcare.org.uk>

¹ British Lung Foundation (2007) *Invisible Lives: Chronic Obstructive Pulmonary Disease Finding the Missing Millions* <http://www.lunguk.org/media-and-campaigning/special-reports/InvisibleLivesKeyFindingsASummary>
² *Breathing New Life into the COPD Workforce (2010)*, DH

COPD Units of Learning

To ensure relevancy for service commissioners, this guide has been aligned to the respiratory core competence assessment guidelines³ and IMPRESS⁴ document (Improving and Integrating Respiratory Services in the NHS). For those commissioning long term conditions services, including respiratory diseases, a range of resources and tools are available from the IMPRESS website.⁵

Health and social care organisations will also want to use this document alongside previously published common core principles for supporting self care⁶ which aid greater personalisation of services. Recognising the magnitude of the burden of asthma, separate attention has been paid to this condition in the strategy, highlighting where there are synergies in the approach to the care of these conditions and where there are differences. In addition, some aspects of good asthma services are highlighted. When utilising this framework, it is important to consider how the use of these competences might contribute to driving up standards for all respiratory disease related care.

In appendix 2, diagram 2 illustrates how the respiratory units of learning have been mapped to a colour coded COPD spectrum, shown earlier. This offers a useful starting point and can be used as a guide to help when selecting competences relevant to your work practice*. For more detail and a list** of the individual units of learning categorised against the COPD spectrum, please see www.skillsforhealth.org.uk/index.php?option=com_docman&task=doc_download&gid=1694

To access the NOS database, please see the Skills for Health website www.skillsforhealth.org.uk

The units as they stand can be easily converted into Skills for Health qualifications credit units at a later stage, to inform education and training. An assessment strategy for the units to demonstrate competence for functions within COPD is available at www.skillsforhealth.org.uk/index.php?option=com_docman&task=doc_download&gid=1695

* NB This is an indicative mapping as some units may or may not apply to a range of individuals at the boundaries of the stages of COPD or other undiagnosed respiratory disease and related co-morbidities e.g. asthma .

** Please note this is not intended as a comprehensive list and indicates how units can be mapped against the COPD spectrum.

³ Respiratory core learning and development tiers 1-3

⁴ Improving and Integrating Respiratory Services in the NHS www.impressresp.com

⁵ Commissioning pages <http://www.impressresp.com/Commissioning.aspx>

⁶ Common Core principles to support self care http://www.skillsforhealth.org.uk/~media/Resource-Library/PDF/Common_core_principles_final.ashx

What does it mean for me?

Key messages for commissioners

Service commissioners are advised to consider specifying in contracts for respiratory disease services a requirement for providers to demonstrate that the skills and competences to deliver the range of high quality respiratory care services are in place.

This suite of NOS and units of learning can:

- Support the commissioning and delivery of high quality services along an agreed care pathway
- Support world class commissioning.

You can use the framework to:

- Develop your vision for improving health and social care services
- Specify required quality and outcomes for service provision
- Ensure those delivering services have the skills and knowledge needed to deliver respiratory disease care and
- Support an integrated approach to planning, contracting and monitoring of service delivery across health care.

Key messages for service providers

Service providers will play a key role in developing respiratory care services in the future and responding to the requirements of the commissioners. Providers will need to take account of any changes to services that are required and the rich skill mix that will need to be developed across the staff providing the service.

Issues for service providers in the future include:

- The staffing skill mix required to deliver the service
- The location of where services will be delivered with the move to care closer to the patient and transforming community services
- The changing needs of the patients with advances in technology that allow more patients to self care
- The requirement of service providers to manage services in the changing economic climate.

The NOS and framework will allow service providers to:

- Ensure development of a competent and confident workforce
- Take account of the changing service delivery models outlined above
- Ensure that the staffing skill mix meets the service needs
- Ensure those delivering services have the skills and knowledge needed to deliver across the respiratory disease spectrum
- Demonstrate the development of a high quality service in response to commissioning intentions
- Support an integrated approach to planning, contracting and monitoring of service delivery across health care.

Key messages for Local networks

Local networks will want to work with commissioners, providers and service users to ensure that appropriate actions are taken to support workforce and service development in respiratory care.

The NOS and units of learning can:

- Provide a benchmark of best practice
- Ensure services support the delivery of high quality, personalised care
- Support new ways of working
- Provide a framework for staff development and service improvement.

You can use the framework to:

- Foster a common approach to the wide range of respiratory care including COPD and asthma across organisations and teams
- Identify new roles
- Design primary and community services within productivity targets and available finance focusing on real transformational change
- Ensure staff have the skills and support they need to support the respiratory services
- Design job roles, tasks and job descriptions
- Identify staff training and development needs.

Key messages for workforce planners

Workforce planners across the range of healthcare organisations are a key element in developing the rich skill mix that respiratory disease care services will require in the future. Planners are uniquely placed to ensure that an integrated planning model across service, finance and workforce results in the right skills in the right place to deliver the respiratory service of the future. Planners will need to take account of:

- The future service that is being commissioned
- The current workforce skills available in the service
- The Labour Market Intelligence for the local health economy to provide the staff of the future
- The supply of staff skills available in the future through established training programmes
- The development needs of the current staff to ensure the right skills and competences can be provided in the future.

The NOS and framework will allow planners to:

- Use a common approach across workforce plans in the healthcare sector
- Identify any new roles and new skills required to deliver services
- Ensure that the development needs of the current and future staff are met
- Ensure those delivering services have the skills and knowledge needed to deliver high quality , standardised respiratory care
- Support an integrated approach to planning, contracting and monitoring of service delivery across health care.

The challenge

Wider policy drivers around long term conditions, the personalisation agenda, self care, care closer to home, and transforming community services all impact on the need for a highly skilled flexible workforce which can deliver services cost effectively, and productively.

The Operating Framework 2011/12 provides clear and strong guidance that services should focus their activity on the 24 recommendations outlined in the 2010 public consultation on a Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England. With these recommendations in mind and as we move into a new era of providing healthcare services “closer to where patients live”⁷, we must meet the ongoing challenges around quality and productivity, patient safety, productivity and costs savings, and higher patient expectations. Demand for services are increasing whilst growth in expenditure is restricted. The Outcomes Strategy for COPD will increase the need for quality services that deliver value for money and improved outcomes. These challenges cannot be met without a highly effective workforce, and the work around NOS and development of units of learning seeks to support ways of achieving such a workforce.

Using a NOS based approach to service and workforce design will help to support the shift of service delivery from acute settings into community settings. The case studies in appendix 3 illustrate how practitioners would use this approach to ensure they have the right people in their respiratory care teams to deliver the services.

Other relevant resources

Further resources to support workforce planning are available via the Skills for Health healthcare workforce portal at www.healthcareworkforce.nhs.uk

For more information and further help, you can explore online resources from Skills for Health which has several on-line tools available via its website. They will help you:

- Design or redesign individual roles, team and services
- Assist with workforce planning
- Undertake staff appraisals
- Identify skills gaps to inform the training and development of staff, including continuing professional development and
- Recruit, select and induct new staff.

www.skillsforhealth.org.uk

Appendix 1

Members of Competence Development Group

Name	Organisation
Anne Moger	Nurse Advisor, Respiratory Team, Department of Health - lead
Bernard Lanigan	ADASS
Bryan Kessie	Skills for Health
Graham Burns	Respiratory Consultant
Jane Scullion	Respiratory Nurse Consultant, University Hospitals of Leicester NHS Trust
Jayne Din	Patient representative
Karen Walker	Director of Policy and Development, Skills for Health
Maria Lagos	Skills for Care
Martin Garvey	HR Manager/Workforce Planner, Nottingham University Hospitals
Paul Holmes	NHS
Rupert Jones	GP Primary Care Respiratory Society UK, Executive Member
Sam Prigmore	Respiratory Nurse Consultant – St George's Healthcare NHS Trust
Steve Holmes	GP and Education Lead, Primary Care Respiratory Society UK
Steven Laitner	GP
Vic Citarella	LGA
Monica Fletcher	CEO, Education for Health
Michelle Logan	SfH
Andrew Rundle	SfH
Jess Callaghan	Specialist Respiratory Occupational Therapist
Dave Lynes	Respiratory Education UK
Mark Ainsworth-Smith	Consultant Emergency Care Practitioner, South Central Ambulance Trust
Christine Mikelson	Consultant Respiratory Physiotherapist, Royal Free Hospital
Hilary Pinnock	GP/PCRS UK, Education Committee, Senior Clinical Research Fellow, University of Edinburgh
Martyn Bucknall	ARTP
Karen Heslop	Respiratory Nurse Specialist - Psychological Management of Respiratory Disease
Sarah-Jane Peffers	Respiratory Nurse Specialist – Bristol PCT
Irem Patel	Consultant Respiratory Physician – Integrated Care– Imperial College Healthcare NHS Trust, Hammersmith and Fulham PCT

Appendix 2

Index of Units of Learning mapped to COPD spectrum

The units of learning were developed by Skills for Health in conjunction with key respiratory care stakeholders (Appendix 1); this list has been drawn from National Occupational Standards (NOS).

Three examples are provided in full in Appendix 4

The unit of learning sets out the minimal specifications required to demonstrate competence related to functions undertaken by a wide range of staff across primary and secondary respiratory care services for COPD, asthma and related co-morbidities .

It is envisaged that evidence of competence will be drawn from the candidate's performance in the workplace and will include the integration of the value requirements and the application of knowledge assessed through direct observation of practice by a qualified assessor.

Core competences from KSF are not included here as it is taken as given that staff will be competent in these areas e.g. communication, quality, equality and diversity.

Health promotion for individuals across the COPD spectrum and respiratory disease
Promote smoking cessation
Provide advice and guidance on smoking cessation
Deliver smoking cessation programmes to help individuals/groups to quit smoking
Patient education for individuals across the COPD spectrum and respiratory disease
Enable individuals with COPD to make informed health choices and decisions
Identify the learning needs of individuals with COPD
Develop learning tools and methods for COPD individuals
Help individuals use nebuliser therapy safely and effectively
Instruct users on the use of inhaler therapy
Help individuals to use oxygen safely and effectively
Support mechanisms for individuals across the COPD spectrum and respiratory disease
Manage information resources for individuals with COPD
Support individual with COPD to optimise their physical functions
Support individuals with COPD to live at home
Support individuals with COPD to optimise their psychological well being
Support individuals through the process of dying
Assessment to establish COPD and respiratory disease
Obtain a relevant patient history to assess an individual's COPD Status
Assess individuals with COPD
Work with individuals with COPD to evaluate their health status and needs

Agree courses of action following assessment of COPD status
Agree a plan to enable individuals with COPD to self manage their condition
Diagnostic Tests for Individuals with COPD and respiratory disease
Undertake quality assurance for diagnostic tests and interventions within COPD
Determine blood gas status capillary method
Determine blood gas status arterial method
Undertake measurements to determine efficiency of gas exchange in respiratory system
Estimate oxygen saturation using pulse oximetry
Perform static lung measurements
Perform dynamic lung measurements using Spirometry
Perform a lung health check
Perform overnight oximetry
Undertake quality assurance for diagnostic tests and interventions within COPD
Undertake an hypoxic challenge test
Assessment for treatment planning
Assessment of need for non invasive ventilatory support
Undertake an assessment for nebuliser use
Undertake an assessment of need for oxygen therapy
Assessment of need for invasive ventilatory support
Undertake quality of life impact assessments
Assess an individual's capabilities for rehabilitation
Safely assess exercise tolerance for individuals with COPD
Assess an individual's psychological social and emotional needs
Assess and create individualised rehabilitation plans
Treatment regimes
Coordinate the implementation and delivery of treatment plans
Undertake quality assurance for diagnostic tests and interventions within COPD
Carry out non invasive ventilatory support
Deliver invasive ventilatory therapy to individuals with COPD
Prescribe medical devices products medicines safely and effectively
Prescribe oxygen therapy safely and effectively for COPD individuals
Administer oxygen safely and effectively to individuals with COPD
Safely deliver exercises to support rehabilitation for individuals with COPD
Monitor individuals treatment outcomes
Evaluate treatment plans with individuals and those involved in their care
Assess response to oxygen therapy
Assess response to prescribed medication treatment
Monitor individuals on ventilatory support

Monitor individuals with diagnosed COPD
Review the effectiveness of ventilatory support
Undertake a review of inhaler therapy for individuals with COPD
Undertake a review of nebulisation therapy for individuals with COPD
Undertake a review of prescribed medication to make recommendations for changes in therapy
Palliative care /end of life care
Develop palliative care plans and policies within COPD services
Implement palliative care plans and policies within COPD services
Undertake palliative care within COPD services
Support individuals with COPD to live at home
Support individuals through the process of dying
Support individuals with COPD to optimise their psychological well being

List of Respiratory Disease Care Units of learning mapped to COPD spectrum

Key ✓ = unit likely to apply to this area of the COPD spectrum; (✓) = variable - may apply depends on patient needs within COPD spectrum;
Clear space = unit not likely to apply to this section of the COPD spectrum

Categories	COPD spectrum								
Health promotion and Support Mechanisms	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Promote smoking cessation	✓	✓	✓	✓	✓	(✓)	(✓)	(✓)	(✓)
Provide advice and guidance on smoking cessation	✓	✓	✓	✓	✓	(✓)	(✓)	(✓)	(✓)
Deliver smoking cessation programmes to help individuals/groups to quit smoking	✓	✓	✓	✓	✓	(✓)	(✓)	(✓)	(✓)
Manage information resources for individuals with COPD	✓	✓	✓	✓	✓	✓	✓	✓	✓
Work with individuals with COPD to evaluate their health status and needs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Enable individuals with COPD to make informed health choices and decisions	✓	✓	✓	✓	✓	✓	✓	✓	✓
Support individual with COPD to optimise their physical functions			✓	✓	✓	✓	✓	(✓)	(✓)
Support individuals with COPD to live at home			✓	✓	✓	✓	✓	✓	✓
Support individuals with COPD to optimise their psychological well being			✓	✓	✓	✓	✓	✓	✓

Categories | COPD spectrum

	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Patient education									
Identify the learning needs of individuals with COPD	✓	✓	✓	✓	✓	✓	✓	✓	(✓)
Develop learning tools and methods for COPD individuals	✓	✓	✓	✓	✓	✓	✓	✓	(✓)

	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Assessment to establish COPD and respiratory disease									
Obtain a relevant patient history to assess an individual's COPD Status	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assess individuals with COPD	✓	✓	✓	✓	✓	✓	✓	✓	✓
Work with individuals with COPD to evaluate their health status and needs	✓	✓	✓	✓	✓	✓	✓	✓	✓
Enable individuals with COPD to make informed health choices and decisions	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agree courses of action following assessment of COPD status	✓	✓	✓	✓	✓	✓	✓	✓	✓
Agree a plan to enable individuals with COPD to self manage their condition	✓	✓	✓	✓	✓	✓	✓	✓	✓

Categories |-----COPD spectrum-----|

Diagnostic tests indicating COPD and respiratory disease	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Undertake quality assurance for diagnostic tests and interventions within COPD			✓	✓	✓	✓	✓	✓	✓
Determine blood gas status capillary method					✓	✓	✓	✓	✓
Determine blood gas status arterial method					(✓)	✓	✓	✓	
Undertake measurements to determine efficiency of gas exchange in respiratory system				✓	✓	✓	✓	✓	✓
Undertake quality assurance for diagnostic tests and interventions within COPD			✓	✓	✓	✓	✓	✓	✓
Estimate oxygen saturation using pulse oximetry			✓	✓	✓	✓	✓	✓	✓
Perform static lung measurements			✓	✓	✓	✓	✓	(✓)	
Perform dynamic lung measurements using Spirometry			✓	✓	✓	✓	✓	(✓)	
Perform a lung health check				(✓)	✓	✓	✓	✓	
Perform overnight oximetry					(✓)	✓	✓	(✓)	
Undertake an hypoxic challenge test						✓	✓		

Categories |-----COPD spectrum-----|

Assessment for treatment planning	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Assessment of need for non invasive ventilatory support				✓	✓	✓	✓	✓	✓
Undertake an assessment for nebuliser use					(✓)	✓	✓	✓	✓
Undertake an assessment of need for oxygen therapy					(✓)	✓	✓	✓	✓
Assessment of need for invasive ventilatory support						✓	✓	✓	✓
Undertake quality of life impact assessments	✓	✓	✓	✓	✓	✓	✓	✓	✓
Assess an individual's capabilities for rehabilitation				(✓)	✓	✓	✓	✓	
Safely assess exercise tolerance for individuals with COPD			✓	✓	✓	✓	✓	✓	
Assess an individual's psychological social and emotional needs	✓	✓	✓	(✓)	✓	✓	✓	✓	✓
Assess and create individualised rehabilitation plans				(✓)	✓	✓	✓	✓	

Categories |-----COPD spectrum-----|

	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Treatment regimes									
Coordinate the implementation and delivery of treatment plans			✓	✓	✓	✓	✓	✓	✓
Undertake quality assurance for diagnostic tests and interventions within COPD			✓	✓	✓	✓	✓	✓	✓
Carry out non invasive ventilatory support					(✓)	✓	(✓)	(✓)	(✓)
Deliver invasive ventilatory therapy to individuals with COPD						✓	✓	✓	✓
Prescribe medical devices products medicines safely and effectively			✓	✓	✓	✓	✓	✓	✓
Prescribe oxygen therapy safely and effectively for COPD individuals						✓	✓	✓	✓
Administer oxygen safely and effectively to individuals with COPD						✓	✓	✓	✓
Safely deliver exercises to support rehabilitation for individuals with COPD			✓	✓	✓	✓	✓	(✓)	
Help individuals use nebuliser therapy safely and effectively						✓	✓	✓	✓
Instruct users on the use of inhaler therapy			✓	✓	✓	✓	✓	(✓)	(✓)
Help individuals to use oxygen safely and effectively						✓	✓	✓	✓

Categories |-----COPD spectrum-----|

	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Monitor individuals treatment outcomes									
Evaluate treatment plans with individuals and those involved in their care			✓	✓	✓	✓	✓	✓	✓
Assess response to oxygen therapy						✓	✓	✓	✓
Assess response to prescribed medication treatment			✓	✓	✓	✓	✓	✓	✓
Monitor individuals on ventilatory support						✓	✓	✓	✓
Monitor individuals with diagnosed COPD				✓	✓	✓	✓	✓	✓
Review the effectiveness of ventilatory support						✓	✓	✓	✓
Undertake a review of inhaler therapy for individuals with COPD				✓	✓	✓	✓	✓	✓
Undertake a review of nebulisation therapy for individuals with COPD					(✓)	✓	✓	✓	✓
Undertake a review of prescribed medication to make recommendations for changes in therapy				✓	✓	✓	✓	✓	✓

Categories	COPD spectrum								
	Well individuals - At risk of COPD	No symptoms of COPD - At risk of COPD	Symptoms but no diagnosis of COPD	Diagnosis of COPD Mild stage	Diagnosis Moderate stage of COPD	Diagnosis Severe stage of COPD	Diagnosis Very severe stage of COPD	Palliative care for COPD	End of life care for COPD
Assess an individuals psychological, social and emotional needs						✓	✓	✓	✓
Support individuals with COPD to optimise their psychological well being						✓	✓	✓	✓
Develop palliative care plans and policies within COPD services						✓	✓	✓	✓
Implement palliative care plans and policies within COPD services						✓	✓	✓	✓
Undertake palliative care within COPD services						✓	✓	✓	✓
Support individuals with COPD to live at home				✓	✓	✓	✓	✓	✓
Support individuals through the process of dying				✓	✓	✓	✓	✓	✓

Appendix 3

Case studies

Plymouth Primary Care Trust moves towards a standardised National Occupational Standards approach for service improvement

Plymouth Primary Care Trust is planning to enhance Chronic Obstructive Pulmonary Disease (COPD) services across Plymouth and surrounding areas, giving patients access to a 7 day service between 9-5 pm and an emergency on-call system. The aim is to plug service gaps in identified areas such as outreach services and pulmonary rehabilitation resources, through recruitment of appropriately skilled staff.

Margaret Barnett, Respiratory Nurse and nurse lead manager at Plymouth Teaching Primary Care Trust explains how recruiting appropriately skilled staff using a standardised approach based on National Occupational Standards (NOS) is part of the solution:

“There is a definite need for standardisation of techniques across COPD services. I would map National Occupational Standards to job descriptions and the team roles to ensure that there were no gaps in knowledge and skills and to assess competence within the team.”

Benefits of using a NOS approach:

- Enables appropriate practitioners to become competent in respiratory procedures, such as spirometry.
- Supports delivery of outreach services in patients' homes.
- Competence based job descriptions/team roles can inform KSF activities and be integrated into current month long induction programme
- NOS based induction will help to inform employees' personal development plan
- Increases staff motivation as a result of targeted, personalised learning.

The Challenge

The nurse led COPD team has worked effectively to ensure patients are receiving optimal treatment to stabilise symptoms and to provide advice and support for individuals, families and carers to cope with living with COPD. As a result, the COPD team helped to achieve 1,124 bed days saved in 2009. However it was noted that managing demands can be a challenge, as each nurse has a 40 – 50 case load, in addition to any patient discharges from Derriford Hospital and referrals from GP practices across Plymouth:

“Band 5 nurses can struggle with the case loads and the fact they are sole workers. Band 6 nurses appear to be better equipped and more experienced to cope with the complex issues arising from COPD needs. This is because patients often have more than just respiratory issues and can have a wide variety of underlying or contributory conditions. We want to ensure that staff can continue to improve productivity and have a positive impact on the reduction in acute bed days.”

No need to 'start from scratch'

Ensuring NOS underpins future learning and development would support nationally transferable knowledge and skills; enable recruitment into the area and inform future workforce planning. An approach like this demonstrates the flexibility of developing locally sensitive services whilst establishing a 'gold standard' across COPD services.

Margaret's final point reinforces how a NOS approach saves time in the long run:

"Until now we have been using our own locally developed competences, but using a set of competences which are nationally approved and standardised provides a better way forward, and will help us to deliver a consistent quality service. I can see how it will save a lot of work having a national set of guidelines, instead of having to start from scratch."

To read the full case study, please see www.skillsforhealth.org.uk/index.php?option=com_docman&task=doc_download&gid=1693

Oxfordshire Primary Care Trust chooses competences to support Chronic Obstructive Pulmonary Disease care

Oxfordshire Primary Care Trust has set its sights on improving Chronic Obstructive Pulmonary Disease (COPD) services and supporting integrated respiratory care for people across the region. The Trust aims to make the change by revising service provision within primary care and secondary care using appropriately skilled staff in its nurse led COPD team.

Joanne Riley, countywide lead for respiratory nurses at Oxfordshire Primary Care Trust, explains why the PCT's COPD team is taking a closer look at using accredited National Occupation Standards as a way to enhance current staff recruitment, training and development practices:

"Using COPD related NOS will help to ensure a standardised approach, so all staff have the appropriate skills to deliver intervention along a spectrum of COPD symptoms, which can be complex and linked to many other conditions."

Increasing demand for a growing service

The COPD team started nine years ago with two nurses. Now it has seven band 6 nurses, three band 5 nurses, a physiotherapist and 1.6 WTE Administrative staff who provide services in a range of settings including patients' homes and intermediate care settings. The COPD team link with 50+ GP practices, synchronising activities so that patients receive care and treatment, whether referred from hospital, clinics or GP services. With such heavy demands on COPD services, it's vital that managers can pinpoint skills needed by staff, and that each member of the team reaches the required standard of competency, for patient safety, and to maintain a high quality service.

Using competences as 'building blocks', managers can determine required skills, the levels of staff needed, and establish which competences are core, required and essential at certain grades. Such an approach allows for consistency and provides clarity on what is expected in each role. It also facilitates and informs locally sensitive recruitment of appropriate staff with the right skills, knowledge and understanding, to complement the current skill mix, whilst establishing a high standard of consistency across the service:

"By embedding NOS in role outlines and job descriptions, we can achieve clarity around activities that can be carried out by all grades such as administering oxygen, and which more specialised activities should be carried out by higher grades, such as assessing blood gases. In short, it means we can understand our team's capabilities, identify skills gaps, put in training to address gaps, and support more effective deployment of staff according to the complexity of patient needs."

There is a requirement for lone working, and the NOS will enable managers to assess when staff are ready to take on this way of working, and to put in additional training so individuals can carry out their duties confidently and safely.

Building the service for the future

Using COPD related NOS will also facilitate a newly refocused service specification, as Joanne outlines:

"Our current specification is very broad, and using NOS means we can clearly define what the COPD service will provide, how, where and evidence the skills we need to deliver this. I would expect this to have a positive effect on service commissioning, and help to drive up the quality of care."

The Trust anticipates using the COPD related NOS for appraisal in the personal review process, identifying learning needs, and supporting planned development. As Joanne comments:

"The sooner we can begin to use the NOS, the sooner we can begin to strengthen and support the team, and enhance our service provision to people with COPD needs in Oxfordshire."

To read the full case study, please see www.skillsforhealth.org.uk/index.php?option=com_docman&task=doc_download&gid=1692

Appendix 4

Examples of Units of learning

The unit of learning sets out the minimal specifications required to demonstrate competence related to functions undertaken by a wide range of staff across primary and secondary COPD services.

It is envisaged that evidence of competence will be drawn from the candidate's performance in the workplace and will include the integration of the value requirements and the application of knowledge assessed through direct observation of practice by a qualified assessor.

The unit identifies the underpinning knowledge and understanding and the required performance to demonstrate competence in the two columns. Competent individuals will be able to demonstrate the knowledge, understanding, and performance within the complete unit, which must be completed in full.

Select the appropriate unit of learning to assess competence for the function and read across the rows for the performance criteria directly linked to the underpinning knowledge.

Title of overarching NOS: CHS46 Agree courses of action following assessment of an individual's health and well-being	Unit of learning to demonstrate competence: Deliver smoking cessation programmes to help the individual and/or groups quit smoking
Details of the relationship between the unit to demonstrate competence and relevant national occupational standards (if appropriate)	Users will be able to demonstrate competence in the delivery of smoking cessation programmes to individuals and groups to help each smoker to quit their habit
Outcomes: The individual will know and understand:	Assessment criteria To be competent the individual will be able to:
Indicative Level	Level 1 (Expert/specialist) Level 2 (Experienced practitioner) Level 3 (Novice new to respiratory disease management (including COPD))
Smoking cessation treatments and their evidence base including pharmacological and alternative treatments	Describe the range of smoking cessation options to the smoking cessation group/individual Outline the benefits and constraints of each type
Working with client groups	Work collaboratively with the group/individual to sensitively raise the issue of smoking in the delivery of smoking cessation programmes Value and respect the clients needs and beliefs when providing clinical and professional leadership Work collaboratively with the individual/group to promote trust and engagement throughout the delivery of the smoking cessation programme

Taking a clients tobacco usage history	Encourage the individual to draw up their personal daily diary to identify why and when and how many they smoke Collate the information concerning amount and length of time of smoking to identify likely nicotine dependence Work with the individual/group to tailor personalised advice to each client from the data collected
Assess the client's readiness to quit smoking	Work collaboratively with the individual/group to assess their interest in and reasons for stopping smoking i.e: a. immediately b. at a later date c. their wishes to obtain information to inform their decision Describe how to assess an individuals readiness to stop smoking Work with the individual/group to identify whether they have personally identified and accepted their need to quit smoking or is attending under coercion Work with the individual/group to explore prior quit attempts and encourage them to identify why the reasons why they were not successful Record smoking status and readiness to stop
The drivers for smoking	Describe the types of individuals/groups at risk of starting smoking Work collaboratively with the individual/group to clarify why their smoking behaviour is key factor to influence a quit attempt Work collaboratively with individuals/group to identify their drivers for smoking i.e. age gender, socio-economic factors, life style, stress, habit forming, unemployment and the national and local statistical variations

Smoking cessation programmes	<p>Encourage the individual to explore and reflect on why they smoke, their perceptions of the benefits of smoking for them and their concerns or fears for quitting smoking</p> <p>Investigate the individual/groups' understanding of the risks of smoking and the benefits of quitting smoking</p> <p>Briefly describe the public health policy to the individual/group regarding smoking prevention and cessation</p> <p>Offer relevant and evidence based reasons and benefits for quitting smoking</p> <p>Work with the individual/group to explore the health and well being benefits of stopping smoking</p>
The potential effects of smoking for individuals	<p>Offer clear and brief advice on the content of tobacco products and the effects of carbon monoxide, nicotine and tar and check the clients understanding</p> <p>Work with the individual/group to identify their effects of smoking on others and/or passive smoking on aetiology, disease progression and symptoms of COPD and other respiratory diseases</p> <p>Work collaboratively with the individual/group to help them understand and evaluate their risks and effects of smoking on their physical, psychological, social health and well being and environment</p>
The theories of addiction	<p>Work with individual/group to encourage them to stop smoking and to identify their perceived benefits of smoking and any concerns, fears or barriers they see to stopping</p> <p>Offer reasons why the individual/group should stop smoking and use addiction theories to explain why the rationale of giving up is preferred to cutting down</p>
Managing withdrawal symptoms	<p>Offer information on how alternative pharmacological replacement therapies can help individuals reduce their dependence levels and minimise withdrawal symptoms</p> <p>Outline their benefits and limitations of pharmacotherapies available to assist smoking cessation</p> <p>Work with the individual/group to collaboratively provide strategies to assist them in quitting smoking and to identify methods of coping with withdrawal symptoms</p>

Psychology of behavioural change	<p>Describe models of change and behaviour which may assist the smoking prevention/cessation process</p> <p>Outline how these can be delivered in smoking cessation classes to identify ways to assist individual/group to give up smoking</p> <p>Work collaboratively with individual/group to incorporate models of change/behaviour into their personalised smoking cessation programme</p>
Lapse and relapse prevention	<p>Briefly outline to the individual/group why giving up smoking may be difficult for some individuals and explain how regular reviews can help them remain focussed to quit smoking</p> <p>Explain that lapses and relapses should not be regarded as a valid reasons to leave the programme</p> <p>Work collaboratively with the individual to review the personal smoking status for each individual on the smoking cessation course</p> <p>Work collaboratively with individual/group to develop personalised strategies to assist them to avoid a lapse/relapse in the future</p>
How teaching, coaching and mentoring skills can be beneficial in encouraging individuals to quit smoking	<p>Adopt coaching and mentoring skills to facilitate a good working environment where the individuals feel valued and integral to the quitting process</p> <p>Offer evidence based information concerning the dangers in smoking</p> <p>Work collaboratively with the individual/group to help them highlight their concerns, fears and benefits in stopping smoking for themselves and others</p>

The importance of minimising any unnecessary stressors involved in smoking cessation	<p>Explore with the individual/group ways for them to minimise their stresses when trying to quit smoking</p> <p>Encourage individuals to identify the triggers that made them smoke</p> <p>Enable individual/group to use problem solving tools to minimise stressors during and outside the smoking cessation session</p> <p>Work with the individual/group to identify and work through any stresses and/or psychological barriers they may have concerning stopping smoking</p> <p>Work with the individual/group to identify alternative ways to manage their reasons/triggers for why they smoke</p> <p>Make any necessary arrangements and/or referrals to meet the needs of the individual</p>
The importance of focusing on people as individuals	<p>Collaboratively work with and support the individual /group in setting their personalised goals for quitting smoking and promoting their health and well-being</p> <p>Negotiate and agree a stop date with individuals who wish to stop smoking</p> <p>Work with the individual/group to develop their own strategies to assist them in the cessation process</p> <p>Allow time for the individual to reflect on the information, advice and guidance and their own plans to quit smoking</p>
The range of information	<p>Obtain and offer the range of information regarding stopping smoking including support groups for individuals trying to quit smoking</p> <p>Make the information, leaflets easily accessible and in a format suitable individuals to pick up and read</p>
How to communicate effectively	<p>Communicate effectively with the individual and professional colleagues in a manner and style appropriate to the individual maintaining dignity and respect</p>
Endorsement of the unit by a sector or other appropriate body (if required)	<p>COPD Strategy Group/DH England; respiratory education providers</p>

Title of overarching NOS: CHS 19 Undertake physiological measurements	Unit of learning to demonstrate competence: Perform dynamic lung function measurements using spirometry
Details of the relationship between the unit to demonstrate competence and relevant national occupational standards (if appropriate)	Users will be able to demonstrate competence in performing and/or reporting dynamic lung volumes required to assess an individuals lung function within COPD and other respiratory diseases services
Outcomes: The individual will know and understand:	Assessment criteria To be competent the individual will be able to:
Indicative Level	<p>Level 1 (Expert/specialist)</p> <p>Level 2 (Experienced practitioner)</p> <p>Level 3 (Novice new to respiratory disease management (including COPD))</p>
Respiratory disease and COPD relevant to level of responsibility, scope of practice and according to NICE COPD guidelines	Describe how the stages of severity of COPD and/or other respiratory diseases are reflected in spirometry results and management decisions
How to recognise the patho-physiology of lung disease and the stages of COPD	Demonstrate through explanation, an understanding of the common symptoms and causes associated with developing COPD and other respiratory diseases
The importance of decontamination and infection control measures	<p>Apply health and safety and infection control measures throughout the procedure</p> <p>Describe the rationale for regular cleaning and equipment maintenance and the appropriate decontamination and infection control protocols for the procedure</p> <p>Outline how individuals with COPD and other respiratory diseases pose a possible infection control risk and the appropriate actions to be taken</p> <p>Demonstrate the need for good hand hygiene and general housekeeping to the individual/carer</p>
How to assess and monitor risk factors within dynamic lung measurements	Assess the risk to the individual which may result from performing spirometry investigations and take appropriate actions
Equipment performance checks and compliance of the individual	<p>Confirm all required quality and performance checks have been completed in accordance with local protocols and guidelines</p> <p>Clearly explain their principles of operation to the individual in terms they will understand</p> <p>Check the individual fully understands their role in participating in the spirometry procedure</p>

The importance of following protocols and procedures to set up and use the equipment	<p>Outline the range of flow and volume measuring spirometry devices available in the organisation</p> <p>Explain any contraindications for performing spirometry and take relevant action(s) to ensure spirometry is performed safely</p> <p>Carry out and record the pre-testing requirements for performing spirometry</p> <p>Take correct and accurate measurement of individual's height</p> <p>Confirm the operational status of the spirometry equipment to explain the main principles of its operation to the individual</p> <p>Position the individual correctly for spirometry</p> <p>Ensure the equipment interfaces with the individual in the correct and safe manner</p> <p>Perform spirometry techniques in accordance with published national guidelines and local protocols</p>
Undertake dynamic lung measurements	<p>Demonstrate effective use of the equipment throughout the procedure</p> <p>Describe the required spirometry technique to the individual</p> <p>Perform testing to published national standards to obtain reliable data</p> <p>Take appropriate action based on the individual's needs and emerging data to optimise results and level of risk</p> <p>Obtain and record technically acceptable spirometry measurements sufficient to assist in the diagnosis and clinical management of an individual's lung function</p> <p>Demonstrate knowledge and appropriate use of reference values, including reference ranges</p> <p>Obtain correctly printed out spirometry reports, together with any relevant comments required to assist diagnosis/reporting</p>
How to interpret results within personal level of competence	<p>Calculate and or select the correct values to be reported for FEV1, FVC, VC, FEV1/FVC, FEV/VC and PEF</p> <p>Correctly and accurately interpret the spirometry results</p>

Assessment of Bronchodilator response	<p>Demonstrate knowledge of bronchodilators and other medications used to treat patients with COPD and other respiratory diseases, including knowledge of modes of action</p> <p>Clearly describe what constitutes a positive bronchodilator response.</p> <p>Administer a bronchodilator correctly using an appropriate delivery device</p> <p>Measure bronchodilator response correctly and display results in the appropriate format</p>
How to handle information and maintain the confidentiality of records	Record information in line with organisational requirements and maintain the rights of individuals and principles of confidentiality
How to communicate effectively	<p>Ensure written information sent to patients prior to attending for spirometry is appropriate and aids compliance</p> <p>Communicate effectively with the individual prior to and during the procedure in a manner and style appropriate to meet their needs to aid understanding and compliance to achieve high quality results</p> <p>Treat the individual/carer with dignity and respect, equality and diversity</p> <p>Communicate with professional colleagues in a timely manner, style and format to meet the needs of the individual</p>
Refer individuals to appropriate services	Seek advice and support from competent individuals whenever the procedure, data or area of expertise is outside your level of competence
Endorsement of the unit by a sector or other appropriate body (if required)	COPD Strategy Group/DH England; respiratory education providers

Title of overarching NOS CM.C4 Support individuals to live at home	Unit of learning to demonstrate competence: Support individuals with COPD and other respiratory diseases to live at home
Details of the relationship between the unit to demonstrate competence and relevant national occupational standards (if appropriate)	Users will be able to demonstrate competence in supporting individual to live safely and effectively in their home environment and have access to required support services This needs co-operation between health and social care, external agencies, organisations and charities to enable an individual who wishes to live at home to do so safely.
Outcomes: The individual will know and understand:	Assessment criteria To be competent the individual will be able to:
Indicative Level	Level 1 (Expert/specialist) Level 2 (Experienced practitioner) Level 3 (Novice new to respiratory disease management (including COPD))
The cooperation and inter-professional working relationships required between health and social care and external agencies to enable individuals with COPD and other respiratory diseases to live safely at home	Clearly explain to the individual/carer the inter professional working arrangements and support systems required between health and social care and external agencies to enable the individual with COPD and other respiratory diseases to live safely at home Verify the individuals understanding of the information and advice given; rectify any misconceptions
The implications of COPD and other respiratory diseases and relevant co morbidities affecting an individual's capability to live at home	Discuss with the individual the implications of COPD and other respiratory disease progression and how this may affect their ability to live at home in the short, medium and long term Work with the individual/carer to explore and identify the benefits, any contra-indications and limitations of living at home with COPD disease and check their understanding

The importance of focusing on people as individuals	Provide support and time to individuals who wish to express their feelings, concerns and preferences regarding living a home Focus on the person as an individual through effective listening, feeding back, gaining agreement from the individual on their wishes and needs Offer support to help the individual with COPD and other respiratory diseases, and their carer/relatives cope with their health needs, personal feelings, any life style and/or behavioural changes resulting from the progression of COPD and other respiratory diseases Provide time to listen to the individuals worries and concerns and offer advice and guidance on how to minimise any factors that affect their ability to live at home Allow time for the individual to reflect on the information, advice and guidance regarding their ability to live at home
The range of support services and resources available for individuals with COPD and other respiratory diseases	Explain the range of support mechanisms required and available for the individual to enable living at home safely Obtain and offer information on the range of health, social care and external agencies, charities and organisations' services and facilities available to individuals with COPD and other respiratory diseases to enable them to live at home Work collaboratively with the individual and professional colleagues to discuss and agree plans to support individuals to live at home Arrange any agreed resources, services or facilities in a timely manner to assist individuals with COPD and other respiratory diseases to live at home Inform the individual if their request for support resources fall outside budget limits and direct them to appropriate external agencies Agree timescales for reviews and evaluations with individuals, carers and key health and social care professionals to review the efficacy of the support mechanisms and to assess the individual's ability to continue living at home

Health, safety and infection control measures required to support individuals with COPD and other respiratory diseases to live at home	<p>Undertake an assessment of the individuals health, safety and infection control measures required for them to live safely at home</p> <p>Arrange for prevention of infection and decontamination measures for the home environment</p> <p>Promote good housekeeping in their home environment and instruct the individual/carer on approved hand washing technique</p> <p>Confirm the individual /carer understands their requirements and practices to maintain a health and safe environment</p>
Risk analysis and management	<p>Assist the individual identify the risks that need to be managed for them to live at home</p> <p>Discuss any changes required in the home environment with the individual/carer and key health and social care stakeholders</p> <p>Work collaboratively with colleagues to authorise appropriate resources to reduce identified risks to enable the individual to live safely at home</p>
How to communicate effectively	<p>Share information in a timely manner with services in line with local protocols</p> <p>Pass on relevant information to the individual in a format and style to aid understanding, maintaining dignity, respect and confidentiality</p>
The importance of working in partnership with key health and social care professionals and external agencies	<p>Liaise and work with key health and social care professionals and external agencies to support the individual to live safely at home</p> <p>Work collaboratively with key professionals to discuss, review and deliver the support needs to individuals to live at home</p>
How to provide advice guidance and support for the range of resources, services and facilities required for an individuals to live at home	<p>Offer advice, guidance and support to help the individuals review their domestic, personal social and financial affairs</p> <p>Offer the individual/carer support to complete paperwork required to access the resources, facilities and services they require to live safely at home</p>
Handle information and maintain records	<p>Record information to support the individual to live at home clearly and accurately in line with local protocols in a timely manner</p> <p>Access information and advice when reviewing changes to enable individuals to remain at home</p>

How to make appropriate referrals	Clearly explain the importance of referring the individual to appropriate multi-agency services with the required degree of urgency
Endorsement of the unit by a sector or other appropriate body (if required)	COPD Strategy Group/DH England; respiratory education providers

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Skills for Health (Head Office)

Goldsmiths House
Broad Plain
Bristol BS2 0JP

Tel: 0117 922 1155

Fax: 0117 925 1800

E-mail: office@skillsforhealth.org.uk

Website: www.skillsforhealth.org.uk