Association of Respiratory Nurses

Newsletter

In this edition

Winter 2025

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Introduction

Beverley Bostock, Editor and ARNS Asthma Lead

Welcome to our winter newsletter – can it be that time already? That time when we veer between girding our loins in anticipation of winter pressures (which seem to be year-round these days) and simultaneously trying to self-care with snuggly jim-jams and hot chocolate when we are off duty. Whichever end of the spectrum you currently find yourself in, we hope that our newsletter provides some inspiration and some opportunities for reflection as we head towards the end of the year.

ARNS is your organisation and the word of the year for us has been 'collaboration'. As well as bringing you all the news through our regular e-shots and social media content (make sure you're signed up to all of the relevant pages!) we

spend a lot of time working with other organisations and individuals to ensure that the respiratory voice is heard loud and clear. Every member of the board and each member of the sub committees gives their time freely to help to initiate, review and support projects, research and other interventions that aim to improve the lives of people living with respiratory conditions. So, we thought it would be nice to introduce you to the people who are representing you and your patients through the work we do with ARNS.

Meet the Board!

Our **Chair** is **Maria Parsonage**. As well as taking on this huge role, Maria works full time as a Consultant Nurse specialising in Pleural Disease. She's also a Clinical Director based in North Cumbria. This gives her a brilliant mix of clinical patient care and a leadership role. Maria also holds several national positions working in collaboration with NHSE, GIRFT, NCEPOD, ERS and BTS! You know what they say about what to do if you need something doing? Ask a busy person. Maria personifies this advice! Maria's passion is fell walking in the beautiful Lakes, which she is lucky enough to have on her doorstep.

Our **Vice Chair** is **Iain Wheatley** who is also a Consultant Nurse, working in Frimley. Iain specialises in sleep and ventilation. Iain has worked with NICE on several guidelines and other projects, as well as NCEPOD and the British Thoracic Society (BTS). Iain is also the co-chair for the Obstructive Sleep Apnoea Alliance. Outside of work, Iain enjoys training and taking part in triathlons!

Our **Treasurer** (and immediate Past Chair) is **Joanne King**, who also, coincidentally, works as a Respiratory Consultant Nurse for Frimley Health as the clinical lead for the Frimley Adult Integrated Respiratory Service which is across Frimley Integrated Care System. Jo's speciality is passionate about improving the lives of people living with COPD. Jo also works as the Respiratory Elective Recovery and Pathway Transformation Lead for Frimley Integrated Care Board. Jo's hobbies include travelling as much as she can manage (we've seen the evidence on social media!) and music – she's a regular attendee at music festivals.

Kate Lippiett is a nurse academic whose focus is on bridging the gap between evidence and everyday care. Kate's roles include chairing our Research and Education sub committee and supporting nurses and others to develop research ideas into real projects which can improve respiratory outcomes. Kate is always available to our members who might want to discuss ideas for quality improvement projects or more formal research projects. Despite being (in her words!) a southern softy, Kate loves hillwalking and escaping to the Lakes or North Wales whenever she can - preferably with a flask of tea and a good view.

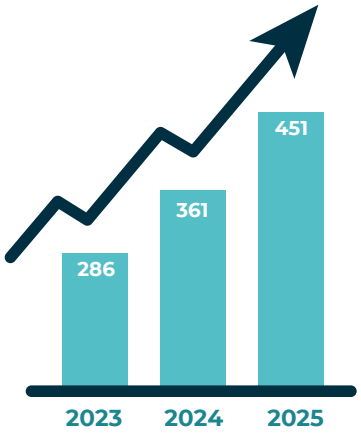
Beverley Bostock is our asthma lead and is based in primary care. As the 10-year plan continues to focus on the shift from hospital care to primary care, from treatment to prevention, and from analogue to digitalisation, Bev ensures that the primary care voice is heard loud and clear. Bev also loves her travel, especially cruising (she's at that age...) Like Jo, she loves her music (tried to get Yungblud for the conference but he's a bit over budget) and she's just completed reading the Booker shortlist and agrees that Flesh was a worthy winner.

Emma Rickards is a Consultant Respiratory Nurse based in Liverpool, currently serving as Chair of the ARNS Diagnostic and Therapeutic Committee and the oxygen lead. With a deep commitment to advancing respiratory care, Emma's work is grounded in research that champions a multidisciplinary team (MDT) approach and targets the reduction of health inequalities across patient populations. Outside of her professional achievements, Emma is a proud mum to two daughters, Pearl and Verity, who keep her busy as a dance mum and Acro teacher. She finds joy in traveling, attending music festivals, and embracing life's rhythm beyond the clinic.

We hope you agree that the different roles our board members share really help to demonstrate our commitment to hands on patient care based on evidence-based practice. Our motto is to lead, empower and inspire and we aim to do that through our roles and responsibilities along with our commitment to supporting people living with respiratory conditions and those who care for them. We always aim to lead by example.

Membership

Our membership continues to grow, which is great news. As well as our core nurse membership we have a student membership scheme and an associate membership for other healthcare professionals. Our associate members play an important role in achieving our aims, as demonstrated by ARNS associate member and former Research and Education committee member, Dr Nicola Roberts, who attended the American Thoracic Society to present evidence on her study 'Are we maximising the potential of occupational therapists to deliver patient education in pulmonary rehabilitation'? We are always delighted to hear from our members and to celebrate your successes so let us know what you've been up to!



What we did in the summer

Remember writing that essay after returning from your summer holidays at school? Well, it would take more than this newsletter to describe all of the projects we have been involved in, but here is a snapshot of some of the key areas we have been beavering away at.

The NHS 10-year plan: In order to align with the NHS 10-year plan, we are supporting collaboration between primary, secondary and tertiary care across multi-disciplinary teams via the organisation's reach to all of these people. We will also continue to support primary care with the shift of services from hospital to community. We continue to collaborate with other key respiratory organisations such as Asthma and Lung UK and the Association of Respiratory Technicians and Physiologists to ensure that we are all 'singing from the same song-sheet'.Regarding prevention, ARNS is looking at early diagnosis of both respiratory conditions and cardiovascular risk in people with respiratory conditions, to reduce the risk of deterioration and exacerbations in order to optimise cardiopulmonary outcomes – see below for more information about this. ARNS has also taken on board the GOLD message about Preserved Ratio Impaired Spirometry (PRISM) – often referred to colloquially as 'pre-COPD' – and is actively working to support identification and management of people with PRISM.

On a similar note, ARNS is involved in considering how best to manage asymptomatic individuals identified as having emphysema via the targeted lung health check programme, as well as teaching other clinicians about this via its presence at national and international conferences. With regards to digital transformation, ARNS is involved with discussions on implementation of digital tools for diagnosing and managing respiratory conditions.

We are also working on enhancing our public involvement and have recently appointed a lead within ARNS to develop this work. It is so important that we have patient and public involvement to ensure that we get that 'lived experience' into all that we do. Regarding prevention, ARNS is looking at early diagnosis to prevent deterioration and reduce exacerbations in order to optimise cardiopulmonary outcomes. ARNS has taken on board the PRISM message from GOLD and is actively working to support identification and management of people with PRISM.

We've been working with NICE as stakeholders for a range of conditions and treatments, offering our expertise on topics such as the use of biologics in COPD, allergic rhinitis, bronchiectasis, digital technologies and more. We have also fed back on the government's Tobacco and Vapes Bill.

Podcasts

As well as presenting a range of webinars on all things respiratory, we also have a host of podcasts to make your journey to and from work, or preparing the evening meal, that bit more interesting. Topics for the podcasts include adult and children's asthma, COPD, bronchiectasis, pleural disease, breathlessness, incidental findings from the Lung Health Screening Programme, chronic cough, supported self-management through holistic self-management plans, how to do research and quality improvement programmes and what the NHS 10-year plan means for respiratory nursing. We will let you know about new podcasts as and when we launch them so make sure you are signed up to our social media platforms – we are on Facebook, LinkedIn, X, BlueSky, Instagram – the lot! You can find our podcasts here, via our website and on Spotify. We love taking the opportunity to chat with our members and we really hope you find them engaging and thought-provoking. Please do let us know if you have any podcast ideas or requests.

The ARNS Research and Education Sub Committee recording a podcast

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Chiesi

Collaborations and joint working

ARNS collaborates with a range of organisations, and we are represented on the BTS Nurse Specialist Advisory Group, the European Respiratory Society, the International Coalition of Respiratory Nurses and the Primary Care Respiratory Society amongst others. Asthma and Lung UK continue their work to improve the lives of people living with respiratory conditions and ARNS has been supporting this work through positions on their Council of Healthcare Professionals and by contributing to their work. Examples of this work include the **Asthma + Lung UK bronchiectasis self-management plan**, which is now live. Designed in collaboration with people with bronchiectasis and expert clinicians, this resource is PIF TICK-accredited, which means that it has been independently assessed to ensure that information is evidence-based, up-to-date and easy to use and understand. The resource supports people living with bronchiectasis to manage their condition confidently and effectively. It provides a clear and practical structure to help them understand their condition, monitor their symptoms and recognise what to do when their bronchiectasis is getting worse. The bronchiectasis self-management plan is available to download for free through the Asthma + Lung UK website and GP systems and here: https://shop.asthmaandlung.org.uk/collections/bronchiectasis/products/bronchiectasis-self-management-plan with guidance for use available here: https://www.asthmaandlung.org.uk/healthcare-professionals/bronchiectasis/bronchiectasis-self-management-plan

ARNS supported the Scottish Intercollegiate Guidelines Network (SIGN) with their **plain language versions of SIGN 158 and SIGN 245**, which are now available here: https://www.sign.ac.uk/patient-and-public-involvement/plain-language-versions-of-guidelines/asthma/ These booklets have been produced with the invaluable help of clinical experts such as the ARNS team along with representatives with lived experience, ensuring they are accessible and easily understandable for everyone. They explain the recommendations in clinical guidelines produced by the British Thoracic Society, the National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN). There is a booklet on **asthma in adults** which is for people who have or think they might have asthma and family members or carers of someone who has or might have asthma. Then there is one on **asthma in children and young people**, which is for parents, carers and family members who have a child or young person who has or might have asthma. Finally there is one on **asthma in pregnancy**, for women who have asthma and are pregnant or planning a pregnancy and for their partners, family members or carers. You can download them or order them by emailing sign@sign.ac.uk and they are happy to consider requests for publications to be made available in other languages or formats. SIGN is the Scottish Intercollegiate Guidelines Network, but these resources are useful for all nations of the UK.

Our Children and Young People (CYP) lead, Viv Marsh, and Aleksandra Gawlik-Lipinski, who sits on our Research and Education subcommittee and is a PhD researcher, have been working with others to produce the new **National Respiratory Audit Programme (NRAP) CYP Asthma Discharge Letter**. This resource is designed to support safer, clearer, and more consistent communication at the point of discharge for children and young people with asthma. You can hear a podcast from Aleks and download the resources from https://www.rcp.ac.uk/improving-care/national-clinical-audits/the-national-respiratory-audit-programme-nrap/children-and-young-people-s-asthma-secondary-care-workstream/support-for-service-teams-children-and-young-people-s-asthma/

Children and young people (CYP) asthma discharge letter

Improving the quality and content

As CYP Lead, Viv has been busy highlighting the specific needs of younger people living with asthma and other respiratory conditions. ARNS is keen to ensure that the care offered to CYP and the arrangements when they transition from the paediatric team to the adult team is smooth and effective. Viv has been part of a group which developed a consensus guide for implementing **MART in children**, and ARNS was included in the badging of the guidance to help raise awareness of ARNS in the paediatric world as well as being able to promote the recommendations to ARNS members. Viv, along with other members of the ARNS team, also ensured ARNS was represented at various **Respiratory All Party Parliamentary Group meetings** in Parliament, bringing our expertise and the needs of our patients to the attention of politicians.

Speaking of children and young people, we should remind you that the BTS/NICE/SIGN guidelines have now been updated a budesonide/formoterol dry powder inhaler (Symbicort 100 micrograms/6 micrograms per inhalation) was licensed for **MART in children aged 6 to 11**. The dosing regime is slightly different than it is from age 12, (i.e., one dose daily plus extras as needed up to 6 daily or 8 maximum in specific circumstances) so clinicians should be aware of this. The visual summary has also been updated and you can find resources here: https://www.nice.org.uk/guidance/ng245/resources

On the subject of inhalers, some of the ARNS team have been involved in advising on the adoption of the **next-generation propellant (NGP)** for pMDIs. Currently only available in the Trixeo pMDI for COPD, it is anticipated that NGPs will be available in other products in the future. When the NGP was launched in the UK, it was a world first! The NGP means that the environmental impact of a pMDI will be equivalent to that of a dry powder inhaler. This is good news for people who are more suited to, or prefer, using a pMDI. Other pharmaceutical companies are preparing for the launch of their NGP-containing inhalers, so if you are keen to know more, then speak to us or them – it may be another topic for a podcast!

Working with industry

We know that some people are still a little wary of the role of the pharmaceutical industry in organisations such as ARNS. We are far from alone in recognising that the pharmaceutical industry makes a significant contribution to how many organisations, including the NHS, work. From meeting up with us to discuss new trials, or new treatments, or even pipeline drugs, we get to understand more about the healthcare environment and the research that supports innovation and better patient outcomes. Many of our pharmaceutical company partners have facilitated meetings where we have had the opportunity to collaborate with other professionals from around the country to identify examples of best practice and disseminate what has been learnt. Individuals have been mentored to take an idea, test it out, evaluate the impact and present their findings through meetings such as these. The Asthma and Lung UK Asthma Champions project, of which our own Maria Eurton is one such champ, was funded by industry. The aim of the project was to support practices and localities that might be struggling to implement evidence-based care for a range of reasons. A key element of the project is to ensure that the champions left a legacy behind when their time was over, so that these clinicians felt empowered to continue the champions' work. The development of the COPD assessment test that so many of us use on a daily basis was supported by pharma. Many companies produce patient materials to educate and enlighten patients living with respiratory conditions. In the past, and sometimes even now, pharmaceutical organisations might be viewed with some suspicion. However, you only need to familiarise yourself with the ABPI code of conduct to see how tightly regulated they are and how the ethics of the code are paramount for member organisations: see https://www.abpi.org.uk/reputation/abpi-2024-code-of-practice/ for more information. You can also read more about how industry and the NHS have worked together on a range of projects in the NHS-Industry Partnership Case Studies Library, which sits on the ABPI website. This is why ARNS is proud to work alongside these companies, to optimise benefits for our members and for the people we serve.

Research and development

As mentioned, we have a robust Research and Education committee and ARNS members in general get involved in a whole range of research projects and quality improvement programmes. Here are some examples.

The IMPROVE Trial

ARNS committee members Elaine Bevan-Smith and Lucy Speakman attended a conference recently to hear the results of the IMPROVE trial. This trial looked at using pulmonary rehabilitation (PR) volunteers, known as 'PR buddies' to try and improve uptake and completion of PR programmes. Elaine is the ARNS pulmonary rehabilitation lead and Lucy sits on our Research and Education subcommittee, so both were well-placed to reflect on the aims of the trial. Elaine pointed out that poor completion of PR is well documented, with only a 40% completion rate, and with 35% of patients dropping out in-between referral and first assessment. However, most people who complete a programme are very enthusiastic about the benefits of PR, raising the question of whether their enthusiasm could be used to improve uptake amongst newly referred patients. The greatest number of PR referrals come from primary care, where clinicians may not have the time to spend persuading the patient of the benefits of PR.

The aim of the IMPROVE trial was to increase uptake and completion of PR by testing the effectiveness of the buddy system and to determine if it could be implemented across all PR sites. The primary outcome was the rate of PR uptake and completion at study sites. Sites were recruited across the UK and were randomly allocated to either the control group, to deliver usual care, or the intervention group, where patient volunteers were used to support new patients who were referred to PR.

'Buddies' were recruited from people with COPD who had completed PR. Potential recruits went through an application and interview process and were given comprehensive training over 3 days in communication skills, behaviour change techniques, boundary setting and confidentiality. People in the intervention sites were allocated to a buddy who helped the person overcome obstacles to PR through supporting behaviour change and boosting self-belief. Importantly, the buddies were there for support only and were not responsible for the patient's attendance at PR.

Twenty-nine sites, made up of 15 control sites and 14 experiential sites, took part and the PR team at each site received 2.5 days training and then were required to recruit, support and train 8 PR buddies.

Data was collected about the experiences of all participants, both patients and clinicians. Initial findings have been that the buddies themselves found the experience rewarding, gaining some personal benefits including a reduction in isolation and boosting confidence. Most patients welcomed the support of the buddies. The full results of the trial are expected imminently but as Elaine and Lucy said, 'Any intervention which demonstrates increased completion of PR is highly valued and we congratulate the researchers and participating PR sites for trying to find a solution to this very frustrating problem'.

Lucy was interested in the trial from her position on the Research and Education Committee but also as a Respiratory Nurse from Oxford Community Trust who worked at one of the control sites in the study. Lucy explained that hearing about the study offered an excellent insight into the scheme, by hearing directly from a buddy who described how he was able to 'give back' through this role. You can read more about the study here: https://improvetrial.co.uk/

SCOPES: Supporting Smarter COPD Reviews in Primary Care

Maria Eurton, who we've already mentioned above, has been sharing news about the SCOPES project. Now in its second year, the Hampshire and Isle of Wight SCOPES project, which is supported by the Asthma + Lung UK Respiratory Champion Programme, aims to help primary care teams to improve COPD care after an exacerbation. SCOPES is a structured COPD Post-Exacerbation tool template which is built into GP clinical systems. It enables a risk-stratified, patient-centred approach, ensuring that those most at risk receive timely and meaningful follow-up instead of waiting for their annual review.

There are six SCOPES domains and each domain focuses on evidence-based, high-value interventions. These include:

- Smoking cessation – referral prompts to local services
- CVD risk & co-morbidities – QRISK3, mental health
- Optimisation & vaccinations – inhaler technique, treatment review, and vaccines
- Pulmonary rehabilitation – identifying and referring those who would benefit
- Exacerbation history & eosinophils – guiding triple therapy (LABA/LAMA/ICS) use and specialist referrals
- Self-management – reinforcing action plans and confidence post-exacerbation, appropriate use of rescue packs

Maria reports that so far, across the five pilot sites, in Hampshire & Isle of Wight, Frimley, and Kent & Medway ICBs, SCOPES has delivered:

✓ Increased referrals to smoking cessation and pulmonary rehab
✓ Increased cardiovascular disease risk assessment and tailored self-management advice
✓ More timely referrals to respiratory specialists for frequent exacerbators
✓ Stronger patient engagement compared with traditional annual reviews

The next phase focuses on risk stratification and case finding to ensure that no patient experiencing an exacerbation is overlooked, while enabling a risk-based approach to prioritise those who require earlier review. Practices are encouraged to prioritise reviews for patients who:

- Have had an exacerbation in the previous 12 months
- Are current smokers or live in areas of deprivation
- Have not had a recent review
- Are on sub-optimal treatment

This targeted approach helps teams identify those most in need of proactive follow-up earlier.

The next step is to build on this success with funding from the NHS England Respiratory Transformation funding, to embed SCOPES into its risk-stratification and optimisation workstream.

For Maria and her team, implementation will focus on Southampton City and Portsmouth City PCNs, where higher deprivation is linked with greater respiratory health inequalities.

Are you interested in submitting an article, report or update for a future newsletter?

Please contact ARNS Secretariat at info@arns.co.uk for more information.

Maria says that the take-home message here is that respiratory nurses are at the heart of this work - leading reviews, motivating patients, and ensuring care is optimised after every exacerbation and that SCOPES provides a clear, structured framework that supports smarter, more equitable COPD care across primary care.

So have you used the SCOPES template in your area? If so, we'd love to hear your experiences, insights, and success stories. You can share any feedback with ARNS by emailing info@arns.co.uk or with the Respiratory Champions on hiowicb-hsi.respiratorychampions@nhs.net

Chronic Obstructive Pulmonary Disease and the Management of Cardiopulmonary Risk

ARNS worked with other cardiovascular and pulmonary leads with support from industry to develop a cardiopulmonary matrix designed to support clinicians with the identification of people with COPD who are at high risk of both acute exacerbations of COPD and cardiovascular events. The final paper, Chronic Obstructive Pulmonary Disease and the Management of Cardiopulmonary Risk in the UK: A Systematic Literature Review and Modified Delphi Study, which includes a copy of the matrix can be found here https://pmc.ncbi.nlm.nih.gov/articles/PMC12206411/

If these projects have whetted your appetite for a bit of **research and quality improvement** yourself, have a chat with our Research and Education subcommittee chair, Kate. Dr Kate holds a PhD but isn't scary at all! In fact, she's a super-friendly, easy-going individual who likes nothing more than to support people to develop their ideas for research and QI. If you have an idea but are not sure where to start, Kate will take you through what you need to do and how to help you get your project off the ground. Before you know it, your embryo of an idea will be a full-term delivery – and you might even find yourself presenting your findings in a poster or presentation at the next ARNS conference! Speaking of which…

After 3 years, 47.7% of CPAP patients discontinued treatment1

Inspire
Inspire Medical Systems

Inspire, breath-synchronised hypoglossal nerve stimulation therapy - Designed to improve your OSA patients' long term quality of life2,3,4

Ef fe ctive.5
80% success rate6.*

Evidence-based.
> 350 publications.

Proven.
> 100,000 patients.

Credible.
91% patient satisfaction7.

Find a regional treatment centre at **www.InspireSleep.co.uk** or call us free of charge on **0800 031 80 81**

1 Database analysis; Pépin JL, Bailly S, Rinder P et al. J Clin Med. 2021;10(5):936. **2** Strollo et al. NEJM 2015. **3** Woodson BT et al, Otolaryngol Head Neck Surg. 2016. **4** Woodson et al, OtoHNS 2018. **5** Woodson, BT, Strohl, K P, Soose, R J et al. Upper Airway Stimulation for Obstructive Sleep Apnea: 5-Year Outcomes. Otolaryngology–Head and Neck Surgery 2018; 159(1):194–202. **6** Kim et al, OtoHNS 2023. **7** Suurna et al. Laryngoscope 2021.

* 8670 total patients: 8637 with Inspire and 33 with other devices. 80% met the Sher criteria (AHI reduction by 50 % and <20 events per hour) within 12 months (95% CI 79.14% to 80.83%). In addition, approximately 82% of patients achieved an AHI <15 at 12 months (95% CI 81.18% to 82.79%).

Inspire therapy is not suitable for all patients. Talk to your patients about the risks, benefits and expectations associated with Inspire therapy. Risks associated with the surgical implantation procedure include infections and temporary tongue weakness. In rare cases, tongue paresis and atrophy may occur. After inserting the implant, some patients may need to readjust the settings to improve effectiveness and make it easier to become accustomed to it. Important safety information and product manuals can be found at www.InspireSleep.co.uk/important-safety-information or call 0800 031 80 81.

ARNS Conference 2026

The ARNS conference for 2026 is being held in at the Hilton hotel, Lincoln on May 15th and 16th. This city has an interesting history going back to medieval times so the evening dress code will reflect that! We always try to bring you the most interesting respiratory agenda and then combine this with some local talent – whether that's speakers, the band or via our wellbeing sessions on the morning of day 2. Without spoiling the surprise, we have some rather lovely options for these wellbeing sessions and you're going to be hard-pushed to choose which one to attend – but you'll need to be there to find out so make sure you've booked your place. We've had a sneak peek at the agenda (the conference committee let us) and it is absolutely stellar. Spare a thought for the conference committee members who have to come up with bigger and better ideas, year after year. We don't know how they do it, but they do!

We hope you have enjoyed reading this newsletter and have found items of interest. If you have any thoughts, comments, questions or ideas, please feel free to contact us on info@arns.co.uk. As we always say, ARNS is your organisation, your respiratory family. As winter pressures start to bite, we are here for you – with clinical support and information, and with a listening ear and a broad shoulder if you need it. See you in Lincoln!

Bev Bostock - ARNS Newsletter Editor and ARNS Asthma Lead

Good Queen Wheez-less

Good Queen Wheez-less last breathed out, On her way to see the nurse

Lungs felt heavy, and clogged about, Sputum green and yellowy

Lighting up the practice bright, stood Bev, the nurse of respiratory might.

Years of experience and stethoscope, warmed up and ready.

"Hither, patient, come to me, Have you had your vaccine?"

"Nay," she said, "Oh dear, oh me— This could have been prevented!"

"I can hear your wheeze from here, your chest is full of infection.

We have treatment just for that, take two of these, they won't make you fat

Return to me in a day or two, I'll need to check you through and through.

It's time to change those habits now, start with exercise some-how.

Join the local PR class, It'll help your breathing to last.

But puffing on a cigarette—will only make things worsen I suggest a MART regime, to optimise your breathing dream.

Together we'll restore your air, and keep you wheeze-less everywhere!

Wheeze no more, cough no more
Clear those lungs for ever
Take you meds and quit the fags
Breathing so much better!

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