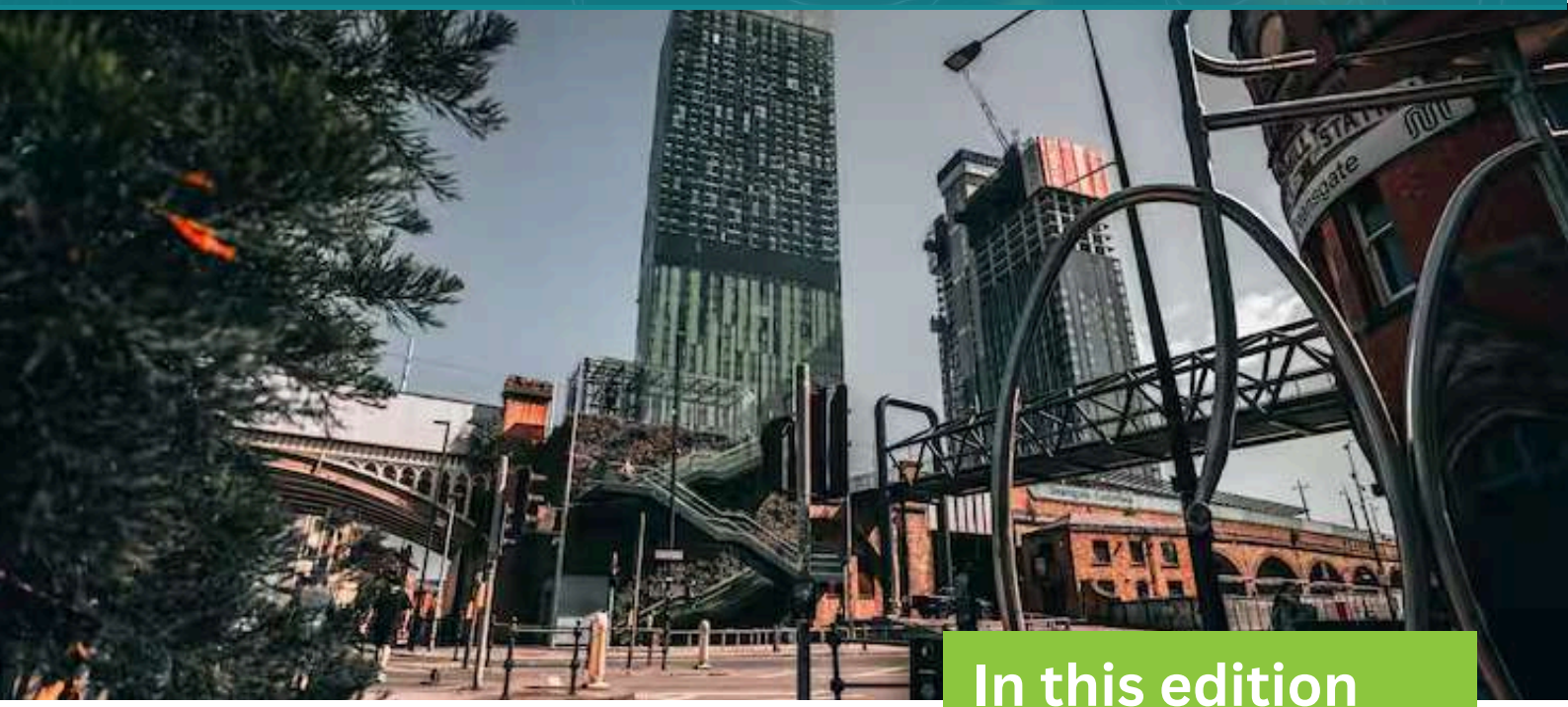
Association of Respiratory Nurses

Newsletter



In this edition

Winter 2024

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ARNS Conference 2025

Beverley Bostock, Editor and ARNS Asthma Lead

If you measure the year like we do, then we are currently midway between two important dates - the ARNS conferences of 2024 and 2025, of course! With the 2024 conference now just a fabulous memory and the 2025 conference currently gestating beautifully, this is an opportunity for reflection and forward planning by the team. Brighton did a wonderful job of hosting us in 2024, and in 2025 we will be in Manchester, a city which knows how to put on a great event.

We are very much looking forward to seeing many of our members and supporters at the Hilton Manchester Deansgate on May 15th and 16th 2025, with next year's event promising to be bigger and better than ever. Our Brighton conference was brimming over with attendees, and the exhibition was perhaps our biggest ever, with organisations queuing up for places. It's certain to be the same in Manchester so make sure you secure your place as soon as possible in order to avoid disappointment.

Other Conferences

We have been getting lots of ideas from the many and varied conferences we have attended (and presented at) ourselves this year. Several board and committee members attended the European Respiratory Society (ERS) conference in Vienna, where our Education and Research Lead, Dr Kate Lippiett, addressed the topic of the nurse role in caring for people living with multiple long-term conditions, which was received with great interest. Kayleigh Brindle, a member of the Education and Research committee was surrounded by healthcare professionals at the poster session wanting to hear more about her PhD research on chronic cough. ERS was a great opportunity to meet up with and hear from the wider respiratory research community as well as being able to catch up with some of our members face to face.

We also attended the Primary Care Respiratory Society conference after being asked to present and chair some of the sessions. The national Interstitial Lung Disease (ILD-IN) conference for nurses provided a perfect opportunity for us to introduce our new ILD lead, Jessica Mandizha, who is well-known in the ILD community, but who was new in post with ARNS.

In November, we have the British Thoracic Society Winter meeting in London. Three of our ARNS team are on the BTS Nurse Specialist Advisory Group (SAG) with Aleks, who sits on our Research and Education sub-committee, chairing it. The Nurse SAG aims to ensure that importance of respiratory nursing is highlighted throughout the conference, and there are some interesting sessions planned with a view to achieving this.

At the recent World Bronchiectasis Conference in Dundee, Maria, Emma and Rachel from the respiratory diseases sub-committee, presented on behalf of ARNS at the first ever nurse track. This was well received and also gave them the chance to meet nurses from around the world (as far as Australia) who had a keen interest in improving care for people living with bronchiectasis. The session started with a discussion on the importance of nurse assessments in the care of patients with bronchiectasis and how they can benefit from both physical and emotional support. Other areas covered included how correct diagnosis, early intervention, appropriate treatment and tailored education is paramount in providing best care for people with bronchiectasis and their families. The importance of self-management plans was highlighted along with an explanation of how they can be implemented to improve practice. Emma discussed nurse led support for the use of oscillating positive expiratory pressure (OPEP) devices (she has also been published on this topic) and the importance of mucus clearance as a means of optimising outcomes.

ERS Congress Report

Kate Lippiett, Chair of the ARNS Research and Education Sub Committee

I was lucky enough to receive an ARNS bursary to support my attendance at the European Respiratory Society (ERS) Congress in Vienna. The ERS Congress is an annual conference that brings together the world's respiratory experts to present and discuss the latest scientific and clinical advances across the entire field of respiratory care. 67 nurses from across the world submitted abstracts and my abstract was chosen for an oral presentation.

My research looked at improving care for people living with multiple long term condition. This is important for our respiratory patients because many people with chronic respiratory disease also have other multiple long term conditions. For example, on average patients with COPD have five different multiple long term conditions and more patients with a diagnosis of COPD will die from cardiovascular causes than from respiratory failure.

In the UK and other countries, nurses manage patients with long term chronic conditions in primary care. Despite an holistic person-centred approach being an important part of nursing practice, nurses tend to be trained in condition specific management of disease.

In the UK, people with long term conditions are seen at least once a year in primary care for an annual review of their condition, for which their general practice is paid. If people have more than one condition, they may be asked to come in several times to their general practice, often to have very similar measurements (for example, blood pressure) and questions asked of them (for example, around smoking cessation). We piloted a longer, two-part review of all an individual's long term conditions. In practice, this meant that people attended their general practice twice. First, for a short appointment with an unregistered health practitioner where measurements and bloods would be taken. Second, for a longer review with a registered healthcare professional, normally a nurse.

We conducted a secondary analysis of the qualitative data of a mixed methods study. I used abductive analysis, iteratively comparing and contrasting empirical materials (interviews with nurses, doctors, administrative staff, and patients) with theoretical materials (chronic care model, burden of treatment theory).

In brief, the chronic care model was developed by Wagner in the 1990s and sets out a framework for a coordinated service model that enables patients with long-term conditions and clinicians to work together to determine and shape the support needed to enable them to live well with their conditions. Burden of treatment theory identifies the work that healthcare systems and professionals confer on patients and the capacity (resources) available to patients to carry out this work and suggests that where workload outweighs capacity, burden may occur.

Nurses undertook the multiple long-term condition reviews in 15 of our 16 practices. We identified two overarching themes: healthcare professionals' understanding of reviews' purpose; challenges and opportunities for nurses delivering reviews.

Some nurses utilised reviews as data-gathering exercises, facilitating collection of nationally driven financial incentives linked to single conditions. In general practices in which these nurses worked, little consideration appeared to be given to nurses' capabilities and skills, and training required to support this. Other nurses used reviews as opportunities for meaningful discussion of complex problems, leading to action. In these instances, general practices gave considerable attention to nurses' capability and skills, and training required.

Importantly, we found that reviews allowed nurses to focus on the delivery of person-centred, holistic care, attending to patient rather than professional priorities. Some nurses found this empowering, others found the move from single condition management frightening and uncomfortable. Some nurses who initially found the reviews uncomfortable described increased job satisfaction once they had been got over their initial discomfort. Patients clearly valued reviews where opportunities for meaningful discussion and action were paramount and could find reviews that were used as data-gathering exercises distressing.

It's very much 'well why isn't it like this? Why isn't it like that? What did you do here? It's almost formulaic and I need to ask you these question and I need this answer and this is how it should be…If I have someone like that then I've very much let's just get through the questions and let's just get through the tick boxes and then I'll go…I feel if you see someone like that I generally go away feeling really rubbish. There have been times I've gone away and I've walked out and I've cried.

Nurses valued organisational support for training in person-centred, multiple long-term condition management. Where training was discussed, the focus was upskilling on single conditions (for example, undertaking post graduate courses in asthma, COPD, diabetes, cardiovascular disease) rather than on upskilling in multiple long-term conditions. There was no consensus on how best this training should be delivered.

Emma Rickards and Jess Mandizha at ILD-IN 2024

Interstitial Lung Disease

ARNS was delighted to support the Interstitial Lung Disease Interdisciplinary Network (ILD-IN) annual conference this year, which was held on the vibrant University of Birmingham campus. Alongside expert speakers addressing the diagnosis, management and monitoring of ILDs, our ILD lead, Jessica, was in excellent company, hearing from colleagues from a range of disciplines who are offering ILD patients the very best supportive care. The inclusive ILD-IN approach also welcomed carers to the stage and showcased first-time abstract presenters alongside veteran speakers. You can visit www.ild-in.org.uk for more information and have a look at the OneVoice national pathway for a long-term vision for ILD here: https://www.actionpf.org/get-involved/transforming-ild-services. Be sure to save the date for next year (5th-6th October 2025) and what promises to be a very special 10th anniversary event.

Guidance

In between conferences, the board and committee members have been offering advice and recommendations to various organisations who have been publishing new guidance. The draft NICE/BTS/SIGN Asthma Guidelines went out for consultation earlier this year and are due to be finalised in November. They take quite a different approach to the diagnosis and management of asthma, reflecting current evidence in the main, although there was some debate around the diagnostic element, not least when it came to blood eosinophils. However, ARNS largely welcomed the recommendations around FeNO testing and the introduction of the anti-inflammatory reliever (AIR) and maintenance and reliever therapy (MART) approaches to managing asthma.

As always, it is essential that objective tests are only a small part of the respiratory diagnostic puzzle. By far the most important tool you have is robust history taking and clinical examination. Always ask yourself: “Does this sound like asthma/COPD?” We look forward to seeing the final guidance when it is published.

Apart from the NICE/BTS/SIGN Asthma guidelines, ARNS are regularly contacted as stakeholders for guidance on other areas of respiratory care. Topics we have been asked to comment on include allergic rhinitis/conjunctivitis, dupilumab for COPD, and benralizumab for eosinophilic granulomatosis (polyangiitis, relapsing, refractory), aspergillus. November is Lung Cancer Awareness month and our lung cancer lead, Rachel, has been involved in NICE consultations on different lung cancer treatments guidelines, including advising on the place for adagrasib, encorafenib and durvalumab. Lung cancer is the third most common cancer diagnosed in the UK and remains one of the most difficult to treat. Many people with lung cancer also have another lung disease so most respiratory nurses will come into contact with patients who have lung cancer at some time. It is important to remember the signs and symptoms of lung cancer so that a suspected lung cancer can be investigated and treated in a timely way.

ARNS is always ready to comment on guidance as we have so much expertise within the organisation in a wide range of respiratory topics.

Children and Young People

The Ask About Asthma children and young people (CYP)-focused week was supported by ARNS again this year, with particular input from Viv, our CYP lead who presented on work that has been done on integrated health and housing to improve outcomes for children with asthma living in social housing. The ACEing Asthma program, a finalist for this year's Health Service Journal awards, harnesses the power of community champions to support self-management of asthma and provide wrap around assistance for families such as priority housing repairs, education events and support to attend medical appointments. Evaluation of the National Bundle of Care for children and young people with asthma is taking place and Viv will be sure to update ARNS members as soon as the report is published.

Schools and school nurses have an important role in children's asthma care and, following a well-attended webinar in September, Viv will be working closely with the School and Public Health Nurses' Association (SAPHNA) to develop a national resource pack to support school nurses in their role.

Allergies

Asthma is closely linked to atopy, and we were able to offer our thoughts on NICE's guidance on allergic rhinitis (AR) and conjunctivitis, too.Allergy specialists are few and far between in the UK so primary and secondary care nurses are well-placed to support people living with allergies to identify and manage their triggers appropriately. We look forward to the outcome of this consultation.

Three of our subcommittee members, Rachel, Emma and Kerry published an article on the topic of AR which you can find here: https://www.magonlinelibrary.com › pnur.2024.0017. Emma has been busy with articles recently. Here's another she authored on pulmonary embolism: https://in.mydigitalpublication.co.uk/articles/management-of-pulmonary-embolism

Pulmonary Rehabilitation

Increasing the provision, uptake and completion of programmes in the UK is a key part of the transformation work in pulmonary rehabilitation (PR) currently being undertaken by NHS England. The transformation project provides new commissioning standards for PR along with resources to case find and prioritise patients eligible for a programme. Other work in this project saw guidance on growing and developing the PR workforce and calculation of staffing levels for a programme (link below). Referral of eligible patients is still inadequate, with under 40% of this population being referred. However, those of us working in primary care are familiar with patient barriers such as lack of accessibility to local programmes, a long waiting list and the commitment requirements. New models of PR such as digital or hybrid models have been the subject of much debate recently and look promising as an alternative for patients not able to access a traditional face to face programme. Work continues from the pulmonary rehabilitation services accreditation scheme (PRSAS) and the National respiratory audit programme (NRAP) to improve the quality and consistency of programmes with the numbers of services registered with PRSAS increasing and another organisational PR audit to be published in November. Many of our members are doing some fantastic work to try and increase access and completion of PR and hopefully with a new government and promise of increased investment we can scale up current PR provision.

Useful links:
PRSAS Commissioning standards Link to PR MDT growing and developing

Pleural Diseases

Rachel, our pleural disease lead, has been working on the BTS Quality standard for pleural diseases and coding for these conditions. If that wasn't enough, Rachel is writing her dissertation for her master's degree on pleural interventions for malignant effusions – we wish her luck!

Diagnostics

There is still significant variation across the country regarding access to respiratory diagnostics such as spirometry and FeNO. Restoration of spirometry within clinical pathways is essential for the diagnosis of people living with lung disease. NHS England has recently published commissioning standards for spirometry, which are available here: NHS England » Commissioning standards for spirometry

In addition to patients being able to access diagnostic testing, there is a need to ensure healthcare professionals are performing and interpreting spirometry accurately and efficiently. There are multiple providers who provide educational courses to aid in achieving Association of Respiratory Technicians and Physiologists (ARTP) standards (or equivalent). For those seeking ARTP accreditation, it is important to ensure choose a provider who provide ongoing mentorship throughout the accreditation process, as the ARTP is not an education provider. You can find ARNS endorsed courses here: Courses - ARNS. The new ARTP Practical Handbook of Spirometry (4th edition) is now available to purchase from the ARTP bookstore on the following link: ARTP Practical Handbook of Spirometry (4th edition).

COPD

COPD continues to ride high on many clinicians' agendas (World COPD Day is in November) and there has been an increasing focus on cardiopulmonary risk, especially in those who are frequent exacerbators. There has also been a consultation process taking place to discuss the place for dupilumab, a biologic currently used in severe asthma, in the management of COPD.

Nicotine Addiction

Nicotine addiction has been in the news with two new(ish) treatments for this condition being made available this year. The absolute newcomer to the armoury is cytisine, which is now available via the NHS as a 25-day course. Cytisine is an effective plant-based treatment which acts as a selective partial agonist on the alpha-4 beta-2 nicotinic acetylcholine receptor – so now you know! If you'd like to know more have a look at this link from the National Centre for Smoking Cessation and Training https://www.ncsct.co.uk/library/view/pdf/Cytisine.pdf. We have also seen the return of an old friend, varenicline. Both treatments will be welcome additions to nicotine replacement therapy as options for helping people to quit. As for vaping – well, the jury may still be out on that one. Our former Smoking Cessation Lead, Yvonne MacNicol, has recently moved on to work on a project looking at the impact of second-hand smoke on healthcare workers in the community. We are also looking forward to hearing more about Yvonne's new project at a future ARNS conference. It is hugely rewarding, being part of the ARNS family, whether as a member or as a board or committee member. This message from Yvonne sums up the rewards of working with ARNS:

> *As I reach the end of my four-year tenure here, I wanted to take a moment to express my deep gratitude to each of you. These past years have been full of growth and learning, and I could not have done it without the support, encouragement, and camaraderie of this incredible team/organisation.*
>
> *I have learned so much, both professionally and personally, thanks to your guidance, collaboration, and the shared experiences we've had. Each of you has played a role in shaping my journey, and for that, I am forever grateful.*

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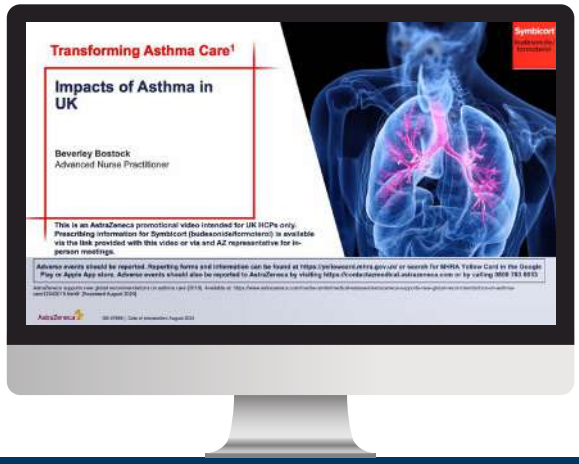
Insights on Asthma Management: A Nurse Practitioner's Perspective

Watch three videos with **Beverley Bostock,** *Advanced Nurse Practitioner,* covering the following topics:

1. Impacts of asthma in the UK
2. Treating asthma in 2024 in primary care
3. Asthma guidelines

Click here



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Symbicort® (budesonide/formoterol) Turbohaler® 100/6, 200/6 and 400/12 are indicated for adults and adolescents 12 years and older for regular treatment of asthma where the combined use of inhaled corticosteroids (ICS) and long-acting β2 adrenoceptor agonist (LABA) is appropriate:[1,2]

• Patients not adequately controlled with ICS and as needed inhaled short-acting β2 adrenoceptor agonists (SABA); **OR** • Patients already adequately controlled on both ICS and LABA. Symbicort® Turbohaler® 100/6 is not intended for the initial management of asthma. It is also indicated in children with moderate asthma aged ≥6 years for regular maintenance treatment with a separate rapid-acting bronchodilator as rescue. Note: This inhaler is not appropriate in patients with severe asthma.[1] Symbicort® Turbohaler® 200/6 is also indicated as reliever therapy for adults and adolescents ≥12 years with mild asthma.[2] Symbicort® Turbohaler® 100/6 (moderate asthma only) or 200/6 (moderate or severe asthma) are indicated for Maintenance And Reliever Therapy (MART) or for maintenance therapy in asthma patients ≥12 years.[1,2] Symbicort® Turbohaler® 400/12 is indicated for maintenance therapy only in asthma patients ≥12 years and is not intended for the initial management of asthma.[3] For further information, maximum dosage and method of administration for Symbicort® Turbohaler® 100/6, 200/6 and/or 400/12, see SmPCs.[1,2,3]

GINA, global initiative for asthma; PCRS, Primary Care Respiratory Society

References: 1. Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention 2024. Available at: https://ginasthma.org/reports/ [Accessed Oct 2024]. **2.** Darush Attar Zadeh, Katherine Hickman, Ren Lawlor, Alicia Piwko, Lizzie Williams. Primary Care Respiratory Society 2023. Focus on Asthma: The GINA Approach to Managing Asthma. Primary Care Respiratory Update 2023. Issue 26. **3.** Symbicort® Turbohaler ® 100/6, Inhalation powder. Summary of Product Characteristics. **4.** Symbicort® Turbohaler® 200/6, Inhalation powder. Summary of Product Characteristics. **5.** Symbicort® Turbohaler ® 400/12, Inhalation powder. Summary of Product Characteristics. **6.** AstraZeneca UK Ltd. Data on File. ID: REF-217029 February 2024.

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AstraZeneca

Research and Education

On the subject of presenting at conferences, Dr Lippiett has a regional role supporting primary and community nurses in the South West who would like to understand more about undertaking research. Kate sees research as a broad church, so includes support for audit, service evaluation and innovation as well as research. Kate presented on this topic at a recent national COPD conference for nurses and her presentation was extremely well received, with many attendees saying they felt inspired to share their ideas with the wider nursing community. Many of us feel that we are just 'doing our job' when we audit, plan, implement and improve care but sharing best practice can really help others who may be trying to do the same thing. Kate and her sub committee have also updated their guidance on submitting an abstract so that you can be ready for the next ARNS conference poster session. You can find this on our website but if you would like to know more, please contact Kate on K.A.Lippiett@soton.ac.uk. The Education and Research committee offers one to one support to ARNS members wanting to submit an abstract to conference. Don't miss out on this FREE offer!

Kate Lippiett at the James Lind Alliance priority setting exercise on breathlessness

Sleep

It's been a busy year in sleep services, with our Sleep Medicine lead, Iain, seeing a 30% increase in referrals. Unfortunately, an increase in referrals doesn't guarantee an increase in staffing, or space to see all those extra patients. Fortunately most services have already moved towards devices with modems so that CPAP data can be reviewed remotely, and patients don't always need to come into a face-to-face clinic.

However, another avenue teams are exploring is setting up shared appointments, where groups of patients are seen at the same time to start on CPAP. Liverpool University Foundation Trust Sleep Service embarked on a quest to reduce their patients' waiting times for treatment with CPAP through a 'group consultation' approach, with 35-60 patients being invited to a morning of education, followed by breakout groups for device and mask fitting. This was a step up from previous approaches which were based on five patients in a group, with three groups in an afternoon clinic. The new system has been well received although is important to select appropriate patients and have enough resource to manage any difficulties during CPAP set up. It clearly shows that there are real opportunities to change the way we provide services, by offering a range of options to meet the needs of patients and the NHS.

In other news in sleep medicine, watch out for the NICE guidance on the use of novel home-testing devices for diagnosing obstructive sleep apnoea/hypopnoea syndrome due later this year. Will this change the devices we use to diagnose patients with sleep apnoea? Time will tell.

Are you interested in submitting an article, report, update for future newsletters?

Would you like to advertise in future newsletters?

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

Podcasts

The Respiratory Diseases sub-committee members recorded some podcasts at the ARNS conference which we shared on social media. The Research and Education sub committee are planning further podcasts with the next three topics to include preparing holistic personal action plans, Children and Young People's (CYP) asthma – identifying the educational needs of clinicians, and the non-pharmacological management of chronic cough. ARNS is keen to embrace a range of options when it comes to communicating information about respiratory care and we are always keen to hear from others with innovative ideas. If there is something you would like to share or hear about, let us know at info@arns.co.uk.

Collaboration with other organisations

ARNS is also represented at the All-Party Parliamentary Group (APPG) which focuses on respiratory care. After a change in government earlier this year, we will be looking for a renewed focus on respiratory health going forward. We work alongside other interested parties including Asthma and Lung UK to campaign for this subject to be at the forefront of the political agenda.

The subject of cardiopulmonary health is becoming increasingly important these days, so we were delighted to hear that our Asthma Lead and Chair of the Respiratory Diseases sub committee recently became President-Elect of the Primary Care Cardiovascular Society, reflecting this renewed focus on multimorbidity.

In summary, then, ARNS continues in its aim to be a force for good in the respiratory world. Our commitment to highlighting the important work done by nurses across primary, secondary and tertiary care is clear. Our main focus continues to be on improving the diagnosis and management of respiratory conditions through research, education and sharing best practice in order to improve the lives of people living with these conditions.

Bev Bostock - ARNS Newsletter Editor and ARNS Asthma Lead

Emma Rickards and Bev Bostock recording a podcast on asthma

As Christmas approaches you are probably wondering whether Rudolph has a red nose from rhinitis, or a seasonal cold, did the Herald Angels sing after taking their anti-inflammatory reliever (AIR) inhaler, and look forward to a 'Silent Night' only to be awoken by 'Ding Dong Merrily on High' and 'The Little Drummer Boy'.

Was The 'Little Donkey' the original nod to delivery drivers but more eco-friendly? Speaking of which, consider those journeys we make and whether we need to, can we provide services differently maybe through digital options. Although these may be unsuitable for some, focussing on digital inclusion can help teams to develop more personalised models to support our patients.

Provision of an equitable service is a message taken from our keynote speaker Laura Serrant at the 2024 ARNS conference. It is vitally important to ensure fairness, equity and justice in the way people are treated, something to think about when 'Driving home for Christmas'.

Also consider the fight for clean air, a battle not yet won but fought with tenacity by Rosamund Adoo-Kissi-Debrah CBE, who spoke at conference with such humility, advocacy and a heart-wrenching passion on the impact of environmental air pollution. This was proven to have contributed to her beloved daughter Ella's extremely poor lung health at a young age leading to her untimely death.

So, whilst you are 'Rockin' around the Christmas Tree', 'Decking the Halls' or partaking in some 'Jingle Bell Rock' we really want to hear from you on how your work is impacting respiratory care services for your patients. You are the 'Respiratory Shepherds' who look after a diverse flock. Oh, and whilst you are thinking about 'making a difference' (which is our conference theme) save the date as we would love to see you at ARNS conference 15-16th May 2025 in Manchester. Maybe a Christmas gift to self?

The ARNS committee wish you and your families a very peaceful Christmas and a Happy New Year.

ARNS Executive Board and sub committee members at our recent Strategy Day meeting

Sub Committee Member Feedback

ARNS has given me the opportunity to reach a wider range of professionals and groups and has enabled me to improve my practice, this has given me the chance to prioritise patients safely and to promote professionalism and trust. Using the BTS guidelines enables me to practice effectively.

Rachel Halliday

I prioritise my patients by continuing to learn and update to ensure my patients get the best care in line with the latest evidence. This also ensures that I practice effectively, preserve safety and promote professionalism and trust. I think that the work I do with ARNS & outside of ARNS continues to promote the organisation. I'm very proud to be part of such an inspiring organisation, which is like a family! I think this also really benefits my patients and colleagues.

Laura Rush

Through skills gained in abstract review and conference organisation, I've built the confidence to submit my own abstracts, all of which were accepted. The leadership and facilitation skills I developed also led me to pursue a leadership role as a Clinical Fellow for Children and Young People Asthma with NRAP.

What I learnt during the conference has directly influenced my clinical practice and improved the care I deliver, as I was inspired to challenge aspects of current practice. Additionally, networking through ARNS expanded my professional connections, opening opportunities for collaboration and growth in respiratory care.

Aleksandra Gawlik-Lipinski

I am a better nurse, leader, researcher and educator as a result of being ARNS lead for Pulmonary Rehabilitation. My patients directly benefit from my cutting edge knowledge and I am able to roll out the carpet to others.

Elaine Bevan-Smith

I co-authored an article on Rhinitis with other ARNS sub committee members & provided excellent guidance on how to complete this, demonstrating use of current evidence & how to summarise this in an easy read format. I thoroughly enjoyed the process & the support from ARNS peers have helped me to feel confident should I be approached to write an article in the future.

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