



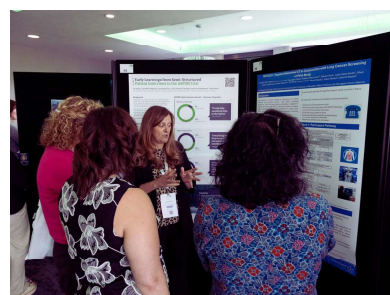
Welcome to the ARNS newsletter

Beverley Bostock, Editor and ARNS Vice Chair Elect

Welcome to the summer newsletter! So, let's start with a bit of summer culture – William Shakespeare, no less. In A Midsummer Night's Dream, Act 3 scene 2, the character Helena describes her small but feisty friend thus: 'Though she be but little she is fierce'. This quote reminds me a lot of ARNS. We may not be the biggest organisation in the yard, but boy, do we pack a punch! This year, we have collaborated with no less than 25 national and international respiratory organisations and have contributed to well over 20 different guidelines.



We have also developed successful partnerships with the Accelerated Access Collaboration, NHS England and NHSI FeNO working group, the Association for Respiratory Technology and Physiology, the British Thoracic Society, the British Journal of Nursing, Getting It Right First Time, the National Patient Safety Alerts, the Primary Care Respiratory Society, Soar Beyond and the Taskforce for Lung Health. Wow! Hopefully we will all find time to take a break over the summer holidays!



In this edition Summer 2026

- Welcome to the ARNS newsletter
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- Update on activities
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- Plans for the future

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So, with all of that collaborative working going on, the aim of these newsletters is for us to update you regarding what we have been doing since our winter newsletter. Of course, we do have our monthly 'e-shot', which provides a bite-size update of what's happening in the world of respiratory nursing, but the newsletter is a more full-bodied approach to keeping our members and our partners informed. We really hope you find it interesting, informative and inspiring. As always, we would encourage you to think about where you might fit into our future plans, either as a committee member, as an industry partner or as a member who has something to share with the wider ARNS community. Every member of the team is here to support you, too, and you can find out more about the team and contact us via our website www.arns.co.uk. The ARNS motto is 'Inspiring, Leading, Empowering' and we achieve this by working together – the board, sub committees, members and partners so please get in touch if you'd like to play your part. We are available on info@arns.co.uk.

ARNS Board and Sub Committee Members

Our Chair, Maria Parsonage, Respiratory Consultant Nurse, is now in her second year in post, ably supported by fellow Consultant Nurse and Vice Chair Iain Wheatley, and the board members, Beverley Bostock, Rachel Daly, Joanne King, Kate Lippiett and Emma Rickards. We then have our sub committees, all beavering away in their specialist areas to ensure that we are working together to support best practice in respiratory care. Our ultimate aim is to improve the lives of people living with respiratory conditions.

Rachel Daly has joined the board of ARNS and is the incoming chair of the Respiratory Diseases sub committee, with Viv Marsh as Vice Chair.

Kevin Fernandez-Mills, Emma Allan, Chris Mwasuku and Nour Odeh have been appointed to the Research and Education sub committee.

Beverley Bostock has stepped down as asthma lead to take on her new position as Vice Chair Elect and the Asthma Lead post has been handed over to her very worthy successor, Helena Cummings. Helena had this to say about her appointment:

“

I am honoured and delighted to be stepping into the role of Asthma Lead for the Association of Respiratory Nurses. Asthma has been central to my clinical practice for many years, and I applied for this role because I am passionate about improving outcomes and reducing variation in care across the UK. As a respiratory nurse specialist and advanced clinical practitioner, I have seen both the impact of high-quality, compassionate care and the challenges that still exist, including health inequalities and preventable harm. In coming years, my vision is to strengthen collaboration across our network, support the development of confident and informed practitioners, and ensure the nursing voice is clearly represented in shaping asthma services. The ultimate aim is of course for this work to benefit our community of people living with asthma.

And we have another Bev! Bev Robson is a Respiratory Nurse Specialist for South Tyneside and Sunderland NHS trust. She is their Lead for Pulmonary Rehabilitation locally and she's now the PR Lead for ARNS! Bev says:

“

Having been a member of ARNS for a few years, I have always watched from afar and felt a little bit of imposter syndrome in comparison to a lot of the committee members. However, over the last few years, I have taken on the role of chair of our ICB PR working group, and this has given me some confidence to be a voice on PR. I am a very passionate advocate of PR and when the opportunity came up to become the new PR lead for ARNS I just had to apply! My vision over the next few years is to ensure PR remains part of the agenda as we move forward to neighbourhood models of respiratory care, and that this type of low cost/high benefit intervention is not forgotten in amongst the excitement of new therapies for COPD such as biologics. I am looking forward to working alongside my ARNS colleagues as the landscape of respiratory care changes.



Sam Clark is our new interstitial lung disease (ILD) lead taking over from Jess Mandizha, who is pursuing her doctorate. Sam said:

“

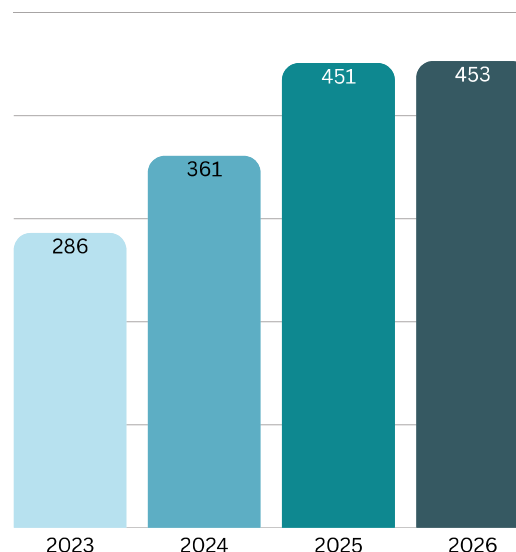
I currently work as an Assistant Professor at Coventry University and feel honoured to have the opportunity to represent ILD within the ARNS community. I have over 20 years of experience in respiratory nursing, working in clinical, research and academic roles. My experience covers respiratory medicine, cardiothoracic surgery, ICU, and running a pharmaceutical trial for individuals with alpha-1 antitrypsin deficiency in COPD. Moving into academia ten years ago has culminated in recently completing my PhD. In my earlier roles in Higher Education, I predominantly taught respiratory and cardiac nursing and developed and led postgraduate modules in Asthma and COPD care.

Goodbye and thank you

A massive thank you to Laura Rush and Lucy Speakman as they complete the second of their two tenures on the Research and Education sub committee. During her time on the committee, Lucy completed her professional doctorate and goes on to become a Senior Research Leader for her community trust.

A big thank you also to Elaine Bevan-Smith, who has completed the second of her two tenures as pulmonary rehabilitation lead with ARNS.

Finally, a huge thanks to Jess Mandizha, former ILD lead, and wishing her good luck with her doctorate.



Membership

We continue to see membership numbers increase and we are very grateful to all ARNS members for your continued support - we couldn't do it without you!

Please do keep spreading the word about ARNS and encouraging your peers and colleagues to join us. We have also launched a Student membership that's free to those undertaking full-time studies within healthcare, so please do share this within relevant networks. We also frequently run discounts on membership fees for new Full or Associate/International members, so don't forget to check the ARNS website for details of forthcoming membership offers.

As a reminder, ARNS members receive the below benefits:

- Ability to advertise educational courses on our social media channels for free.
- Advertise research opportunities for research projects for free.
- Twice yearly newsletter with ability to have articles accepted within the newsletter.
- Apply for a bursary up to 50% of the cost of a course.
- 35% discount with BMJ Open Respiratory Research when submitting to the journal.
- All members receive discounted registration for the ARNS Annual Conference and access to session recordings after the event.
- Ability to apply to hold office within ARNS, make motions and vote (Full membership only).
- Updates from national committees ARNS sit on such as the NHSE respiratory delivery board.
- Access to support from ARNS Research and Education Sub Committee regarding poster submissions
- Access to a regular E-Shot from the ARNS Board informing of respiratory news and events.
- All members have access to free webinars.

ARNS Conference 2026 Report

Those of you who were lucky enough to attend the recent ARNS conference in May, will know what a superb event it was. We were blessed with an array of excellent speakers, covering a wide range of clinical and non-clinical topics and the feedback has been overwhelmingly positive.

ARNS Conference 2026: A Board Member's View

There's always something a little special about the ARNS conference. This year was no exception. From the moment registration opened, and colleagues began reconnecting (and comparing travel stories), there was a real buzz that carried right through to the closing session.

We kicked off in style with a thought-provoking keynote from Professor Lucy Easthope, reminding us that preparedness, adaptability and compassion sit at the heart of everything we do in healthcare. It set the tone for a programme that balanced big-picture thinking with practical, clinically relevant insights.

Across the two main days, the breadth of topics was impressive. Sessions ranged from women's health and respiratory disease, to optimising consultations and new approaches in COPD management. What stood out most (at least from my slightly biased Board perspective!) was the consistent emphasis on partnership, whether that was system-level collaboration, multidisciplinary working, working with our industry colleagues, or with people with lived experience of respiratory disease and communities.

Poster sessions and oral presentations showcased not just innovation, but the sheer commitment of the respiratory community to improving care, often in challenging circumstances. A particular highlight was the wonderful Lungs United respiratory patient choir, whose performance had us laughing one minute and ugly sobbing the next; an uplifting and poignant reminder of the people at the heart of everything we do.

Friday's sessions brought an important shift in lens, with a lyrical and passionate keynote from Pippa Heylings MP, prompting reflection on the wider determinants of health and the role we all play in shaping a sustainable future. It was a fitting way to round off a conference that looked both inward (at our own clinical practice) and outward (at the systems we work within).

Of course, no ARNS conference would be complete without the informal moments: the conversations over coffee, the lively exhibition hall, and the gala dinner where we celebrated excellence across the respiratory community.

As a Board member, what I take away most strongly is the energy and commitment of this ARNS family. ARNS continues to be a space where ideas are shared openly, practice is challenged constructively, and people genuinely support each other to do better. Already looking forward to next year: bring on Brighton!



Other comments from attendees include these:

"Conference is so special, a time to think, reflect, learn new ways to work and reignite the passion we all have for respiratory care. An outstanding session for me was Christine Mwasuku's 'Women's health in respiratory care' – truly enlightening. Our own Sharon Stothard, Respiratory and Sleep Clinical Nurse Lead, South Tyneside and Sunderland Foundation Trust really brought home the message of 'When the professional becomes a patient' with her heartfelt reflections on her own experiences of living with asthma"

"I particularly enjoyed the session on mesothelioma. As a Respiratory Nurse Specialist in primary care it is so important to be aware of rarer conditions beyond COPD and asthma. It was incredible to hear the speakers describe their role and work helping people to have a 'good death' at home. The talk really emphasised the importance of asking about asbestos exposure when reviewing patients and acting promptly"

"What really struck me was that we had some amazing speakers, you know the ones who don't look at their slides, or in some cases don't even have slides. They stand up on the stage with confidence, they know their subject, they project with passion and provide a message so strong you can't not pay attention and take heed. Oh, and after that, I would say the beauty of having the choir. Then there's the commitment to the conference theme - there were a lot of medieval costumes! All who attended really made an effort and the gala dinner display was spectacular this year"

ARNS Conference 2026 - Photo Gallery



ADVENT is a medical education programme organised and funded by Sanofi and Regeneron intended for UK healthcare professionals. Products will be discussed at this meeting and prescribing information can be accessed below. Adverse event reporting information can be found below.

ADVENT 2026 meeting

Join us on Tuesday 6th October 2026
Hilton Metropole, Birmingham



We are pleased to announce that ADVENT is returning!

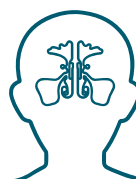
Following the success of last year's meeting, this 1-day CPD-accredited educational event is expanding. Designed to highlight the **evolving understanding of type 2 inflammatory diseases**, with a focus on the **shared mechanisms** driving conditions such as:



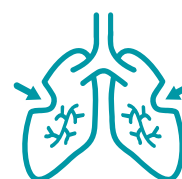
COPD



Atopic
dermatitis



CRSwNP



Asthma



Through a dynamic mix of plenary sessions and specialty-specific, expert-led workshops, attendees will gain practical insights to support patient identification and management in everyday practice.

ADVENT 2026 offers a valuable opportunity to connect with colleagues across specialties and stay at the forefront of clinical advancements.



Don't miss ADVENT 2026!

Places are limited — register today by scanning the QR code or visiting the link below.

<https://www.sanofieducation.co.uk/IKKPe2>



To view the prescribing information for Dupixent (dupilumab) please scan this QR code or visit <https://url.sanofi.com/q4w>

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Adverse events should also be reported to the Sanofi drug safety department on 0800 0902 314. Alternatively, send via email to UK-drugsafety@sanofi.com

ARNS Nursing Awards

As always, there were ARNS awards presented at our conference for those who had shown an exemplary level of dedication and achievement. The ARNS Award for Outstanding Contribution to Respiratory Patient Care went to Lisa Rees, the ARNS Award for Excellence in Respiratory Care went to the Respiratory Clinical Nurse Specialist Team at Heartlands Hospital, the Best Poster award went to Rachelle Clarke and the Best Oral Presentation to Rita Gurung and Melanie Etherton. Congratulations to all the winners but also to the others who entered – as always, the quality was exceptionally high, reflecting the incredible work that you are all doing.



ARNS is very grateful to all delegates, speakers, exhibitors and suppliers who made ARNS 2026 such a success. We'd particularly like to thank our ARNS Partners: AstraZeneca, Chiesi, GlaxoSmithKline and Trudell Medical, for making the conference in Lincoln such a fantastic event. We literally couldn't do it without you and we cherish your ongoing commitment to support us.

Thank you to our 2026 partners:



ARNS Conference 2027

Every conference we ask ourselves how on earth we are going to produce something to match this year's event for the following year but rest assured, we are already working on the agenda for 2027 and have some real "pearls" up our sleeve. Even more exciting is the fact that next year, ARNS celebrates a big birthday – we are **30** years old! That makes it our Pearl Anniversary so start digging out your pearl necklaces (not just the ladies – Harry Styles made boys in pearls very fashionable) for Brighton 2027! Yes, we are heading back to the seaside in response to popular demand. So, make sure you have the dates in your diary (**May 13th and 14th 2027**) and we will share more details with you as they become available.



Update on activities

Board members of ARNS have been working as part of the **UK Bronchiectasis Policy Network**, a collaborative initiative bringing together clinicians, researchers, patient representatives, and organisations committed to improving outcomes for people living with bronchiectasis across the UK. The policy, which is due to be launched imminently, sets out key recommendations to strengthen the diagnosis, care pathways, research, and long-term management for bronchiectasis in the UK.

COPD UK

ARNS attended the COPD UK conference in Liverpool in June. We were delighted to get a lot of engagement at our stand, not least from the current chair of the British Thoracic Society, Prof. Richard Russell, who made a special effort to stop by and tell us what a great job we are doing to support the respiratory nurse workforce.

Clean Air Day 2026

This took place on 18th June and members of the Respiratory Diseases subcommittee provided input for the Clean Air initiative which aims to improve air quality for people living with respiratory conditions. ARNS highlighted the initiative through our social media channels and encouraged our members to invite local councillors to become Clean Air Champions via this link. - [Clean Air Hub](#)

The **Research and Education** (R&E) sub committee awarded three research grants to support research in respiratory care. They have also co-produced a Research Training Day for nurses, allied health professionals and pharmacists, which will be hosted by the British Thoracic Society (BTS) on December 3rd – you can apply for a place here: [Respiratory Clinical Research Training Day](#).

R&E have designed and launched the Respiratory Nursing Workforce Survey across the United Kingdom. If your organisation hasn't responded to that, please do – data is the most powerful tool we can use to effect change. [Association of Respiratory Nurses Respiratory Nursing Workforce Survey: organisation](#)



A survey for individuals will be launched in September.

Members of R&E also provided tailored support for conference abstract submissions, helping ARNS members to develop and implement research projects and thus contributing to an increase in the number of people submitting to the ARNS conference and to peer-reviewed journals.

The **Diagnosis and Therapy** sub committee (D&T – although more fondly referred to as the G&T) subcommittee undertook a comprehensive review of respiratory diagnostics processes and engaged with national groups to review current practice, advocating for improved standards and accessibility. Members have also had several articles published and have presented at a range of conferences.



The **Respiratory Diseases** (RD) sub committee collaborated with NICE on a range of guidelines, including new therapies for ILD, COPD and allergic rhinitis. Members have also helped to develop the COPD Preventing Exacerbations Toolkit, in collaboration with PCRS, and were involved in the Commissioning Standards for the COPD Biologics project, to ensure equitable and safe delivery of these therapies. They also provided representation on the ERS task force for transitional care of bronchiectasis and on the BTS Nurse Specialist Advisory Group. Several members attended All Party Parliamentary Group meetings on asthma and COPD, contributing to discussions on workforce development, winter pressures and resilience.

Subcommittee members also collaborated on the development of a new cardiopulmonary risk assessment matrix to ensure that people living with COPD have their cardiovascular risk assessed as part of a COPD review. Details of this can be found here: [Cardiopulmonary Risk Assessment Matrix](#)

Several members of the subcommittees are contributing to the **British Thoracic Society consultation on the draft Quality Standard for Chronic Cough in Adults**, which set out the standards of care that patients should expect, together with measurable markers of good practice.

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.

Taskforce for Lung Health

Several members of the subcommittees are contributing to the British Thoracic Society consultation on the draft Quality Standard for Chronic Cough in Adults, which set out the standards of care that patients should expect, together with measurable markers of good practice.

The Taskforce has set out the need for a Modern Service Framework (MSF) for respiratory care to ensure that evidence becomes practice, through setting clear standards with improved accountability. You can read the previous statement from the TLH on the need for a respiratory MSF here: [A Modern Service Framework for Respiratory](#).

Diagnostics has been identified as a key issue by TLH and an article in Pulse showed that a quarter of ICBs did not fund GPs to provide spirometry through local enhanced services last year ([Pulse Today Article](#)). TLH will be discussing this at their parliamentary meeting on July 8th.

On the topic of making a diagnosis, the Diagnosis Working Group within TLH is currently developing an Adult Breathlessness Pathway, something which is sorely needed to ensure people presenting with breathlessness are assessed and diagnosed in an effective and timely way. Meanwhile, the Access to Treatments and Vaccines (ATV) Working Group launched a YouGov survey on barriers people living with respiratory conditions face when trying to access vaccines. Responses from 2288 adults with asthma, COPD, bronchiectasis or pulmonary fibrosis are now being analysed with a view to publishing the results. ARNS recognises the huge impact that infections can have on people living with long-term conditions, including respiratory diseases, and we strongly support this work which should help to identify possible reasons for poor vaccine uptake so that we can address them.

Work is also underway with TLH to explore how people access respiratory treatments and medicines. Areas to be prioritised for review include oral corticosteroid stewardship, pulmonary rehabilitation, issues with interstitial lung disease (ILD) prescribing, access to biologics and the impact of changes to specialised commissioning.

To find out more about the work of the Taskforce, or to get involved, you can get in touch on taskforce@asthmaandlung.org.uk.

Action for Pulmonary Fibrosis (APF) State of the Nation Report

This report has identified delays in diagnosis, and variations in access to and experience of care. APF is calling for urgent nationwide improvements to pulmonary fibrosis services stating that these should include bringing care closer to home, embedding specialist expertise at regional level and implementing standardised treatment plans across the UK. The full report can be found here - [APF State of the Nation Report](#).

Our ILD Lead, Sam Clark, who has recently completed a PhD which focused on the lived experiences of individuals with IPF and their partners, said that his research revealed significant disparities in care and suboptimal practice, particularly regarding lack of discussion on the disease trajectory, access to antifibrotic medication and early initiation of end-of-life care. Sam is eager to contribute to improving care for this condition through his role with ARNS.

Living with multiple health conditions

ARNS recognises that many of the people we care for have other long-term conditions. We were delighted to see that research is underway to understand more about the lived experiences of people living with multiple conditions. If this is you, or you know someone with experience of having more than one physical or mental health condition, consider taking part in this survey by scanning or sharing the QR code on the poster below.



Help us improve care for people with multiple health conditions

Do you have more than one health condition?
Or do you know someone who does?

We'd like to hear from you!

We are running a [short survey](#) to understand what matters most in care for people living with more than one long-term condition.

What you tell us will help shape future research

We'd like to hear about:

- What works well
- What doesn't work well
- What needs to change

Take the online survey

Scan the QR code or visit tinyurl.com/mwax938m

Thank you!

On behalf of the MLTC Care Research Team Priority Setting Partnership

Any questions? Contact us at mltc@exeter.ac.uk

University of Exeter University of Bristol Newcastle University funded by NIHR National Institute for Health and Care Research James Cook University

Always **Together™**
Inhaler +
AeroChamber® VHC



The **UK Inhaler Group (UKIG) Spacer Use Consensus Guide** – supported by Trudell Medical through provision of a grant – is an independent guide to support healthcare professionals in selecting spacer devices to improve care for the 7.2 million people in the UK with asthma¹ and 1.7 million with COPD.²

Why Trudell Medical supported this important guide:

- Two thirds of asthma deaths are avoidable with better basic care.³
- Up to 80% of people have incorrect inhaler technique – meaning they may not be receiving the full benefit from their inhaler medicine.⁴
- The UKIG highlights that the right spacer matters.
- **AeroChamber®** brand of spacers is the most studied and most recommended by leading pMDI companies.⁵
- Trials have proven that using an inhaler alone delivers 50% less medicine to the lungs than using an inhaler with Trudell Medical's **AeroChamber Plus® Flow-Vu®** spacer.⁶



“Just one in ten healthcare professionals believe spacer prescribing is consistent across the NHS, according to our survey” says Liam Clutterbuck, Market Access Development Manager of Trudell Medical UK. “Endorsed by ARNS and Primary Care Respiratory Society (PCRS), the release of this independent, expert-led guide from UKIG marks a step forward in supporting clinicians who are helping to tackle conditions like asthma, which still claims four lives every day in the UK.”¹

“...a spacer device should always be prescribed alongside a pMDI.”

“Crucially, not all spacers are the same – substitution of one type of spacer or VHC with another may have both safety and clinical implications, and different chambers deliver different amounts of medication.”⁷

“Trudell Medical’s ‘Always Together’ initiative raises awareness that a spacer device should always be prescribed alongside a pMDI. This forms part of our mission at Trudell Medical, to **help people breathe better and live fuller lives.**”



Scan to find out more



UKIG Spacer Use Consensus Guide

On-Demand Webinar: Launch of UKIG Consensus on Spacer Devices



Or contact your local Trudell Medical UK representative at
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1 Asthma + Lung UK. What is Asthma? 2026. 2 Asthma + Lung UK. What is Chronic Obstructive Pulmonary Disease (COPD)? 2025. 3 Figure via Why Asthma Still Kills: The National Review of Asthma Deaths; Royal College of Physicians. 65% of asthma deaths had one or more avoidable factor (Table 6.3.1 <http://www.asthmaandlung.org.uk/>). 4 Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention 2021. 5 Suggett J. How to select the appropriate Valved Holding Chamber (VHC) / Spacer – Understanding the terminology in order to make an informed choice. RCGP Conference. 2024. 6 Dorinsky P, DePetrillo P, DeAngelis K, Trivedi R, Darken P, Gillen M. Relative Bioavailability of Budesonide/Glycopyrrolate/ Formoterol Fumarate Metered Dose Inhaler Administered With and Without a Spacer: Results of a Phase I, Randomized, Crossover Trial in Healthy Adults. Clin Ther. 2020;42:634-648. 7 Lavorini F et al. Spacers and Valved Holding Chambers – the Risk of Switching to Different Chambers. J Allergy Clin Immunol Pract. 2020 May;8(5):1569-1573
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Pulmonary Rehabilitation updates

Bev Robson, ARNS PR Lead

In December 2025, Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) launched revised standards across the UK and Republic of Ireland. The objectives of the update included ensuring they aligned with the latest national guidance and remain relevant, to reduce duplication across the standards and evidence requirements and to improve flow across the domains to make engagement easier for services. Services wanting to be assessed using the 2020 standards needed to submit and request a site assessment before 31st January, with assessment taking place before 31st May 2026. There are currently 42 accredited services, with 107 services working towards accreditation.

Earlier this year the British Thoracic Society (BTS) have published a Professional Development Framework for PR to highlight the specific skill set that is required by staff working in this area to enable the delivery of high-quality services. By demonstrating the continuum of development within specialist roles and a potential career pathway for staff in PR, it can support the growth of a skilled and sustainable PR workforce.

It is also important to ensure that quality assured PR is delivered by an appropriately skilled and competent workforce and that there are clear lines of responsibility.

The career framework aligns to Agenda for Change pay bands to ensure that the expertise and experience of PR practitioners is recognised, acknowledged and reflected in job descriptions and banding of positions. Guidance on suitable qualifications/registration and examples of professionals that may be considered for roles has been provided and are for guidance only.

The framework reflects the four pillars of practice for all health professionals:

- Clinical practice
- Leadership and Management
- Research
- Education

It is hoped the framework will be useful to help identify any gaps in skills so appropriate learning and development can be accessed and may also be a helpful tool within recruitment and service planning for the future, enabling the growth and retention of a skilled, experienced workforce in PR.

Podcasts

Our podcasts are going from strength to strength, and we are seeing more and more people accessing them via Spotify. In the latest episode, Rachel Daly (Chair of the ARNS Respiratory Disease sub committee) talks with Lucy Speakman (former ARNS Research and Education sub committee member) about chronic breathlessness and its profound impact on patients' lives. They explore the vital role nurses play in supporting people living with breathlessness, while highlighting the neuroscience behind breathlessness. They go on to consider how factors such as poverty and unresolved trauma influence how symptoms are experienced and managed. To access this and our other podcasts please [click here to subscribe](#), or open the Spotify app and search for Respiratory Reflections with ARNS.

Plans for the future

ARNS remains committed to strengthening education and training by supporting high-quality education through training programmes and journal articles and by engaging the wider respiratory community via collaborative podcasts, webinars, and social-media learning initiatives.

We support the recent call from the Primary Care Respiratory Society (PCRS) call to address the loss of respiratory leadership and expertise from Integrated Care Boards (ICBs), regional NHS teams and Primary Care Networks (PCNs). The statement from the PCRS detailed the threat which the loss of this leadership poses to NHS care, innovation and patient outcomes and called for urgent action to protect respiratory services across England. This is another reason why our workforce research project is so important.

ARNS continues to advance our work on Patient and Public Involvement, and we now have a working group in place for this. We have a strong focus on Neighbourhood Health initiatives and other projects such as the developing role of digital health, and everything we do is aimed at improving respiratory care across the UK. We are also looking at including health inequalities in every aspect of the work that we do, as this is such a strong determinant of health outcomes.

You might be feeling exhausted after reading about all of this activity, but it just goes to show that we truly are a force to be reckoned with. We look forward to updating you on developments in our winter newsletter but for now, have a great summer!



Bev Bostock - ARNS Newsletter Editor and Vice Chair Elect

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