



National Paediatric Respiratory and Allergy Nurses Group 2023 Conference

**Saturday 24th June 2023
Liverpool Quaker Meeting House
22 School Lane,
Liverpool
L1 3BT**

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Evaluation QR code



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Dear NPRANG members,

On behalf of the NPRANG committee it is my pleasure to welcome you to the NPRANG Conference 2023. We are honoured to have you gathered here and recognise that you are all healthcare professionals, experts, and advocates in the fields of respiratory and allergy.

This conference serves as a platform for us to come together and share our knowledge and experience also for us to learn about some of the latest advancements in our practice. After today we hope that you will take away new ideas to help to improve the lives of your patients as well as being reassured that you are already doing great work.

There is an exciting programme planned for you today featuring keynote speakers from different specialities, and poster presentations. We have tried to cover a wide range of topics within respiratory and allergy and our speakers will enlighten us with their insights and expertise in their chosen areas. There are also various representatives from medical and equipment companies, please take time to interact with them at the coffee and lunch breaks.

Finally, I would like to express my thanks to all the participants, sponsors and the NPRANG team who have worked hard to make this conference a reality. Your dedication and support are instrumental in advancing knowledge and making a positive impact on the lives of our patients. Thank you to the speakers for giving up time to prepare presentations, travel here and deliver your talk.

Once again, a very warm welcome to the NPRANG Conference 2023. Let us make the most of today to learn, collaborate and enjoy being together for the first time since 2019.
Best wishes for an enjoyable day

A handwritten signature in black ink that reads "Lesley Kennedy".

Lesley Kennedy
Chair NPRANG





Conference Programme Saturday 24th June 2023

- 8.45 – 9.15** **Registration**
- Morning session Chair** – Dr Ann McMurray, Vice Chair
- 9.15 – 9.20** **Welcome & Housekeeping**
- 9.20 – 10.00** **VDot, measuring adherence and inhaler technique remotely**
Professor Mike Shields
- 10.00-10.40** **A year in respiratory medicine – summary of key papers**
Dr Prasad Nagakumar
- 10.40– 11.10** **Coffee and Exhibition Stands.**
- 11.10 – 11.35** **E-Health in Asthma and Allergy**
James Gardner
- 11.35 – 12.00** **What is a nurse’s role for patients with bronchiectasis**
Hollie Smith
- 12.00 – 12.30** **Role Modelling Paediatric Asthma initiative in primary care - working with Practice Nurses and Pharmacists**
Alison Summerfield
- 12.30 – 13.20** **Lunch**
- Afternoon chair:** Lesley Kennedy, Chair
- 13.20 – 14.00** **Sleep and Asthma – Dr Christopher Grime, Alder Hey**
- 14.00** **Poster Competition – Chair: Viv Marsh**
- 14.05 – 14.20** **2nd Prize Winner – Stephanie Harper**
- 14.20-14.35 –** **1st Prize Winner – Catherine Crocker**
- 14.35 – 14.55** **Coffee**
- 14.55 – 15.35** **Primary ciliary dyskinesia, diagnostics, and experience of the children’s management service. - Amanda Harris**
- 15.35 – 16.00** **Allergic Rhinitis**
Rebecca Batt
- 16.00 – 16.25** **The evolution of LTV in Sheffield**
Amika Challacombe
- 16.25 – 16.30** **NPRANG Business and close**

NPRANG Thank and acknowledge sponsorship support.

The following companies have sponsored this meeting through the purchase of stand space and have had no input into speaker selection, agenda, or educational content.

ALK Abello, Aspire Pharma, Bio-Diagnostics Ltd, Clement Clarke International, Glenmark Pharmaceuticals Ltd, GSK, Napp Pharmaceuticals Limited, Orion Pharma (UK) Ltd, Sanofi Regeneron UK, Smart Respiratory, Thermo Fisher Scientific, and Trudell Medical UK Ltd.

Speaker Biographies



Professor Michael D Shields

Graduated medicine from Bristol University and trained in paediatrics and respiratory in N Ireland. Completed Fellowships in Respiratory and Critical Care Medicine at Hospital for Sick Children Toronto. Appointed respiratory consultant (Royal Belf Hosp Sick Child.) / Senior Lecturer (Queen's University Belfast) in 1981, the Professor of Child health in 2004. Retired 2021.

Some things I did in/for respiratory paediatrics

1] Set up and developed respiratory services in N Ireland. (CF services already there) with special clinics in DTA, asthma, neuromuscular disease, bronchiectasis, and immune deficiency. Set up and chaired the N Ireland Paediatric Respiratory & Allergy Network (NIPRANG, 2012-19)
2] co-chaired the BTS asthma guidelines Pharmacology section 2006-2016, and chaired the BTS Cough in children recommendations, published 2008.

As recently retired, Professor Shields wanted to share the following poem with you.

The Indispensable Man (by Saxon White Kessinger)

Sometime when you're feeling important;
Sometime when your ego's in bloom;
Sometime when you take it for granted,
You're the best qualified in the room:
Sometime when you feel that your going,
Would leave an unfillable hole,
Just follow these simple instructions,
And see how they humble your soul.

Take a bucket and fill it with water,
Put your hand in it up to the wrist,
Pull it out and the hole that's remaining,
Is a measure of how much you'll be missed.
You can splash all you wish when you enter,
You may stir up the water galore,
But stop, and you'll find that in no time,
It looks quite the same as before.

The moral of this quaint example,
Is to do just the best that you can,
Be proud of yourself but remember,
There's no indispensable man.



Dr Prasad Nagakumar
Paediatric Respiratory Consultant

Lead for Paediatric Severe Asthma
Director, Research and Development
Birmingham Children's Hospital, UK
Associate Professor
Institute of Inflammation and Ageing
University of Birmingham, UK

Prasad coordinates the West Midlands paediatric severe asthma network.

Prasad's research interests include understanding the pathophysiology of children with asthma and other chronic respiratory diseases, the impact of environmental factors on respiratory health and pathophysiology of severe asthma and role of biologics in severe asthma.

He co leads the PUSH- Asthma study (prevention of unscheduled health utilisation in asthma) and the chief investigator for Childhood Asthma Home Monitoring (CHAMP) Study and supervises MD/PhD and MSc students at the University of Birmingham



James Gardner

Allergy Nurse Consultant & Director of Nursing at the Food Allergy Immunotherapy Centre, London

James is a Paediatric Nurse and has worked for 18 years in allergy. He worked in many of the allergy centres in London as both an allergy and asthma Nurse Specialist. For several years was the Nurse Consultant in Allergy at Great North Children's Hospital in Newcastle and is now the Nurse Consultant in Children's Allergy and Director of Nursing at the Food Allergy Immunotherapy Centre in London offering pioneering oral immunotherapy for food allergy and novel treatments.

He is an Associate Clinical Lecturer in Newcastle University where he is Lead of the Allergy E-module Master's programme.

James previously completed his MSc in Allergy from the University of Southampton and focused on the use of component resolved diagnostics in peanut allergy.

He is the current Secretary of the Allied Health working group in the European Academy of Allergy and Clinical Immunology and Vice Chair of BSACI Nurses Group.

He has been involved in several European task force groups through the academy including expert panel for the anaphylaxis guideline. Other work includes competencies for allied health working in allergy, M-health and social media.

His main research interests are in food allergy, allergic rhinitis and MHealth.

He is involved with many food allergy support groups and regular on various allergy social media (Twitter @allergynurseuk)



Hollie Smith
Respiratory Nurse Specialist Birmingham Children's Hospital

Hollie is a Respiratory Nurse Specialist at the Birmingham Children's hospital (Birmingham Women's and Children's foundation trust - BWCFT) and has been a band 7 within this team for the past 6 years. Hollie qualified as an RSCN in 2006 and has worked at BWCFT from the start of her career. Working on busy medical wards, before specializing within respiratory.

Hollie within her role not only supports patients who require NIV and oxygen, but also suffer from asthma as well as Bronchiectasis. She has developed the nurse-led annual review service for bronchiectasis patients, patient/parent support groups, and has been a part of research within this service, as well as developing the transition service for their respiratory patients.

Hollie is the chair for West Midlands Paediatric Respiratory and Allergy Group and is a key member in setting up the West Midlands Bronchiectasis Network.



Alison Summerfield

Nurse Consultant - Paediatric Respiratory & Allergy

RGN; RSCN; BSc (Hons) Community Health Care Nursing; Dip Asthma; Dip Allergy; NMP

I have worked as a Paediatric Respiratory & Allergy Nurse Consultant at Hillingdon Hospital for several years. Lead Nurse for Paediatric & Allergy services at the trust and works with a team of Clinical Nurse Specialists to deliver the service which encompasses the care of children with pre-school wheeze, asthma, and allergies both in the hospital and the community. Implementation of a pathway for children with asthma and allergies within primary and secondary care working closely with colleagues in educational settings to ensure all different facets of their care are considered.

Asthma Friendly Schools initiative fully embraced in the borough of Hillingdon and Paediatric Role Modelling Asthma clinics working with pharmacists and practice nurses in primary care have been a key focus over the last 2 years.

A member of steering group to review the London Asthma Standards and a member of the NWL Paediatric Asthma stakeholder group working closely with the Healthy London partnership. Most recently have taken on the role of Paediatric Asthma Senior Delivery Project Manager at NWL ICB.

Alison was the winner of the BJA Respiratory Nurse of The Year 2023.



Dr Christopher Grime
Consultant in Paediatric Respiratory Medicine at Alder Hey Children's Hospital

Chris Grime read medicine at The University of Liverpool before starting his foundation training at St. Helens and Knowsley NHS Foundation Trust. He was then appointed to a paediatric training post with The Mersey Deanery. After completing five years of training and his Royal College of Paediatrics and Child Health membership, he successfully applied for specialist paediatric respiratory training in London and spent the next 5 years working at Royal Brompton Hospital, Evelina London Children's Hospital, Kings College Hospital and finished his training at Great Ormond Street Hospital. During this time, he spent two years completed a MDRes with Imperial College London studying sleep disordered breathing and its association with asthma in children. After a further 10 months at GOSH working as a post-CCT fellow in long-term ventilation, he was appointed to a consultant post at Alder Hey Children's NHS Foundation Trust.

Chris currently works as part of the respiratory team at Alder Hey and has a special interest in severe asthma. He is also part of the Sleep and Long-Term Ventilation service and has completed his training as a sleep practitioner. In addition to his clinical role, Chris is also the Chief Clinical Information Officer for the Medical Division.



Amanda Harris
Primary Ciliary Dyskinesia & Children's Respiratory Nurse Specialist, Southampton Children's Hospital

I have worked as part of the Southampton Respiratory team as a Primary Ciliary Dyskinesia (PCD) and Children's Respiratory Nurse since 2009. Within my role I support children and their families with PCD, asthma and other respiratory conditions.

I am the nursing lead for the Southampton PCD Diagnostic Service and Southampton PCD Children's Management Service. The PCD Services are centrally commissioned by NHS England's Highly Specialist Services across three centres for diagnostics, and four centres for the management of both children and adults with PCD. All centres are part of a wider global BEAT-PCD community who work collaboratively to improve outcomes in PCD through research collaboration and training.

I also have a special interest in Transition and am one of five members of the core Transition Steering Group in Southampton responsible for the development of the Ready, Steady, Go Transition Programme.



Rebecca Batt

Paediatric Allergy Advanced Nurse Practitioner, Evelina London Children's Hospital

Rebecca is an RGN/RSCN and has a BSc (Hons) in Paediatric Intensive Care Nursing. She was a Practice Educator in PICU before starting as a Nurse Specialist at Asthma UK. She began her career in allergy in 2007 when she became a Paediatric Allergy CNS at King's College Hospital. She gained the MSc in Allergy from Imperial College, London in 2011 with Distinction. She is now an Advanced Nurse Practitioner at The Evelina London Children's Hospital and is a Non-Medical Prescriber.

Rebecca is the Senior Clinical Lead for the nursing team and regularly speaks at national study events and conferences. She lectures on the ANP Pathway and the Non-Medical Prescribing Course at LSBU and on the Allergy MSc at Imperial College. She is a Course Director for the Allergy Academy and organises national study events for healthcare professionals across the country. Rebecca is a member of the BSACI Nurses Committee and the BSACI conference planning committee.



Amika Challacombe

WellChild Home Ventilation Nurse Specialist, Sheffield Children's Hospital

PCCU SCH 2007-2009

Bluebell Wood Childrens Hospice 2009-2010

Palliative community outreach and respite 2010-2014

Bluebell Wood Childrens Hospice Community Outreach 2014-2015

Sheffield Childrens Hospital CNS Home Ventilation since 2015-Present

Poster Competition 2nd Place



Stephanie Harper

Paediatric CF/Respiratory Nurse Specialist, Southampton Children's Hospital

Title: Children can be safely discharged on as required salbutamol after episodes of acute wheeze.

Authors: S Harper, James D, C Crocker, A Harris, McEvoy A, G J Connett

Introduction: Discharge advice for the use of salbutamol after acute wheeze is highly variable across the UK. Most centres use gradually reducing fixed dosing regimes. There is no good evidence to support this practice. We evaluated our local practice and assessed the safety and efficacy of introducing advice to give salbutamol only as needed after hospital discharge in all age groups.

Method: Working with 5 families of children with asthma, and health care professionals attending to wheezy children across our locality, we created an information sheet to aid parents' decision making about the use of salbutamol. The leaflet included a colour coded flow chart for salbutamol use, safety netting information, instruction for inhaler technique, a table to record salbutamol use and aerosol recycling advice. Data from parents receiving the new discharge plan were collected by telephone follow up.

Results: We obtained feedback from 103 families over 4 months. Compared to our previous fixed dose 4 hourly weaning plan (Day 1: 10 puffs, day 2: 6 puffs, day 3: 2 puffs) significantly less salbutamol was used. Mean dose reductions were 73% on day 1, 72% on day 2 and 50% on day 3. 12.6% (13) were still using salbutamol after 3 days. Only 1.9% (2) reattended the emergency department and 7.7% (8) visited the GP with ongoing symptoms. Re attendance data showed no increase in admission rates when compared to the previous year. All parents/carers found the chart easy to follow. 23% (24) used the table to record salbutamol use.

Conclusion: Our as required salbutamol plan was safe and acceptable. It significantly reduced the likely doses of salbutamol used according to current fixed dose recommendations and was well accepted.

1st Place



Catherine Crocker **Paediatric Respiratory Nurse Specialist, Southampton Children's Hospital**

Home oxygen reviews – how, when and why.

Catherine Crocker, Steph Harper, Ali McEvoy and Amanda Harris, Southampton University Hospitals NHS Foundation Trust.

Background: The British Thoracic Society (BTS) guidelines for home oxygen in children (2009)¹ suggests regular reviews for babies on home oxygen for chronic lung disease but do not make any such recommendations for children and young people (CYP) who require oxygen for other reasons. A CYP's oxygen requirement can remain static for longer periods compared to babies but the mode of oxygen delivery may need to change in line with life events such as going to school and becoming more independent. Home Oxygen Service – Assessment and Review (HOS-AR) is well established in adult services across the NHS, this service is less common for CYP. A HOS-AR has been shown to improve survival rates as patients are more likely to use their oxygen and achieve direct cost savings through more appropriate equipment and use². In clinical practice we noticed that some CYP will have had home oxygen for many years without any review of their needs or equipment.

Aim: To undertake a review of all CYP over the age of 1 year with home oxygen prescribed by a clinical team at Southampton Children's Hospital (SCH). Methods: The Paediatric Respiratory Nursing Team identified CYP using the online portal for the home oxygen supplier in the South-Central region. CYP who did not have a lead Consultant at SCH or were looked after by the Neonatal or Long-Term Ventilation teams were excluded. A telephone call was organised to review the oxygen requirements and equipment. During the review, the CYP's current oxygen requirements, prescription, equipment, and delivery modalities were all discussed, and any changes agreed with family/CYP.

Results: The team carried out 67 reviews over a 12-month period. Outcomes (n=75) of the review included oxygen being removed as it was no longer used and a decrease in equipment due to changes in oxygen requirements. All outcomes are shown in figure 1.

Conclusions: The CYP and family have a better understanding of their prescription and correct flow rates. The removal and streamlining of unused equipment has resulted in a cost saving for the NHS, this enables the family to free up space in the home environment which will also have safety benefits.

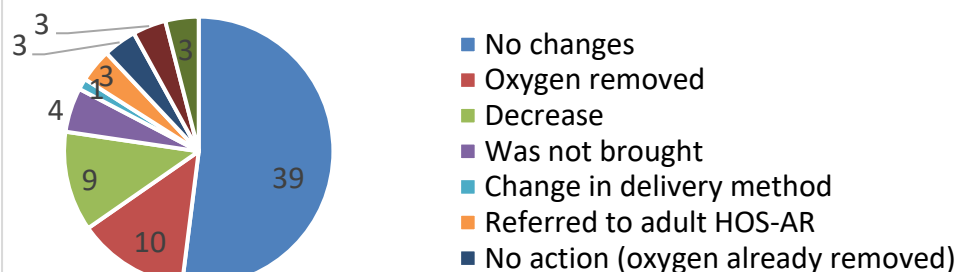


Figure 1.

Changes in modalities will improve quality of life. A review and appropriate referral to an Adult HOS-AR ensures a safe and smooth transition to adult services and enables the YP to contact the team should their needs change. Finally, CYP and their family feel supported at the time of oxygen removal.

¹ Paediatric Section of the Home Oxygen Guidelines Development Group of the BTS Standards of Care Committee (2009) British Thoracic Society Guidelines for home oxygen in children. Thorax 64 (Suppl II): ii1-ii26.

² Duncan P and Okosi O (2011) Reviewing home oxygen services. Nursing Times, Vol 107 No 24.

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in **How to revalidate with the NMC**.

Reflective account:

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

How did you change or improve your practice as a result?

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

REFLECTIVE DISCUSSION FORM

You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to the section on non-identifiable information in **How to revalidate with the NMC** for further information.

To be completed by the nurse or midwife:

Name:	
NMC Pin:	

To be completed by the nurse or midwife with whom you had the discussion:

Name:	
NMC Pin:	
Email address:	
Professional address including postcode:	
Contact number:	
Date of discussion:	
Short summary of discussion:	
<p>I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.</p> <p>I agree to be contacted by the NMC to provide further information if necessary for verification purposes.</p>	Signature:
	Date: