

SUMMER MEETING 2026

British Thoracic Society

Final Programme

THURSDAY 9 AND FRIDAY 10 JULY

**MANCHESTER CENTRAL CONVENTION COMPLEX,
THE EXCHANGE SUITE, PETERSFIELD, MANCHESTER, M2 3GX**

Conference Information
Speakers' Details
Presentation Summaries
Abstract Prizes
Exhibitor Information

Please see our website: **brit-thoracic.org.uk**

Better lung health for all

WELCOME TO THE SUMMER MEETING

It is a great pleasure to present the programme for the British Thoracic Society Summer Meeting, which will be returning to Manchester and the Manchester Central Convention Complex again for 2026.

The Summer Meeting will be onsite only, as this event emphasises the value of meeting colleagues, sharing experiences and having those one-to-one interactions that can sometimes be missed from online events.

After the event, all delegates who have attended the Meeting will be sent a website link to access video recordings of the main sessions and guest lectures. We recognise the value of online education and we will continue to deliver the majority of our extensive programme of Short Courses online.

As always, the Summer Meeting provides a comprehensive, clinically grounded programme, delivering a wide range of topics. The speakers are chosen carefully to ensure the wider MDT is fully represented. I am confident that we have a programme that once again delivers for the whole respiratory team.

Highlights this year include:

Mini short courses
Symposia
Abstract Prizes
Clinical Grand Round
Guest Lecture
Physiology quiz
Exhibition

And new for 2026, an **informal lunchtime networking space**

All delegates are invited to the **President's Reception** in the conference centre at 6.00pm on Thursday 9 July, where prizes will be awarded for the Abstract Prizes and Clinical Grand Round. This is a perfect opportunity to catch up and network with your colleagues from around the country too!

I am excited to be attending my first Summer Meeting in my capacity as the new Chair of the BTS Education and Training Committee. As I begin this role, I am committed to supporting the development of an inclusive programme that represents the breadth of the multidisciplinary respiratory workforce and showcases the innovative work being undertaken by teams across the country. It is important to me that professionals at all stages of their careers are represented in the programme.

I am certain the programme will contain plenty to interest and stimulate all delegates. We invite all those who deliver care to respiratory patients to attend this event so we can learn, discuss and network together.

I look forward to seeing you in Manchester.





Dr Odiri Eneje
Chair, BTS Education and Training Committee

British Thoracic Society

THANK YOU

The British Thoracic Society gratefully acknowledges the sponsorship of all companies and organisations who have purchased an exhibition stand at the Summer Meeting.

Sponsorship fees are used directly to support the delivery of the event including the cost of venue hire, audio-visual, catering, and general conference administration. No sponsorship fees are used towards prizes or social events. No sponsors have any input into the programme content or the planning of the conference. Furthermore, the Society does not allow any sponsored symposia at this event, within the programme, or associated in any way with it.

Action for Pulmonary Fibrosis (APF)

Association for Respiratory Technology & Physiology (ARTP)

AstraZeneca UK

Bio-Diagnostics

Chiesi Limited

Diagenics Ltd

Essential Pharma

GSK

Insmed Ltd

Merck Sharp & Dohme Ltd (MSD)

National Respiratory Audit Programme (NRAP)

NeilMed Pharmaceuticals

NTM Patient Care UK

Sanofi

STADA Thornton & Ross

Stirling Anglian Pharmaceuticals

Surveillance of Work-related and Occupational Respiratory Disease (SWORD)

Takeda UK Limited

The Association of Chartered Physiotherapists in Respiratory Care (ACPRC)

The Association of Respiratory Nurses (ARNS)

The Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS)

This year's highlights

Exhibition

The British Thoracic Society gratefully acknowledges sponsorship of all companies who purchase an exhibition stand at the Summer Meeting. Sponsorship fees have been used directly to support the delivery of the event including the cost of venue hire, audio-visual, catering, and general conference administration. No sponsorship fees are used towards prizes or social events. None of them have any input into the programme content or the planning of the conference. Furthermore, the Society does not allow any sponsored symposia at this event, within the programme, or associated in any way with it.

Mini short courses

We have two short courses on offer this year, one will focus on complex COPD, covering advanced therapies including lung transplant and biologics, and also treatments for managing breathlessness. The second course covers optimising bronchiectasis care, providing vital updates on airway clearance, self-management plans, inflammation, overlapping syndromes and more.

Symposia

A broad range of topics from asthma to TB, including content which is relevant to all members of the respiratory team. To aid trainee delegates, the programme has been mapped to the respiratory curriculum.

Abstract Prizes

Abstract Prizes continue with a broader all-encompassing category that invites abstracts, "...that are providing measured improvements to patient care and that highlight multi-professional projects (big and small)." We know respiratory teams are using QI methodology to change practice, implementing novel educational models to deliver training and lead in developing innovative integrated care solutions. With these Abstract Prizes, we aim to highlight and share the excellent and successful work being undertaken in respiratory medicine departments across the UK. Following a submission and refereeing process, the short-listed abstracts will be presented in two spoken sessions, so please go along and support the authors and share good practice. The work will also be displayed as digital posters in the exhibition hall and on the conference App. The presentations will be judged on the day and prizes awarded to the overall winners.

Clinical Grand Round

As ever, an important part of the programme, where three finalists will battle it out under the scrutiny of a judging panel and audience. Please do support this session, go along and listen to the challenging cases and pose equally challenging questions to the presenters. An overall winner will be chosen at the end of the session and will receive a prestigious prize.

Guest Lecture

This year's Guest Lecture will be given by Professor Andy Bush, Consultant Respiratory Physician, at the Royal Brompton and Harefield Hospital. Professor Bush will speak on "Vaping in Children" which will address understanding the acute and long-term risks and the need for prevention and protection.

Physiology quiz

The Physiology quiz is always an extremely popular part of the conference, with digital cases on the conference App and a question-and-answer session during the programme facilitated by our expert panel of expert respiratory physiologists.

Exhibition

Make the most of this great opportunity to meet up with industry colleagues and hear directly about the latest pharmaceutical evidence and innovative investigative and therapeutic equipment.

Informal lunchtime networking space

And new for 2026, we will be making best use of our exhibition area to create an informal lunchtime networking space to allow you to meet and chat with other delegates. This will be centred around the BTS stand, the stands from our partner organisations and the Summer Meeting digital poster display. We aim to have people on hand to chat about their roles and experiences of respiratory, as members of the MDT, as women in leadership, as researchers and more.

PROGRAMME AT A GLANCE
THURSDAY 9 JULY 2026

TIME	DETAILS	LOCATION
8.30am – 9.30am	**Registration and refreshments.** Visit the exhibition stands and view the Digital Poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App.	Exchange Foyer and Exchange Hall, lower level
9.30am – 11.00am	Year in review	Exchange Auditorium, lower level
9.30am – 11.00am	Changing landscape of respiratory pharmacy	Exchange 8-10, upper level
9.30am – 11.00am	Shaping the future of respiratory and sleep services	Exchange 11, upper level
11.00am – 11.30am	**Refreshments.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App	Exchange Hall, lower level
11.30am – 1.00pm	Mini short course: Part 1 Advanced therapies to alter the course of complex COPD	Exchange Auditorium, lower level
11.30am – 1.00pm	Clinical Grand Round	Exchange 8-10, upper level
11.30am – 1.00pm	Ah, the classic ILD dilemma: to immunosuppress or not to immunosuppress — that *is* the question!	Exchange 11, upper level
1.00pm – 1.45pm	**Lunch.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App	Exchange Hall, lower level
1.45pm – 2.30pm	Abstract Prizes spoken session Category: Quality Improvement in action: Transforming respiratory services from admission to home	Exchange 11, upper level
2.30pm – 4.00pm	Mini short course: Part 2 Managing advanced breathlessness in complex COPD	Exchange Auditorium, lower level
2.30pm – 4.00pm	War on infection - how to win with a guide, a steward and a map	Exchange 8-10, upper level
2.30pm – 4.00pm	Equal care, better breaths - advancing equity in respiratory care	Exchange 11, upper level
4.00pm – 4.30pm	**Refreshments.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App	Exchange Hall, lower level
4.30pm – 6.00pm	The new era of OSA management: data, devices, and drugs	Exchange Auditorium, lower level
4.30pm – 6.00pm	What do trainees and HCPs need to know about pulmonary rehabilitation?	Exchange 8-10, upper level
4.15pm – 5.00pm	Abstract Prizes spoken session Category: Educating the respiratory workforce: Practical innovations in teaching and training	Exchange 11, upper level
6.00pm – 7.00pm	The BTS President's Reception and Award Presentations *– All welcome!*	Exchange Hall, lower level

PROGRAMME AT A GLANCE
FRIDAY 10 JULY 2026

TIME	DETAILS	LOCATION
8.00am – 8.30am	**Registration and refreshments.** Visit the exhibition stands and view the Digital Poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App.	Exchange Foyer and Exchange Hall, lower level
8.30am – 10.00am	'Tell me how you feel?' The yin and yang of symptoms in asthma	Exchange Auditorium, lower level
8.30am – 10.00am	Tracking the trajectory: outcomes in chronic cough	Exchange 8-10, upper level
8.30am – 10.00am	Reaching beyond Cystic Fibrosis: Coming to a clinic near you...	Exchange 11, upper level
10.00am – 10.30am	**Refreshments.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App	Exchange Hall, lower level
10.30am – 12.00pm	Diagnosing and managing mediastinal lesions and neuroendocrine tumours	Exchange Auditorium, lower level
10.30am – 12.00pm	Old and new concepts in the world of pulmonary vascular medicine	Exchange 11, upper level
11.05am – 12.00pm	Physiology quiz Q&A session	Exchange 8-10, upper level
12.10pm – 1.00pm	**Guest Lecture:** Children and Vaping	Exchange Auditorium, lower level
1.00pm – 2.00pm	**Lunch.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App	Exchange Hall, lower level
2.00pm – 3.30pm	Mini short course: Part 1 Breaking down barriers: Optimising bronchiectasis care across boundaries	Exchange Auditorium, lower level
2.00pm – 3.30pm	Updates in pleural medicine	Exchange 8-10, upper level
2.00pm – 3.30pm	The challenges of managing NTM disease	Exchange 11, upper level
3.30pm – 3.45pm	**Refreshments.** Visit the exhibition stands and view the digital poster screens. Test yourself with the Physiology Quiz cases on the Summer Meeting App. *(Exhibition closes at 3.45pm)*	Exchange Hall, lower level
3.45pm – 5.15pm	Mini short course: Part 2 The next level: bronchiectasis beyond the bronchiectasis team	Exchange Auditorium, lower level
3.45pm – 5.15pm	Critical decisions to continuing care: navigating withdrawal and rehabilitation in critical care	Exchange 8-10, upper level
3.45pm – 5.15pm	From clues to causation: detecting occupational and environmental lung diseases	Exchange 11, upper level

MEETING INFORMATION

THE VENUE

Manchester Central Convention Complex, The Exchange Suite, Petersfield, Manchester, M2 3GX

Please enter via the dedicated EXCHANGE entrance, located on street level to the right of the main entrance. Registration will be located in the Exchange Foyer, Lower Level.

Manchester Central is in the heart of Manchester.
Further information and directions may be found **here**

FACILITIES AT THE VENUE

A multi-faith prayer room is located on the ground floor, close to the cloakroom. Additional space is available in Exchange 5, along with a quiet room for nursing mothers in Exchange 4, both on the upper level.

CLOAKROOM

A free of charge, staffed cloakroom is available on-site on the ground floor.

SECURITY

Please keep valuables with you at all times, especially mobile phones and laptops. Neither BTS nor the venue can be held responsible for the disappearance of personal items while delegates are attending the conference.

FINAL PROGRAMME & CONFERENCE APP

The final programme is available as a PDF only, available to download from the **BTS website** or on the conference App.

As well as the programme, the App will contain lots of useful information about the Meeting.

We recommend that you download the BTS Events/Summer Meeting App to your phone/tablet before arriving at the venue.

CONFERENCE SESSIONS

The conference sessions will be held in the Exchange Auditorium on the lower level, and in Exchange 8-10 and Exchange 11, both on the upper level.

After the event, all registered delegates will have access to video recordings of the symposia and guest lecture via the Summer Meeting App. This will be available to view until mid-September 2026.

Q&A

In all conference sessions, delegates may ask questions either in the traditional way using the microphones available in the rooms, or via the Q&A section of the conference App. **We recommend that you download the BTS Events/Summer Meeting App to your phone/tablet before arriving at the venue.**

VOTING/POLLING IN SESSIONS

In some sessions, speakers will include questions and scenarios on which delegates may vote. This will be done via the Slido App.

Sessions where polling is included are highlighted in the programme and a participation code will be projected on screen at the start of the session, to enable delegates to join in.

Access to Slido is via the Conference App or directly on the Slido website / App.

BTS SUMMER MEETING ABSTRACT PRIZES

The Summer Meeting Abstract Prizes have been short-listed in two categories – "Quality Improvement in action: Transforming respiratory services from admission to home" and "Educating the respiratory workforce: Practical innovations in teaching and training". The short-listed abstracts will be on view in digital format in the exhibition area on the ground floor and on the conference App. The work will also be presented in two spoken sessions on Thursday 9 July in Exchange 11 (upper level). The digital posters and presentations will be judged on the day and prizes will be awarded to the overall winners. Additional digital posters will also be available to view on the conference App and on the digital poster screens in the exhibition area, where authors will be available during the breaks to answer any questions.

EXHIBITION

Please take time to visit the exhibition and charity/association stands located in Exchange Hall. BTS is very grateful to all exhibitors for their support of the Summer Meeting.

PHYSIOLOGY QUIZ

The Physiology Quiz is available as digital cases on the conference App, with an interactive question-and-answer session in Exchange 8-10 (upper level) on Friday morning. BTS is very grateful to Dr Samuel Wallbanks, Clinical Scientist in Respiratory and Sleep Physiology at Birmingham Heartlands Hospital and Vicky Moore, Consultant Clinical Scientist, Respiratory and Sleep Sciences, University Hospitals Coventry and Warwickshire NHS Trust for organising the quiz.

REFRESHMENTS

All refreshments will be served in the Exchange Hall.

CONFERENCE RECEPTION AND AWARD PRESENTATIONS

On Thursday 9 July from 6.00pm, all participants are warmly invited to join us in the exhibition area for an informal reception with wine, beer, soft drinks and nibbles. Presentations will be made to the finalists participating in the Abstract Prize categories and the Clinical Grand Round. The reception will end at 7.00pm to enable participants to enjoy the many restaurants and social activities that Manchester has to offer.

MEET THE BTS TEAM

The BTS stand in the Exchange Hall will provide a focal point for delegates to meet, network and share ideas. Members of the BTS and Respiratory Futures teams will be available on the stand during the breaks.

INTERNET ACCESS

Wireless internet access is available free of charge throughout the venue and may be accessed as follows:

- Check your Wi-Fi is on
- Connect to the wireless network named: **_MCCC WIFI wireless network**
- The portal page should load automatically, if not open it in a web browser
- Click: Manchester Central Free Wi-Fi
- Read and check the box to accept the terms and conditions, then click connect

CONTACT DETAILS IN MANCHESTER

BTS registration desk (9 to 10 July only): 020 7831 8778 (option 3 for booking queries / option 4 for finance enquiries). Or email: **bookings@brit-thoracic.org.uk**

Venue website: **www.manchestercentral.co.uk**

CONFERENCE BAGS

As part of the Society's ambition to be more environmentally-friendly and to reduce paper use and wastage, reuseable conference bags will be available onsite, but they will not be packed with literature. Instead, please use the Summer Meeting App or visit the BTS website for updates to the programme, company literature and other useful information about the Meeting: **BTS website**

CPD APPROVAL

The BTS Summer Meeting has been approved by the Federation of the Royal Colleges of Physicians of the UK for 12 category 1 (external) CPD credits (6 per day) with CPD code: 154570. We will automatically register all eligible delegates for CPD when they register for the Meeting.

NURSING AND MIDWIFERY COUNCIL REVALIDATION

By attending the Summer Meeting, it will be possible for nurses to demonstrate CPD and write reflective accounts to support their revalidation. These relate to the NMC Code for Professional Standards of Practice and Behaviour for Nurses and Midwives, including:

- what you learnt from the sessions;
- how you will change or improve your practice as a result;
- how this is relevant to the Code – prioritising people, practising effectively, preserving safety or promoting professionalism and trust.

A reflective accounts form is available on page 47 of this document. **Revalidate booklet**

CHARTERED SOCIETY OF PHYSIOTHERAPISTS CPD

The Summer Meeting should be suitable for inclusion in the portfolios of respiratory physiotherapists, being part of a programme of education offered by the British Thoracic Society. Details of the CSP ePortfolio are available **here**

ATTENDANCE CERTIFICATES

Instructions for generating certificates will be sent to registered delegates after the event.

ACCOMMODATION

For last-minute hotel bookings or queries, please contact MICE Concierge:

Website: **www.miceconciergeme.com/btssummer2026**

Email: **hello@miceconcierge.com**

Tel: 01438 908 770

SOCIAL MEDIA

Increase your participation by posting about the Summer Meeting using: **#BTSSummer2026**

DATES OF FUTURE BTS MEETINGS

Winter Meeting 2026
25 to 27 November, London

Summer Meeting 2027
22 to 25 June, Newcastle upon Tyne

Winter Meeting 2027
24 to 26 November, London

BTS SHORT COURSE

ACUTE NIV & HOME MECHANICAL VENTILATION: PRACTICAL COURSE

Wednesday 8 July

Venue: Manchester Central Convention Centre

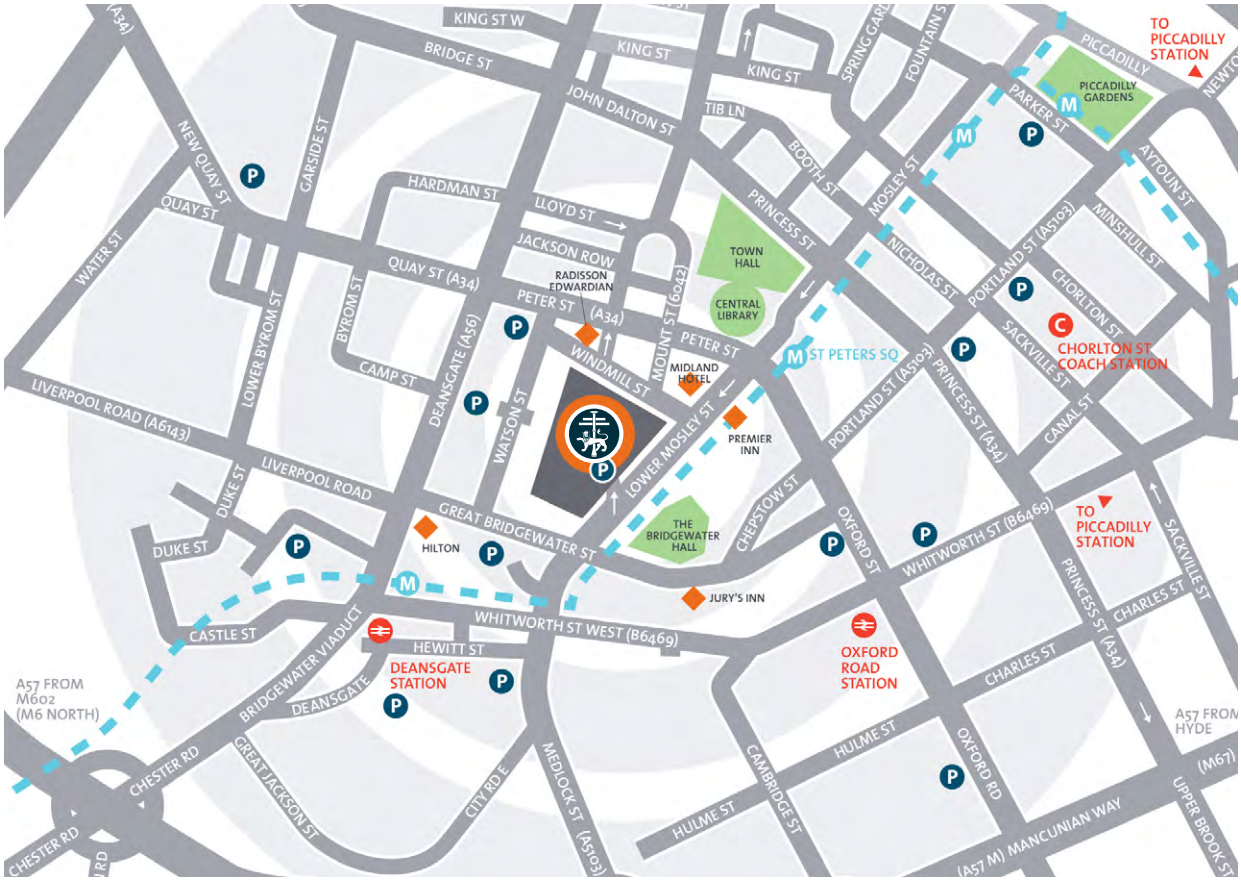
This is a half day course: you can book either the morning or afternoon session:

- Morning Session: 8:30am - 1:40pm
- Afternoon Session: 12:50pm - 5:30pm

For last-minute information, please see the Short Courses page of the website:

BTS Short Courses

TRAVELLING TO MANCHESTER



TRAVEL

A travel guide is available **here.**

ON ARRIVAL IN MANCHESTER

Free Bus services (via the Bee Network) link the city centre's main rail stations, shopping areas and businesses, all free of charge.

Click here for more information on routes.

The nearest **Metrolink** stop to Manchester Central is St Peter's Square and is just a few minutes away on foot. Metrolink runs every few minutes from early morning until late in the evening.

You don't need a timetable, just turn up, buy your ticket and the next Metrolink will be along shortly. However, the network is currently being expanded so please do check your route before travelling. Routes and further information can be found on the **Metrolink website.**

There is a dedicated **taxi rank** at the front of the venue for pickups and drop offs. Black cab taxis are readily available at Manchester Airport and at Piccadilly and Victoria train stations. Find out more at **tfgm.com** or phone Traveline on **0871 200 22 33.**

BY TRAIN

Manchester has direct connections to most major UK cities and it takes a little over two hours to reach Manchester from London. Services arrive at Piccadilly or Victoria stations where passengers can connect with Metrolink trams for easy access to the city centre. Manchester Central is a 20-minute walk from Piccadilly Station or five minutes by taxi. Alternatively, catch a connecting train to Oxford Road Station, just a five-minute walk from Manchester Central.

Further information on train services can be found at:

www.avantiwestcoast.co.uk
www.nationalrail.co.uk
www.tpexpress.co.uk
www.northernrailway.co.uk/stations/MAN

BY CAR

Manchester is at the heart of a comprehensive motorway network. Manchester's M60 orbital motorway provides easy access from north, south, east and west. If using a Satnav, follow the postcode: **M2 3GX**

There is an NCP (National Car Park) directly below Manchester Central*, which may be **booked here.**

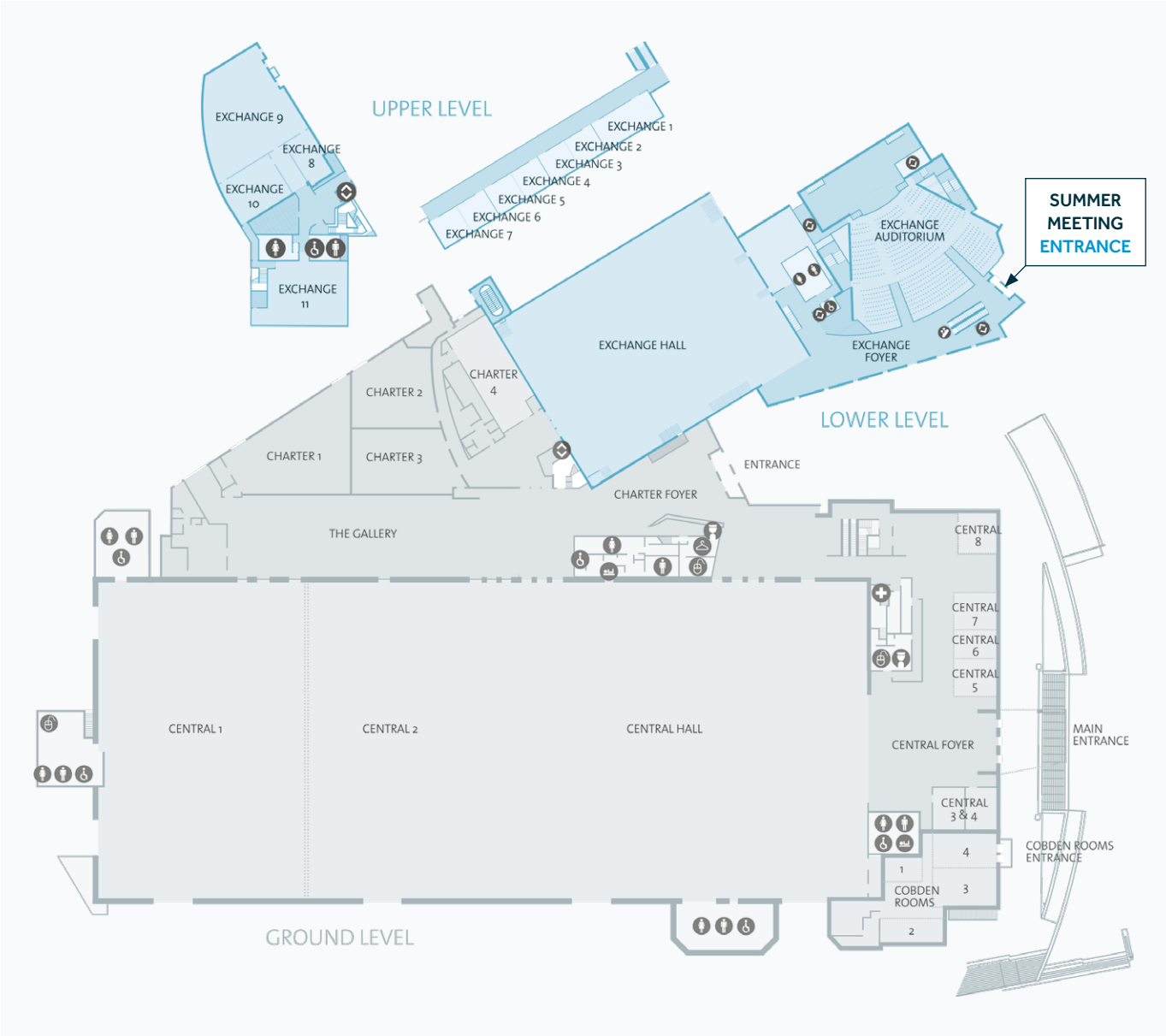
Participants may claim a discount by entering the discount code: **MCEXHIB16** for £16 rate.

VISIT MANCHESTER

Visit the Meet in Manchester website for further information on transport, what to see and do in Manchester, running routes and offers and discounts for delegates.

Meet in Manchester website

FINDING YOUR WAY AROUND THE VENUE



Key

- TOILETS
- ORGANISERS' OFFICE
- FIRST AID
- ESCALATORS
- LIFT
- CONCIERGE
- CLOAKROOM
- BABY CHANGE

Entrance:
Exchange Suite, Windmill Street

Cloakroom:
Exchange Foyer, ground level

BTS registration:
Exchange Foyer, lower level

Exhibition and catering:
Exchange Hall, lower level

Conference rooms:
Exchange Auditorium, lower level
Exchange 8-10, upper level
Exchange 11, upper level

Abstract Prize & digital poster screens:
Exchange Hall, lower level

Speakers' preview room:
Exchange Foyer, lower level

Private meeting rooms:
Exchange 2-3, 6 & 7, upper level

Prayer room:
Lower Foyer, ground level and Exchange 5, upper level

Nursing mothers' room:
Exchange 4, upper level

PROGRAMME
THURSDAY 9 JULY 2026

8.30am – 9.30am **REGISTRATION and refreshments**

Exchange Foyer & Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

9.30am- 11.00am **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

YEAR IN REVIEW

Chaired by:	Dr Odiri Eneje (Cambridge) Mr Matthew Rutter (Cambridge)
9.30am -	Analogue to digital – AI interpretation of CPET Dr Karl Sylvester (Cambridge)
10.00am -	Digital health in the hospital and at the home Professor Michael Crooks (Hull)
10.30am -	National virtual wards and Hospital at Home

Learning outcomes:

- To understand how artificial intelligence / machine learning can be applied to cardiopulmonary exercise testing in clinical practice.
- To understand what "digital health" means in clinical practice.
- To understand the concept, structure and purpose of virtual wards.
- Identify new opportunities to address respiratory healthcare needs with artificial intelligence.

Curriculum mapping:

- Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions.
- Recognises potential of applied informatics, stratified risk and personalised medicine for patient benefit when appropriate.
- To have the knowledge of the principles and theoretical basis of Cardiopulmonary Exercise Testing.
- Demonstrates practical application of "Hospital at Home" and admission avoidance systems.

Exchange 8-10, upper level

CHANGING LANDSCAPE OF RESPIRATORY PHARMACY

Chaired by:	Mrs Gráinne d'Ancona (London) Dr Brian Kent (Dublin)
9.30am -	Changing role of respiratory pharmacists in secondary care Anna Murphy (Leicester)
10.00am -	Complex drug interactions - specialist pharmacists' roles in supporting complex respiratory care Christabelle Chen (London)
10.30am -	Pharmacist delivered respiratory clinics in primary care Nazir Hussain (Dudley)

Learning outcomes:

- To understand opportunities with interface and community pharmacists to improve local respiratory healthcare.
- Understanding the importance of drug interaction concepts and tailoring pregnancy/ breastfeeding medication advice and supporting adherence in complex respiratory care patients.
- Getting inspired about global health care involvement as pharmacists and the impact on respiratory patients.

Curriculum mapping:

An appreciation of the MDT and value pharmacists bring to respiratory care is an invaluable lesson for all clinicians.

Exchange 11, upper level

SHAPING THE FUTURE OF RESPIRATORY AND SLEEP SERVICES

Chaired by:	Dr Julie Lloyd (Sutton Coldfield) Andrew Pritchard (Wolverhampton)
9.30am -	Hospital to community – The impact of breathlessness pathways Kelly Pauley (Peterborough)
10.00am -	Analogue to digital – AI interpretation of sleep investigations Dr James Stockley (Birmingham)
10.30am -	Prevention – Respiratory case finding in alcohol and drug dependent patients Nicola Heywood (Wirral) Joanne Seaborne (Merseyside)

Learning outcomes:

- Looking at how CDC breathlessness pathways are supporting the vision of the NHS 10-year plan.
- Showcasing the role of AI in the interpretation of complex data such as CPET and how it can support diagnosis and clinical decision making.
- Understanding how pathways can be modified to support difficult to reach patient populations and promote early diagnosis and/or prevention of lung disease.

Curriculum mapping:

- Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions.
- Works in partnership with the Respiratory Multi-disciplinary team (e.g. physiotherapists, specialist nurses, palliative care team, pharmacists, physiologists, and psychologists).
- Appropriately selects, manages, and interprets investigations.

- Recognises need to liaise with specialty services and refers where appropriate.
- Managing medical problems in patients in other specialties and special cases.
- Aware of public health issues including population health, social detriments of health and global health perspectives.

11.00am – 11.30am **REFRESHMENT BREAK**

Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

11.30am – 1.00pm **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

MINI SHORT COURSE: PART 1

ADVANCED THERAPIES TO ALTER THE COURSE OF COMPLEX COPD

Chaired by:	Miss Jenni Wenneberg (Hillingdon) Dr Hnin Aung (Leicester)
11.30am -	Lung transplant in COPD - an underrepresented group Professor Andy Fisher (Newcastle)
12.00pm -	Long term non-invasive ventilation for COPD Miss Katie Kaiser (Newcastle)
12.30pm -	Biologics in COPD Professor Mona Bafadhel (London)

Learning outcomes:

- To provide an update on the suitability of lung transplant for COPD and understand referral criteria and outcomes.
- To update on the current evidence base for long-term NIV as a treatment for complex COPD, to include indications and contraindications.
- To understand the latest trial data and emerging role biologics will play in the treatment and management of COPD.

Curriculum mapping:

- Internal Medicine CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting (including management of long-term conditions).
- Specialty CiP 2: Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Specialty CiP 4: Managing the service and patients with respiratory failure in multiple settings including hospital and in the community.
- Specialty CiP 5: Tertiary subspecialties interface: managing patients across the secondary and tertiary interface; in particular patients with lung and heart transplants and pulmonary hypertension.
- Specialty CiP 6: Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.

Exchange 8-10, upper level

CLINICAL GRAND ROUND

Judged by:	Professor Robina Coker (London) Dr Odiri Eneje (Cambridge), Dr Ayesha Kumar (Liverpool) and Mrs Charlotte Wells (London)
11.30am -	A case of mistaken identity: A five year patient journey. RJ Cowburn, RH Morgan, C Kay, E Gluba, H Virk, A Donaldson
12.00pm -	When fibrosis is not the culprit: chronic cough due to laryngopharyngeal reflux in a patient with post-COVID lung changes. Md Hasanur Rahman
12.30pm -	EVALI with Severe Ischaemic Cardiomyopathy: The Importance of Detailed Vaping History and Multi-Disciplinary Decision-Making HB Bolt, MB Belton

Session overview:

The above three finalists, selected after evaluation of a host of submissions, will present interesting clinical scenarios, highlighting diagnostic dilemmas and complex management decisions. A winner will be chosen after the session and announced at the President's Reception.

Slido voting will be in use in this session.

Exchange 11, upper level

AH, THE CLASSIC ILD DILEMMA: TO IMMUNOSUPPRESS OR NOT TO IMMUNOSUPPRESS — THAT IS THE QUESTION!

Chaired by:	Dr Sophie Fletcher (Southampton) Dr Paul Minnis (Antrim)
11.30am -	Morphologic patterns of interstitial and alveolar fillings disorders - clinical cases Dr Melanie Greaves (Manchester)
12.00pm -	CTD ILD – what are the drug options Ms Marium Naqvi (London)
12.30pm -	Hypersensitivity pneumonitis, steroids, steroid sparing agents or nothing at all? Professor Michael Gibbons (Exeter)

Learning outcomes:

- Provide an update on recent trial evidence for the use for steroids or methotrexate for first line treatment of sarcoid.
- Comprehensive review of drug options for those with CTD ILD, indications, cautions and evidence base.
- Update on current understanding of the management of HP, the role of immunosuppression, BAL and future research questions.

Curriculum mapping:

Respiratory Specialty CiPs

- Managing all aspects of advanced respiratory disease including diagnostic pathways and working with the MDT.
    - Demonstrates diagnostic acumen.
    - Ability to perform relevant diagnostic tests and procedures.
    - Knowledge of guidelines and ability to apply them to practice.
    - Communication with GP and specialist colleagues.
    - Ability to construct decision algorithms (e.g. planning in advance the different possible courses of action resulting from investigation results).
- Tertiary subspecialties interface: managing patients across the secondary and tertiary interface.
    - Demonstrates ability to consider the diagnosis of interstitial lung diseases and other orphan lung diseases.
    - Knowledge of diagnostic criteria for rare lung diseases.
    - Presentation of cases at specialist MDT.
    - Demonstrates good communication skills when dealing with tertiary centres.
    - Demonstrates knowledge of these disorders and ability to manage patients locally in a joint care model when appropriate.

1.00pm – 1.45pm Exchange Hall, lower level

LUNCH BREAK

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

We will use the exhibition space for informal networking, this will centre around the BTS stand and stands from our partner organisations. Please come and chat to your fellow delegates.

1.45pm – 2.30pm **ABSTRACT PRIZES SPOKEN SESSION**

Exchange 11, upper level

Abstract Category: Quality Improvement in action: Transforming respiratory services from admission to home (QI1 – QI6)

Shortlisted abstracts judged on the day by:

Dr George Hulston (Blackburn)
Professor Anne-Marie Russell (Birmingham)
Ms Lizzie Grillo (London)
Dr Tuck-Kay Loke (Tunbridge Wells)

The six shortlisted abstracts will be presented during this session, with the associated digital posters on display in the exhibition hall and on the conference App.

QI1. COPD Readmission Rates Following Addition of 72-Hour Follow-Up to Discharge Bundle Care: A Service Evaluation
M Amaralingam, C O'Leary, YY Boo, C Phillips, B Green

QI2. Implementing a One-Stop Unexplained Breathlessness Clinic at a Community Diagnostic Centre
C Dickson, T Duckmanton, A Bearder, T Burden, I Martin, J Small

QI3. A service evaluation of delivering intravenous antibiotic therapy in a community Long-term ventilation Service
C Steward, D Dawson, P Byrne, R Puthussery

QI4. Lean into Green: Reducing Consumables Use in Home Ventilation Through Quality Improvement
K Marrs, K Randall, D Whalley, J Mitchell, K Kaiser

QI5. Development of a trigger tool to improve inpatient access to palliative care in respiratory medicine
S Middleton, J Busby, A Barnes, T Harrison, E May, V Chaitanya

QI6. Using A3 Thinking to find a low-technology solution to the old problem of oxygen prescribing
J Pincott, A Nash, J Leach, S Workman, J Topliss, R Buxton-Thomas

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2.30pm – 4.00pm **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

MINI SHORT COURSE: PART 2

MANAGING ADVANCED BREATHLESSNESS IN COMPLEX COPD

Chaired by:	Dr Samuel Kemp (Nottingham) Dr Abigail MacKintosh (Stoke on Trent)
2.30pm -	Palliative care, what works and what doesn't Dr Charles Reilly (London)
3.00pm -	Lung volume reduction (LVR): expanding treatments for reducing lungs in COPD Dr Tom Ward (Leicester)
3.30pm -	Pulmonary rehabilitation in the post-pandemic era Dr Enya Daynes (Leicester)

Learning outcomes:

- Looking at how LVR is being used to as a treatment and discuss the patient cohorts that may gain most benefit.
- To understand what high-quality integrated palliative care involves and how it can best be delivered.
- To update on data on the provision of PR and discuss the benefits to patients and ways to improve referral and uptake.

Curriculum mapping:

- Internal Medicine CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting (including management of long-term conditions).
- Internal Medicine CiP 8: Managing end of life and applying palliative care skills.
- Specialty CiP 2: Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Practical procedures (respiratory medicine): Thoracic surgical procedures.

Exchange 8-10, upper level

WAR ON INFECTION - HOW TO WIN WITH A GUIDE, A STEWARD AND A MAP

Chaired by:	Dr Kay Roy (London) Dr Tessa Lewis (Powys)
2.30pm -	NICE guidance on HAP, evidence gaps and research recommendations Daniel Wootton (Liverpool)
3.00pm -	How bacterial resistance dictates antimicrobial stewardship Professor Philip Howard OBE (Leeds)
3.30pm -	Redefining treatment for influenza – lessons from the REMAP-CAP study Professor Manu Shankar-Hari (London)

Learning outcomes:

- Dissemination of the new NICE guidelines on pneumonia.
- An understanding of the microbiology of pneumonia, resistant organisms and antimicrobial stewardship.
- An understanding of the current and future treatments of influenza.

Curriculum mapping:

High level learning outcomes – Respiratory Specialty CiPs; Managing complex and unusual respiratory infection including contact tracing and public health (in particular atypical pneumonia).

Exchange 11, upper level

EQUAL CARE, BETTER BREATHS - ADVANCING EQUITY IN RESPIRATORY CARE

Chaired by:	Cris Roxas (London) Padmavathi Parthasarathy (Leicester)
2.30pm -	Delivering respiratory care to people experiencing homelessness Professor Dominick Shaw (Leicester)
3.00pm -	Respiratory healthcare implications for children living in temporary accommodation Professor Monica Lakhanpaul (London)
3.30pm -	Respiratory care for refugees and asylum seekers Llinos Jones (Dewsbury)

Learning outcomes:

- To understand the challenges faced by patients with respiratory problems who are homeless, living in temporary accommodation and asylum centres.
- To learn about approaches that can be undertaken to deliver holistic care to the above patient groups.
- To understand the challenges faced by clinicians and care providers, and how to overcome them.

Curriculum mapping:

- Category 3: safety and quality: Is focussed on patient safety and delivers effective quality improvement in patient care.

4.00pm – 4.30pm **REFRESHMENT BREAK**

Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

4.30pm – 6.00pm **SIMULTANEOUS SYMPOSIA & ABSTRACTS**

Exchange Auditorium, lower level

THE NEW ERA OF OSA MANAGEMENT: DATA, DEVICES, AND DRUGS

Chaired by:	Dr Swapna Mandal (London) Dr Prina Ruparelia (London)
4.30pm -	Mild OSA: navigating the grey Professor Brendan Cooper (Birmingham)
5.00pm -	Pharmacological awakening: the rise of drug-based therapies in OSA Dr Chris Turnbull (Oxford)
5.30pm -	Service delivery and practical aspects/local solutions Dr Sonya Craig (Liverpool) Gavin Phillips (Liverpool)

Learning outcomes:

- Understand the latest evidence linking obstructive sleep apnoea to cardiovascular morbidity and mortality and the impact of treatment.
- Gain insights into the challenges and options when managing patients with milder obstructive sleep apnoea, where a more nuanced and holistic approach is often required.
- Evaluate Pharmacological Approaches to OSA Management including weight loss agents, noradrenergic agents.

Curriculum mapping:

- Managing patients with sleep disordered breathing and metabolic syndrome.
- Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.

Exchange 8-10, upper level

WHAT DO TRAINEES AND HCPS NEED TO KNOW ABOUT PULMONARY REHABILITATION?

Chaired by:	Dr Enya Daynes (Leicester) Dr Tom Ward (Leicester)
4.30pm -	Pulmonary rehabilitation: past, present, future Professor Michael Steiner (Leicester)
5.00pm -	How do we encourage patient engagement in pulmonary rehabilitation taking into account health inequalities? Rachel Tuffnel (London)
5.30pm -	What does success look like in pulmonary rehabilitation for patients and staff, what are the key outcome measures? Francesca Chambers (Newcastle)

Learning outcomes:

- Understand and describe key tips for the referral of patients to pulmonary rehabilitation.
- Describe and apply strategies to encourage patient engagement and participation in pulmonary rehabilitation.
- To discuss what is important in terms of pulmonary rehabilitation outcomes for patients.

Curriculum mapping:

- This maps directly to the 3.3 clinical capabilities "Is able to refer patients for pulmonary rehabilitation and participate in delivery" (Page 26).

4.15pm – 5.00pm **ABSTRACT PRIZES SPOKEN SESSION**

Exchange 11, upper level

Abstract Category: Educating the respiratory workforce: Practical innovations in teaching and training (E1 – E6)

Shortlisted abstracts judged on the day by:

Dr Odiri Eneje (Cambridge)
Dr Gareth Hughes (Bolton)
Dr Allie Hare (London)
Dr Ben Pippard (Newcastle)

The six shortlisted abstracts will be presented during this session, with the associated digital posters on display in the exhibition hall and on the conference App.

E1. From Novice to Navigator: A Regional Simulation-Driven Leap in Bronchoscopy and EBUS Confidence Among Respiratory Trainees – A Quality Improvement Project
S Sultan, M Majid

E2. Closing the Patient Education Gap in Pulmonary Arteriovenous Malformations: A Co-Created Tool to Bridge Gaps in PAVM Patient Education
S Sepamalai, CL Shovlin

E3. Improving Knowledge and Confidence about Non-Invasive Ventilation (NIV) Among Non-respiratory staff at a District General Hospital: A Quality Improvement Initiative
S Jagtap, A Clark, N Clark, S Kumar, S Thomas

E4. Capillary blood gas (CBG) training and Non-invasive ventilation (NIV) bundle to improve adherence to NIV guidelines
MH Hadfield, CG Goulden, SO Oliveira

E5. Ask the Resp Reg - A Novel Informal Teaching Initiative for Respiratory Team Members
RL Johnson

E6. Utilising the respiratory multidisciplinary team to educate and empower
R G Beckett

6.00pm – 7.00pm

THE BTS PRESIDENT'S RECEPTION AND AWARD PRESENTATIONS

Exchange Hall, lower level

All attendees are warmly invited to attend this social occasion, where the awards for the BTS Abstract Prizes and Clinical Grand Round will be presented.

PROGRAMME
FRIDAY 10 JULY 2026

08.00am – 8.30am **REGISTRATION and refreshments**

Exchange Foyer & Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

8.30am- 10.00am **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

"TELL ME HOW YOU FEEL?" THE YIN AND YANG OF SYMPTOMS IN ASTHMA

Chaired by:	Dr Jane McDowell (Belfast) Professor Thomas Brown (Portsmouth)
8.30am -	Biomarker vs symptom-driven asthma care: The dangers of over-treatment in multimorbid patients Jodie Lam (London)
9.00am -	Feeling good, doing bad: The dangers of under-treatment in 'well' patients Dr Sarah Diver (Leicester)
9.30am -	'Quality of life in Severe Asthma - are we measuring the right thing?' Dr Mathew Masoli (Exeter)

Learning outcomes:

- To understand the latest insights into the relationship between airway nerve function and inflammation in the asthmatic airway.
- To understand the role of subclinical inflammation and lung function decline in asthma.
- To understand the role of T2 biomarkers in limiting overuse of asthma therapies and promoting steroid stewardship.

Curriculum mapping:

- Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions.
- Tertiary subspecialties interface: managing patients across the secondary and tertiary interface.
- Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.
- Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.
- Works in partnership with the respiratory multi-disciplinary team (e.g. physiotherapists, specialist nurses, palliative care team, pharmacists, physiologists and psychologists).

Exchange 8-10, upper level

TRACKING THE TRAJECTORY: OUTCOMES IN CHRONIC COUGH

Chaired by:	Dr Peter Cho (London) Jennifer Butler (North Shields)
8.30am -	Trials, targets and treatments: The future of chronic cough care Dr Paul Marsden (Manchester)
9.00am -	Measuring what matters in chronic cough: from symptom to solution Professor Jacky Smith (Manchester) Dr Ewan Mackay (London)
9.30am -	Case panel discussion: Treating cough: translating data into practice Case presentation: Dr Bashar Al Sheklly (Manchester) Panel discussion: Session speakers, chairs and patient with lived experience

Learning outcomes:

- Understand outcomes from clinical trials in chronic cough, and measurement of cough in the clinical setting.
- Understand the importance of multi-dimensional measurement of cough, including quality of life and the importance of patient reported outcomes in managing individuals with chronic cough.
- Understand the importance of a holistic MDT assessment of the individual with chronic cough.

Curriculum mapping:

- Generic CiPs
  - 3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.
  - 5. Carrying out research and managing data appropriately.
- Clinical CiPs – Internal Medicine
  - 4. Managing patients in an outpatient clinic, ambulatory or community setting (including management of long-term conditions).
  - 6. Managing a multi-disciplinary team including effective discharge planning.
- Respiratory Specialty CiPs
  - 6. Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.
- Presentation and Conditions
  - Cough
  - Dyspnoea
  - Wheeze
- Chronic cough is a key presentation that respiratory trainees must be able to assess and manage. The symposium proposal directly addresses the assessment of both the severity of cough and its impact, as well as the use of objective and subjective outcome measures.
- With an emphasis on patient-reported outcomes and quality of life measures, this aligns with ethical, patient-centred care.

- The symposium uses case-based discussions, panel debate and includes multidisciplinary perspectives. These methods are encouraged in the curriculum to promote reflective learning and clinical reasoning of attendees.

Exchange 11, upper level

REACHING BEYOND CYSTIC FIBROSIS: COMING TO A CLINIC NEAR YOU...

Chaired by:	Dr Charlotte Addy (Cardiff) Alan Anderson (Newcastle)
8.30am -	CFTR related disorders- in a respiratory clinic near you Professor Nicholas Simmonds (London)
9.00am -	Induced sputum- what, why, who, when, where and how Dr Carwyn Bridges (Cardiff)
9.30am -	"CF on the general medical take" Dr Heather Green (Manchester)

Learning outcomes:

- To understand CFTR disorders and their presentation in respiratory clinics.
- The role of induced sputum and where it could be used in respiratory medicine.
- To recognise and manage common CF emergencies which might present on the acute take.

Curriculum mapping:

- Generic Capabilities in Practice 1 – Able to function successfully within NHS organisational and management systems.
- Generic Capabilities in Practice 2 – Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement.
- Speciality Capabilities in Practice 2 – Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Speciality Capabilities in Practice 6 – Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.

10.00am – 10.30am **REFRESHMENT BREAK**

Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

10.30am – 12.00pm **SIMULTANEOUS SESSIONS**

Exchange Auditorium, lower level

DIAGNOSING AND MANAGING MEDIASTINAL LESIONS AND NEUROENDOCRINE TUMOURS

Chaired by:	Dr Amna Burzic (Nottingham) Dr Sinan Eccles (Pontyclun)
10.30am -	Patient pathway of lung cancer (including lung cancer screening) Julia McAdam (Shrewsbury)
11.00am -	Imaging and diagnosis of anterior mediastinal lesions Dr Katharine Tweed (Cambridge)
11.30am -	Management of Thymic Epithelial Tumours Dr Yvonne Summers (Manchester)

Learning outcomes:

- Recognise and differentiate the key anterior mediastinal lesions on imaging and understand the role of biopsy.
- Describe the multidisciplinary management of thymic tumours, including surgical strategies and the association with paraneoplastic syndromes.
- Understand the classification, systemic therapy options, and emerging translational approaches for thoracic neuroendocrine tumours.

Curriculum mapping:

- Clinical CiPs (Internal Medicine)
  - Managing patients in an outpatient clinic, ambulatory or community setting, including management of long-term conditions.
- Respiratory Specialty CiPs
  - Managing all aspects of thoracic malignancy and advanced or terminal respiratory disease including diagnostic pathways and working with the MDT.

Exchange 11, upper level

OLD AND NEW CONCEPTS IN THE WORLD OF PULMONARY VASCULAR MEDICINE

Chaired by:	Nicola Speed (Cambridge) Dr Rachel Davies (London)
10.30am -	Can we treat lung disease related PH yet? Dr Colin Church (Glasgow)
11.00am -	Changing landscapes of therapeutics in pulmonary arterial hypertension Dr Colm McCabe (London)
11.30am -	Chronic Thromboembolic Pulmonary vascular disease in 2026: where are we and where are we going? Dr John Cannon (Cambridge)

11.05am – 12.00pm **PHYSIOLOGY QUIZ Q&A LIVE SESSION**

Exchange 8-10, upper level

Quiz organised by Samuel Wallbanks, Clinical Scientist, Heartlands Hospital, University Hospital Birmingham.

Join this session where colleagues will discuss the Physiology Quiz cases and answer questions from delegates, with answers available during this live session and online after the event. Delegates will be able to access the Physiology Quiz cases on the conference App throughout both days of the Meeting.

12.10pm – 1.00pm **GUEST LECTURE**

Exchange Auditorium, lower level

VAPING IN CHILDREN: UNDERSTANDING THE ACUTE AND LONG-TERM RISKS AND THE NEED FOR PREVENTION AND PROTECTION

Guest lecturer: Professor Andrew Bush (London)

Introduced by: Professor Robina Coker (London)

1.00pm – 2.30pm **LUNCH BREAK**

Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

We will use the exhibition space for informal networking. This will centre around the BTS stand and stands from our partner organisations. Please come and chat to your fellow delegates.

2.00pm – 3.30pm **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

MINI SHORT COURSE: PART 1

BREAKING DOWN BARRIERS: OPTIMISING BRONCHIECTASIS CARE ACROSS BOUNDARIES

Chaired by: Dr Kostas Lostarkis
Dr Charlotte Addy (Cardiff)

2.00pm - Airway clearance and mucus in bronchiectasis; where now?
Nicky Mills (Leicester)

2.30pm - Room for improvement; what's new in self-management plans and patient education
Mrs Naomi Watt (London)
Mrs Rachel Daly (Manchester)

3.00pm - Trainees national audit in bronchiectasis; INSPIREd or not?
Dr Michael Carling (South Tees)
Dr Joe Kibbler (North Shields)

Learning outcomes:

- Reminder of current BTS standards of care and benchmarking vs current attainment; attendees will learn where the biggest gap in provision of care lies.
- New Asthma + Lung UK Information leaflet; lessons learned from patient education.
- New drugs are emerging for Bronchiectasis that are anti inflammatory an update at Summer BTS would be important for managing patients.

Curriculum mapping:

- Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.
- Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions.
- Managing medical problems in patients in other specialties and special cases.

Exchange 8-10, upper level

UPDATES IN PLEURAL MEDICINE

Chaired by: Dr Eleanor Barton (Bristol)
Dr Mohammed Haris (Stoke)

2.00pm - Lessons from the pleural clinic – 3 cases of non-expandable lung, transudative pleural effusion and fibrinous pleuritis
Dr Selina Tsim (Glasgow)

2.30pm - A patient's pleural journey through the MDT
Mrs Sarah Johnstone (Leicester)

3.00pm - Is your surgeon your best friend in pleural medicine?
Ms Elizabeth Belcher (Oxford)

Learning outcomes:

- To learn about the optimal pathway regarding recognition, investigation, management, and treatment of non-expandable lung.
- To learn about the optimal pathway regarding recognition, investigation, management, and treatment of nonspecific pleuritis.
- To learn about the optimal pathway regarding recognition, investigation, management, and treatment of recurrent transudative pleural effusions.

Curriculum mapping:

- Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Managing the acute care of patients within a medical specialty service.
- Managing outpatients with long term conditions.

Exchange 11, upper level

THE CHALLENGES OF MANAGING NTM DISEASE

Chaired by: Rhys Hurst (Cambridge)
Christabelle Chen (London)

2.00pm - Managing complex NTM – who, when and how to treat: clinical cases and management dilemmas
Dr Devesh Dhasmana (Fife)

2.30pm - Multidisciplinary management of NTM: how can we deliver this in practice
Jennie Keane (Rochford)

3.00pm - What matters most to people affected by NTM?
Shirley Harwood, NTM Patient Care UK
Sarah Minty, NTM Patient Care UK
Sandra Christian, NTM Patient Care UK

Learning outcomes:

- To understand the complexity of clinical management of NTM disease, problems that can be encountered and options for management.
- To gain knowledge of the multi-disciplinary approach to the clinical management of NTM infection, what this looks like in the NHS and how it can be achieved.
- To understand what is important to patients and what outcomes are most meaningful to them.

Curriculum mapping:

- Non-tuberculous mycobacterial infection is an important and expanding clinical subject and one that all respiratory trainees will need to have some knowledge. However, feedback from trainees suggests that experience in the management of these patients can be patchy and there is a need for better learning resources.
- The course delivers training that overlaps with CiPs 2, 3 and 6 of the Respiratory Curriculum:
    - 2. Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
        - Works in partnership with the Respiratory Multi-disciplinary team (e.g. physiotherapists, specialist nurses, palliative care team, pharmacists, physiologists, and psychologists).
    - 3. Managing complex and unusual respiratory infection including contact tracing and public health (in particular atypical pneumonia).
        - Demonstrates accurate diagnosis of patients presenting with pulmonary infections including interpretation of clinical features, investigations, and laboratory results.
        - Demonstrates knowledge and interpersonal skills in dealing with immunocompromised patients.
        - Demonstrates appropriate management of patients diagnosed with pulmonary infections including appropriate selection of drugs.
    - 6. Managing the use of drugs and therapeutic modalities specific to the practice of respiratory medicine.

3.30pm – 3.45pm **REFRESHMENT BREAK**

Exchange Hall, lower level

Visit the exhibition stands and view the Abstract Prize digital poster screens and Physiology Quiz on the App.

3.45pm – 5.15pm **SIMULTANEOUS SYMPOSIA**

Exchange Auditorium, lower level

MINI SHORT COURSE: PART 2

THE NEXT LEVEL: BRONCHIECTASIS BEYOND THE BRONCHIECTASIS TEAM

Chaired by:	Professor Anthony de-Soyza (Newcastle) Nicky Mills (Leicester)
3.45pm -	Defending the lungs: Bronchiectasis in immunocompromised individuals Dr Ricardo Jose (London)
4.15pm -	Overlapping airways: The challenge of Bronchiectasis and asthma/COPD overlap syndromes in a biologics era Professor Anthony de-Soyza (Newcastle)
4.45pm -	Inflammation in bronchiectasis; a beginner's guide to why it's important and treatable Dr Merete Long (Dundee)

Learning outcomes:

- Understand issues with immunodeficiency including work up and management.
- Understand the complexities of managing mixed airways disease.
- Understand how multicentre audit is completed and where care gaps exist vs current guidelines.

Curriculum mapping:

- Managing medical problems in patients in other specialties and special cases.
- Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- Formulates an appropriate diagnostic and management plan, considering patient preferences, and the urgency required.
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues.

Exchange 8-10, upper level

CRITICAL DECISIONS TO CONTINUING CARE: NAVIGATING WITHDRAWAL AND REHABILITATION IN CRITICAL CARE

Chaired by:	Pearlene Antoine-Pitterson (Birmingham) Mrs Alison Armstrong (Newcastle)
3.45pm -	Legal and ethical decision making in critical care Dr Sonya Daniel (Cardiff)
4.15pm -	Bridging the gap: addressing critical care outcomes for individuals with learning disabilities Dr Ben Messer (Newcastle)
4.45pm -	An MDT approach to complex decision making Gemma Cox (Taunton) and Victoria Molyneux (Liverpool) With Dr Ben Messer and Dr Sonya Daniel - case discussion with perspectives from the whole panel

Learning outcomes:

- To provide insight into the medical legal aspects surrounding complex decision making in critical care.
- To gain insight into the MDT approach to complex decision making in critical care and the complex experiences of professionals in decision making.
- To gain insight to the complexity of rehabilitating patients from critical care to respiratory and highlight practical approaches to rehabilitation and weaning.

Curriculum mapping:

- The themes across the symposium will meet the following requirements of the Respiratory curriculum. The topics will touch on collaboration, MDT working, there are topics on ICU, respiratory and Community care therefore this incorporates speciality training.
- The symposium has a chance to legal and ethical aspects of decision making these fits with Category 2, - able to deal with ethical and legal issues related to clinical practice, and the implications of treatment in critical care and respiratory.
- Generic capabilities in practice
    - 3. Communicates effectively and can share decision making, while maintaining appropriate situational awareness, professional behaviour, and professional judgement.
    - 4. focused on patient safety and delivers effective quality improvement in patient care.
- Clinical capabilities in practice
    - 2. Managing the acute care of patients within a medical specialty service.
    - 3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment.
    - 5. Managing medical problems in patients in other specialties and special cases.
    - 6. Managing a multi-disciplinary team including effective discharge planning.
    - 7. Delivering effective resuscitation and managing the acutely deteriorating patient.
- Specialties in practice
    - 2. Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
    - 4. Managing the service and patients with respiratory failure in multiple settings including hospital and, in the community.

Exchange 11, upper level

FROM CLUES TO CAUSATION: DETECTING OCCUPATIONAL AND ENVIRONMENTAL LUNG DISEASES

Chaired by:	Dr Chris Warburton (Liverpool) Dr Kimberley Nettleton (Birmingham)
3.45pm -	Spotting cases and causes of occupational and environmental airways disease Dr Paul McKeagney (Belfast)
4.15pm -	Detecting dust disease: recognising and attributing pneumoconiosis from asbestos and silica exposure Dr Johanna Feary (London) Ms Tamanna Kabir (London)
4.45pm -	Uncovering links between work, the environment, and respiratory cancers Dr Jennifer Hoyle (Manchester)

Learning outcomes:

- Identify key features and exposures within the clinical presentations of airway, parenchymal and pleural disease that suggest an occupational or environmental cause.
- Use current national guidelines to integrate occupational and environmental causation into clinical decision-making.
- Understand the unequal impact of many occupational and environmental lung diseases across different social groups.

Curriculum mapping:

- As this symposium covers a variety of disorders, the common feature being identification and attribution of an occupational or environmental cause, it maps to a number of clinical and specialty capabilities:
- Clinical CIPs:
    - CIP2: Managing the acute care of patients within a medical specialty service.
    - CIP4: Managing patients in an outpatient clinic, ambulatory or community setting.
- Specialty CIPs:
    - CIP1: Managing all aspects of thoracic malignancy and terminal disease including diagnostic pathways and working with the MDT.
    - CIP2: Managing integrated respiratory medicine across the primary and secondary care interface including management of long-term disease.
- CIP5: Tertiary subspecialties interface: managing patients across the secondary and tertiary interface.

SPEAKER BIOGRAPHIES & PRESENTATION SUMMARIES

Dr Charlotte Addy is a self-confessed Sputumologist. She is a respiratory physician based in Cardiff, with specialist interests in Cystic Fibrosis and Bronchiectasis. She's been privileged enough to work in England, Northern Ireland and Wales, in both NHS and academic roles.

She has research interests in lung infection, inflammation and biomarkers. She is part of the CF Trust Clinical Trials accelerator Programme and European CF Society Clinical Trials Network (ECFS-CTN). She is co-chairing the CF Trust Antimicrobial guideline group, sits on the ECFS Standards of Care Committee and helped write the recent ECFS standards of care.

She has keen interests in service development, education, training and workforce planning. She is a member of BTS Council, the BTS Education and Training Committee, training programme director for South Wales and a member of the SAC. She is a Clinical Senior Lecturer at Cardiff University Medical School. She also chairs the Taskforce for Lung Health Workforce group and has just taken on a new challenge, co-hosting the new Respiratory Futures podcast.

Dr Bashar Al-Sheklly grew up in Manchester and carried out his undergraduate studies in the same city. He took time out of his specialist training to complete a PhD in chronic cough in 2019 with Professors Smith's team.

He now works as a consultant at Manchester Foundation trust, helping support the tertiary chronic cough service, and develop the one-stop cough clinic with his colleagues. His other areas of interest include undergraduate education, acute non-invasive ventilation, parenting, and Manchester United (with the latter being the most stressful of the lot).

Case panel discussion: Treating cough: translating data into practice

During this session we will present two separate patient cases referred to the cough clinic. By comparing their presentations, we can highlight the heterogeneity of the disorder, and focus on treatable traits in cough.

Following the presentation, there will be a panel discussion. This will serve to highlight the importance of the MDT assessment when addressing patients suffering from chronic cough.

Pearlene Antoine-Pitterson is a Respiratory Physiotherapy specialist. Pearlene has worked with complex ventilation patient with specialist respiratory and rehabilitation needs in her role as a Physiotherapist. Pearlene has pursued academic interest as an Assistant Professor of Cardiorespiratory Physiotherapy at the University of Birmingham and is the BTS Chair of Critical Care and Respiratory Failure and Mechanical Ventilation Specialist advisory group.

Alison Armstrong is the Nurse Consultant within the regional North-East Assisted Ventilation Service, where she has worked for the last 25 years.

Alison represents nursing nationally. She has recently completed her term of office as chair of the BTS Education and Training Committee and has previously been co-chair of the Nurse Specialist Advisory Group. She is currently a member of BTS Council and the Standards of Care committee. She is also Chair of HMViP; a collaboration to provide support and education to those receiving and using home mechanical ventilation and has been the host of the Specialists in Long-term Ventilation at Home (SiLVaH) national network for the last 18 years.

Alison has an MSc in Practice Development and is an independent prescriber. One of her main interests lies in education. She is passionate about promoting independence and ensuring an enhanced quality of life for her complex patient group.

Dr Hnin Wint Wint Aung is a Respiratory Specialty Registrar and Academic Clinical Lecturer at the NIHR Leicester Biomedical Research Centre, University of Leicester. Her PhD work focused on phenotyping chronic airway disease, digital inhaler adherence, and Type 2 inflammatory biomarker dynamics during transitions from stable disease to exacerbation. She aims to advance precision management in COPD and asthma and contributes to the British Thoracic Society as a member of the Standards of Care Committee and the Specialty Trainee Advisory Group.

Professor Mona Bafadhel is a National Institute for Health Research (NIHR) Research Professor and Professor of Respiratory Medicine at King's College London (KCL). Mona is the Director of the King's Centre for Lung Health, Professor of Asthma+Lung UK and Consultant Respiratory Physician at Guy's and St Thomas' NHS Foundation Trust. Mona completed her PhD in 'Biomarkers of exacerbations of chronic obstructive pulmonary disease (COPD)' and was the first to identify the utility of the peripheral blood eosinophil count in COPD and COPD exacerbations.

This work has directly influenced international guidance and is now routinely used in the management of patients with COPD. In 2019, Mona was awarded the prestigious Goulstonian Lectureship from the Royal College of Physicians, London. She is only the fourth woman and first woman from an ethnic minority in the Royal College of Physicians 400-year-old history to have received this for Excellence in the Clinical Sciences. In 2024, Mona was the recipient of the European Respiratory Society COPD Gold Medal. Mona is the current Chair of the British Thoracic Society Science and Research Committee.

Eleanor Barton is a Respiratory Registrar in the Severn region. Her academic interests include spontaneous pneumothorax and pleural disease. She completed a PhD investigating enhanced phenotyping and approaches to improve outcomes in spontaneous pneumothorax and led the LISP study, the largest prospectively collected study of secondary spontaneous pneumothorax to date. Her work focuses on collaborative clinical research aimed at improving understanding, management, and outcomes in pleural disease.

Elizabeth Belcher is a Consultant Thoracic Surgeon at Oxford University Hospitals NHS Foundation Trust, UK. Oxford Thoracic Surgery has achieved high primary lung cancer resection rates with excellent clinical outcomes. She specialises in interventional bronchoscopy and intervention for COPD. Additional positions include JCIE Board Chair for the Cardiothoracic ISB Examination and member of the Speciality Advisory Committee for Cardiothoracic Surgery and leads the National Thoracic Curriculum. She served as SCTS National Thoracic Tutor and SCTS Thoracic Education Secretary. She has published book chapters, original research, and review articles in peer-reviewed journals on a wide range of topics in Thoracic Surgery.

Carwyn Bridges is a post doc Respiratory Physiotherapist with a particular interest in airways clearance. Currently on secondment as Welsh Clinical Leadership Fellow (WCLF). He also holds a strategic role as Allied Healthcare Professional (AHP) lead for the respiratory conditions, NHS Wales performance and improvement developing the shape of services, managing change projects to drive forward high quality, equitable and prudent care for people with chronic respiratory conditions across Wales.

Induced sputum - what, why, who, when, where and how

Microbiological surveillance has long been a core tenant of CF care with sputum induction considered an effective non-intrusive way of collecting samples. This is also useful in other condition such as fungal disease, NTM and other difficult to manage infections. The session aims to cover the practical considerations alongside the evidence for its use.

Amna Burzic is a Respiratory Registrar with a subspecialty interest in lung cancer and is currently undertaking an out-of-programme PhD focused on lung cancer screening. Her research examines the impact of pre-existing and evolving comorbidities on lung cancer and broader health outcomes, and evaluates strategies to improve the clinical and cost-effectiveness of screening programmes. She has published peer-reviewed papers and book chapters in this field and is actively engaged in the thoracic oncology community through academic dissemination and professional development.

Professor Andrew Bush is Professor of Paediatrics and Paediatric Respirology, National Heart and Lung Institute, and Centre for Paediatrics and Child Health, Imperial College; Consultant Paediatric Chest Physician, Royal Brompton Hospital. His research interests include the invasive and non-invasive measurement of airway inflammation and clinical physiology. He has supervised more than 50 MD and PhD degrees, co-authored more than 800 peer review papers and nearly 150 chapters in books and monographs. He is an emeritus NIHR Senior Investigator. Major recent awards include the British Thoracic Society medal (2022), the 2024 James Spence Medal, the highest honour of the RCPCH, and the 2024 ERS Presidential award.

Vaping and Children

Tobacco eventually kills around 50% of those who smoke, and the deleterious effects of tobacco across the developmental spectrum and transgenerationally are well documented. New discoveries of the appalling consequences of smoking are still being made. So being safer than tobacco is not a high bar! Surely anything is a good thing if it helps smokers quit? Vapes have been hailed as the answer to the smoker's prayer. The somewhat dubious evidence that vapes are helpful for smoking cessation will not be reviewed here. Rather this lecture will concentrate on how as a country we have let our defences down and thrown our children under the bus in the name of "safety" and that we assume vapes are indeed safe at our peril.

The increase in vaping in children despite legislation prohibiting their sale to young people under eighteen is truly terrifying and the evidence that safety of vapes is a myth is mounting. This lecture will review what is known about the acute and chronic toxicity of e-cigarettes including in pregnancy. I will review how the tobacco industry is diversifying to create more nicotine addicts. The Tobacco and Vapes Bill is most welcome BUT (1) much of its provisions requires enabling legislation; and (2) current legislation is not being enforced, and unless this new Bill is, then it will achieve nothing. I hope I can persuade physicians and health care professionals, whatever the age of the patients they treat, to unite to achieve not just a smoke free generation, but a nicotine free generation, and above all, to protect our vulnerable young people from the Tobacco industry who are preying on them.

Jen Butler is the Team Lead Speech and Language Therapist for voice and respiratory disorders in Northumbria Healthcare Trust. She is an expert practitioner in laryngoscopy, attending complex airways multidisciplinary clinics, joint cough clinics, and continuous laryngoscopy clinics for EILO. She is co-author of the RCSLT position paper for upper airway disorders, on the BTS Specialist advisory group for Cough, and committee member of the RCSLT Upper Airway Disorders Clinical Excellence Network. Jen also led development of Northumbria's Respiratory SLT website which hosts resources to support patient self-management of cough and inducible laryngeal obstruction.

Dr Michael Carling is a respiratory Registrar in the North East of England with specialist interests in bronchiectasis, pleural disease and bronchoscopy. Prior to medicine, he trained in physiotherapy, contributing to a strong interest in multidisciplinary respiratory care and service improvement.

Trainees national audit in bronchiectasis; INSPIREd or not?

Bronchiectasis care delivery varies considerably across the UK, particularly with respect to access to specialist clinics, physiotherapy support and advanced therapies. BRACE (BRonchiectasis Audit of Care Evaluation) is a national, trainee-led, multicentre collaborative project delivered through the INSPIRE network, recruiting over 1000 patients from centres across the UK to evaluate adherence to BTS bronchiectasis standards and explore variation in care delivery. This presentation will discuss preliminary findings from the project alongside the practicalities of designing, coordinating and delivering large-scale collaborative research while working as a respiratory registrar, including site engagement, trainee networks, governance challenges and maintaining project momentum alongside clinical training.

Fran Chambers is an Advanced Physiotherapist and a clinical lead in Pulmonary Rehabilitation at Newcastle upon Tyne Hospitals. Fran has worked in Pulmonary Rehabilitation for 14 years and has a specialist interest in ILD. Fran is a lead assessor for the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) run by the RCP. Together with her Physiotherapy degree she holds a BSc Hons Biology from Newcastle University and a Post Graduate Certificate in Leadership and Management in Health and Social Care from the University of Cumbria.

What does success look like in pulmonary rehabilitation for patients and staff, what are the key outcome measures?

I am aiming to answer the questions by interviewing patients and expert staff.

Christabelle Chen is a Royal Pharmaceutical Society–credentialed Consultant Respiratory Pharmacist and Lead Respiratory Pharmacist at Barts Health NHS Trust. She has over 16 years' experience in respiratory pharmacy, with specialist interests in tuberculosis (TB), non-tuberculous mycobacteria (NTM), cystic fibrosis, asthma and COPD. Under her leadership, the Barts respiratory pharmacy team has expanded, supporting innovative pharmacist-led outpatient services. She led development of North East London–wide airways guidelines and respiratory formulary, and continues to drive medicines optimisation regionally. Nationally, she co-chairs the NTM Network UK Pharmacists Subgroup and contributes to the British Thoracic Society MDR-TB Clinical Advisory Service and Pharmacy Specialist Advisory Group.

Complex drug interactions - specialist pharmacists' roles in supporting complex respiratory care

We aim to revisit concepts of drug interactions and applications to practice within complex respiratory care such as drugs used across TB, NTM, CF and ABPA patients using case studies. The presentation will consider the impact of holistic medication reviews, potential role of therapeutic drug monitoring (TDM) and pragmatic strategies in supporting patients with complex drug interactions.

Peter Cho is a respiratory clinician with a specialist interest in chronic cough at King's College Hospital in London. Peter has an interest in the assessment and physiology of cough, particularly in relation to value-based medicine. Peter was also a member of the BTS cough SAG and Education and Training committee previously.

Sandra Christian is a 76-year-old female, retired business owner, always led a varied and active lifestyle. Married with one daughter and 2 grandchildren.

Initially diagnosed with BE in 2013 at Royal Brompton after feeling terribly unwell, and local doctors not being responsive. Treatment stabilised me but in 2018 was found to have developed NTM disease. Consequently, I took part in the Encore Clinical trial in 2023, resulting in an improvement but not clearing the NTM. Finding NTM Patient Care online, was a tremendous help to me, and being able to talk with other sufferers.

Dr Colin Church is a consultant in pulmonary vascular and respiratory medicine. He trained in Glasgow, Cambridge, Papworth and Sydney. He has completed a PhD in understanding the basic mechanisms of inflammatory signaling in pulmonary vascular remodeling. He has a keen interest in both clinical and basic science research and has been a principal investigator on a number of important clinical trials including looking at novel anti-inflammatory strategies to treat pulmonary hypertension. His interest also lies in the overlap between cardiovascular diseases and respiratory diseases especially airways diseases and fibrotic lung diseases and he is currently on a number of steering committees for the management of Pulmonary Hypertension in fibrotic lung diseases.

He is one of the members of the UK collaborative PH Cohort group which has informed better understanding of the proteomic, genomic and metabolomic pathology of pulmonary hypertension.

He is one of 3 consultants in the Scottish Pulmonary Vascular Unit which is the national referral centre for the Scottish Population. He is chair of the British Thoracic Society Specialist Advisory Group on pulmonary vascular disease and sits on the International Society for Heart and Lung transplantation Education Oversight Committee. He was an associate editor for Journal Heart and Lung transplantation and BMC pulmonary medicine.

Professor Robina Coker is Professor of Practice in Respiratory Medicine at Hammersmith Hospital and Imperial College, London. Over the last 25 years she has developed the current Hammersmith sarcoidosis and ILD services. From 2010 Robina was Clinical Director of the NIHR North-West London Comprehensive Local Research Network, and she led the newly established NIHR North-West London Clinical Research Network for a further 10 years from 2014.

Robina has worked closely with the BTS in various roles since 1998, when she joined the Education Committee as junior doctor representative, up to her election as President in November 2025.

Brendan Cooper is Consultant Clinical Scientist and Hon. Professor in Respiratory Physiology at University Hospitals Birmingham and the University of Birmingham. He has over 40 years' experience in both clinical and research practice in all aspects of lung function and sleep physiology/medicine. He heads a large team of 50+ clinical physiologists across 5 hospital sites and has published over 180 peer-reviewed papers in respiratory and sleep physiology and is passionate about quality diagnostic respiratory and sleep diagnostics. He founded and has been Chair of ARTP Sleep Apnoea Consortium, ARTP Sleep and also the Midlands Sleep Group. He was a member of the ERS Task Force on technical standards for the scoring of respiratory events using Type III devices for the diagnosis of sleep disordered breathing in adults and children.

Prof Cooper's clinical interests include weekly sleep clinics, leading the UHB sleep disordered breathing diagnostics service as well as a research programme which includes the evaluation of sleep apnoea equipment and the development/procurement of new/innovative devices for sleep disordered breathing. His research portfolio includes a wide spectrum of respiratory physiology from the resting state to exercise and sleep.

He has been awarded; ARTP Award for Services to Respiratory Medicine 2017, AHCS Chair's Award 2019, NHS England CSO Awards Healthcare Scientist of the Year in 2020, ERS Educational Award 2022 and has recently been awarded Fellowships by ARTP and the Academy for Healthcare Science.

Mild OSA: navigating the grey

Diagnosing sleep apnoea is relatively easy when moderate and severe obstructive sleep apnoea (OSA) is present and pragmatically it doesn't matter too much on determining the exact severity of OSA because the main treatment, CPAP is used in either case. The problem for clinicians is in the "grey" area of uncertainty between normal and mild OSA or perhaps mild and moderate OSA where treatment decisions may vary given the intrusive nature of wearing a CPAP mask at night compared to alternative treatments (MAD, HNS, weight loss) and the effectiveness of the therapy.

As the referral numbers for OSA seemingly increase annually (NHSE data) the ability to either diagnose or rule out the diagnosis of OSA becomes more difficult in planning the resources to either screen or actively diagnose OSA. This talk will address the commercially available OSA diagnostic devices and the possible case-finding or screening strategies to attempt to tackle the ever-growing waiting lists of suspected OSA.

There are differences in approach between "picking the low-hanging fruit" of moderate/severe OSA or just excluding OSA as a cause of daytime sleepiness and/or poor sleep quality. With finite NHS resources there has to be a balance between perfect diagnosis of every sleepy patient and appropriate management of treatable OSA in the population. The shift to community diagnosis of OSA further complicates an already resource-limited OSA service across the UK. Separating the physiological diagnostic and the full clinical assessment has pros and cons and these will be explored. Delegates will be encouraged to review their perceptions of how they choose to manage these dilemmas. In addition, there needs to be a realisation of how treatable OSA is and therefore how important the correct diagnosis is.

Delegates will

1. Learn the about the commercially available diagnostic devices for detecting OSA.
2. Consider what are the dilemmas in tackling OSA diagnosis.
3. Consider which may be the optimal strategy for diagnosing OSA in their local population.
4. Understand and realise of how treatable OSA is and therefore how important the correct diagnosis is.

Gemma Cox is a Specialist Respiratory Physiotherapy Practitioner in the NHS with over a decade of experience supporting people living with motor neurone disease (MND), including those using mechanical ventilation. She previously worked within the multidisciplinary team at the Lane Fox Unit at St Thomas' Hospital and now practises in Somerset. Her clinical and academic interests include noninvasive ventilation (NIV), complex endoflife care, and the elective withdrawal of ventilation. Her MSc research explored healthcare professionals' experiences of NIV withdrawal in MND and has been shared through peerreviewed publications and national and international conferences.

Case discussion: An MDT approach to complex decision making

This session will explore the complexity of a multidisciplinary approach to decision making with patients with complex ventilatory needs. It will explore themes around elective withdrawal of home mechanical ventilation, and examine how teams navigate uncertainty around escalation, continuation, withdrawal of ventilatory support and palliation. The discussion will highlight the critical contributions of the wider MDT, challenges in communication and coordination across acute and community settings, and practical approaches to collaborative, patient-centred decision making in contemporary respiratory practice.

Dr Sonya Craig is a Sleep and Respiratory consultant working at University Hospital Aintree, Liverpool (UHLG) where she is lead clinician for sleep medicine. She trained at Cambridge University and the Royal Brompton Hospital, London before completing an MD investigating cardiovascular risk and Obstructive Sleep Apnoea (MOSAIC trial) with Prof. John Stradling in Oxford. Her main research interests are vascular risk in OSA and the delivery of Sleep medicine and care effectively and efficiently within the NHS. She is co-chair of the OSA Alliance, ex-chair of the Sleep Specialist advisory group for BTS and has chaired the digital group for the Optimal Sleep pathway taskforce for NHSE. Her most recent publications are the results of the MERGE study published in Lancet Respiratory and a review of residual sleepiness in OSA (ERR 2022).

Transforming Sleep pathways across Cheshire and Merseyside- delivering the Optimal Sleep pathway

In this session participants will learn about the transformation work on Sleep pathways that is being piloted in C&M.

This is based on the Optimal Sleep pathway and utilises digital technology to improve and embed cost effective and NICE guided practice across a large regional sleep service.

At the end of the session, participants should:

- Understand the principles of the Optimal Sleep Pathway
- Understand how digital technology can transform Sleep services
- Be aware of the cost effectiveness models that could be used in business cases to help their local Sleep services

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Professor Michael Crooks

Professor Michael Crooks is a respiratory physician and academic working at Hull York Medical School, University of Hull and Hull University Teaching Hospitals NHS Trust. He is Clinical Lead for the Humber and North Yorkshire Respiratory Network, Speciality Lead for the Yorkshire & Humber NIHR Research Deliver Network, is a member of the All Party Parliamentary Group for Respiratory Health and the Task Force for Lung Health, and is a Clinical Lead in the Respiratory Transformation Partnership. He leads the Hull and East Yorkshire Integrated COPD Service and is a member of the local asthma service. He undertakes applied health research relating to the diagnosis and management of airways diseases, such as asthma and COPD, and their exacerbations.

Digital health in the hospital and at the home

Digital health in the hospital and at the home: During this talk we will explore the evolving clinical and digital environment across the healthcare system and consider how digital solutions can support the management of people living with respiratory disease. We will discuss the evidence, opportunities and pitfalls of digital health and consider how respiratory clinicians can navigate the digital health environment.

Miss Rachel Daly is the lead nurse and deputy service lead for in the Manchester Airways service at the Northwest Lung Centre, Manchester University NHS Foundation Trust. She manages patients with Inducible Laryngeal Obstruction, complex breathlessness and difficult to control asthma.

Rachel is a non-medical nurse prescriber and has a BA Hons in Respiratory care. She has attended numerous national conferences presenting her work. Rachel is currently the only complex breathlessness specialist nurse and is leading the way in this field. She is an active member of the Northwest Severe Asthma Network and an elected member of The British Thoracic Society (BTS) Bronchiectasis Specialist Advisory Group, the Association of Respiratory Nurse Specialists (ARNS) committee as bronchiectasis lead and nurse representative for the European Respiratory Society(ERS) taskforce for transition in bronchiectasis.

Room for improvement; What's new in self-management plans and patient education

This talk highlights how updated **self-management plans** and **patient education** can improve bronchiectasis care by reducing fragmentation, strengthening collaboration across services, and empowering patients with clearer, more personalised tools to manage symptoms and exacerbations. This will include an update on the new self-management plans from Asthma and Lung UK and the results from their recent campaign.

Educational Aims

- Update knowledge on personalised approaches to self-management in Bronchiectasis
- Improve patient education to boost confidence, adherence and recognise signs of exacerbations early
- Promote shared decision making to align care plans with patients goals and abilities
- Encourage multidisciplinary collaborative working to improve bronchiectasis care

Gráinne d'Ancona is the consultant pharmacist for respiratory medicine at Guys and St Thomas' NHS Foundation Trust and a senior lecturer at Kings College London. She has contributed to national guidelines and training programmes, was a clinical champion for the asthma biologics rapid uptake programme of the NHSE Accelerated Access Collaborative and holds several national committee seats, most notably on the RCP national respiratory audit programme and she chairs the BTS pharmacist special advisory group. An advocate for integrated respiratory care and value-based interventions, her clinical roles include optimising care for patients with severe asthma, COPD, ILD and sleep disorders, in the hospital setting and also through virtual clinics in general practice. Her particular area of academic interest is medicines optimisation.

Dr Enya Daynes is a consultant physiotherapist in Leicester specialising in non-pharmacological breathlessness management and pulmonary rehabilitation. She leads the Pulmonary Rehabilitation service and is a member of the leadership team in the Centre for Exercise and Rehabilitation Sciences. Through these roles she has led multi-centre trials in rehabilitation that is embedded and translated into clinical services. She contributed to the British Thoracic Society clinical statement and quality statement, and is the Quality Lead for the Royal College of Physicians Pulmonary Rehabilitation Services Accreditation Scheme.

PR in the post pandemic era

Pulmonary Rehabilitation is a cornerstone treatment for people with COPD however challenges remain on access, equity and engagement. This course will summarise the current challenges in delivering Pulmonary Rehabilitation and present innovations in providing solutions. By the end of this session, you will understand the barriers to engagement in Pulmonary Rehabilitation, identify areas of inequity, and understand the current evidence base that can promote Pulmonary Rehabilitation, deliver effective outcomes and reduce inequalities.

Professor Anthony De-Soyza is an Academic Clinician / Physician-Researcher and an Honorary Consultant Physician at Newcastle upon Tyne Hospitals NHS Foundation Trust. His interests are in translational gaps particularly in Bronchiectasis and COPD. Tony works with a fabulous MDT team of physios, nurses, microbiology, radiology and immunology in Newcastle looking after nearly 1000 adults with bronchiectasis. He has led a successful bid for an MRC Partnership grant in a multicentre approach to Bronchiectasis and has set up the UK national registry in bronchiectasis "BRONCH-UK" 2014-2017 with further funding from the US COPD foundation. Tony also holds several NIHR HTA grants.

Devesh Dhasmana studied Medicine at University College London and undertook training initially in Infectious Diseases before switching to Respiratory Medicine. After completing his training across hospitals in London, he worked for a year as a Consultant at the Royal Brompton Hospital, working in the CF and Infection Units. He then moved to Fife, Scotland, to take up a permanent appointment at NHS Fife and at the University of St Andrews. He is currently the Clinical Lead for the department, runs speciality clinics in complex infection, TB and Interstitial Lung Disease.

Dr Sarah Diver is a senior clinical research fellow at the University of Leicester and University Hospitals of Leicester NHS Trust. Her current research is focused on understanding the mechanisms that mediate clinical outcomes in severe asthma. She has previously led the experimental medicine mechanistic study of anti-TSLP in asthma, was an ECR contributor to the ERS/ATS 2020 guideline on management of severe asthma and is a current ERS task force member involved in defining clinical remission on treatment.

"Tell me how you feel?" The yin and yang of symptoms in asthma

Clinical guidelines in asthma acknowledge that symptoms and risk are distinct and not always connected. This talk will provide an update about what symptoms can and can't tell us, and what the implications of this are for clinical care.

Dr Sinan Eccles is a Respiratory Consultant and Lung Cancer Lead at Royal Glamorgan Hospital in South Wales. He is Respiratory Clinical Lead for Public Health Wales's Lung Cancer Screening programme in development, and led Wales's Lung Health Check Operational Pilot. He is a member of the British Thoracic Oncology Group steering committee, the UK Lung Cancer Clinical Expert Group, and is an expert adviser to NICE.

Dr Odiri Eneje graduated from Imperial College School of Medicine, London and an intercalated Bachelor of Science degree in Management. During specialist training, she completed the diploma of tropical medicine and hygiene before spending time working in rural South Africa looking after patients with complex lung infections. She has completed a Masters in Clinical Education at University College London, and has an educational interest in the use of simulation-based training in medical training. Her PhD studies investigated the role of inflammation in Cystic Fibrosis. She is a Consultant in Respiratory Medicine at the Royal Papworth Hospital with a specialist interest in Cystic Fibrosis, complex lung infections, and respiratory immunology. She is the current chair of the BTS Education and Training Committee.

Jo Feary is an Honorary Respiratory Consultant at Royal Brompton Hospital where she leads the occupational lung disease service including a dedicated silicosis clinic and is a Senior Clinical Research Fellow at the National Heart and Lung Institute, Imperial College. Her research is primarily focused on the respiratory heath of working populations and she was awarded an NIHR Advanced Fellowship to undertake research on the epidemiology of artificial stone silicosis in the UK. She is Co-Chair of the BTS Clinical Statement on Silicosis, teaches on the BTS Short Course in Occupational & Environmental Lung Disease and was recent Chair of the Specialist Advisory Group. She is clinical advisor to the All-Party Parliamentary Group on Respiratory Health and member of the ATS workshop on Artificial Stone Silicosis epidemic.

Andrew Fisher is Professor of Respiratory Transplant Medicine at Newcastle University and a Consultant Physician at the Institute of Transplantation, Freeman Hospital, Newcastle Upon Tyne. He is Co-Director of the NIHR Blood and Transplant Research Unit in Organ Donation and Transplantation and his clinical and research interests are in advanced severe lung disease and lung transplantation and he leads a research group focused on understanding mechanisms of lung injury and repair including after lung transplantation. He has published extensively in the field, including in 2024 an invited review of Lung Transplantation in the New England Journal of Medicine.. He is a Past President of the International Society for Heart and Lung Transplantation and is the national clinical lead for the NHSBT Lung Assessment and Recovery Centre (ARC) programme.

Lung transplant in COPD- an underrepresented group

Lung transplantation is an effective treatment for selected patients with very severe COPD and can lead to significant improvements in quality and quantity of life if done at the right time. Despite the prevalence of severe COPD in the UK, the proportion of lung transplants done for this indication is under-representative. In this talk, the potential reasons for this will be explored as well as ways in which referrals for lung transplant for patients with COPD might be increased to ensure these patients have access to lung transplantation as a therapy.

Dr Sophie Fletcher led the ILD (Interstitial Lung Disease) service at University Hospital Southampton between 2013-18, a regional specialist service recognised by NHS England, a service that receives both national and international referrals. She is the joint lead of the Southampton Combined ILD and Rheumatology clinic, a regional referral clinic.

Dr Fletcher is the current Chair of the Interstitial and Rare Lung Disease Specialist Advisory Group for the British Thoracic Society (BTS) and provides expert advice to guide the content of the national scientific symposium.

Dr Fletcher works closely with the University of Southampton and the NIHR Respiratory Biomedical Research Unit (BRU). Since 2015, UHS has hosted 26 clinical trials in ILD, for which Dr Fletcher has been the Chief Investigator (2), Principal Investigator (22) or coinvestigator (2).

She won the BTS/NIHR award in 2023 for Principle/Chief Investigator making an outstanding contribution in design, conduct and dissemination of NIHR portfolio studies and founded a clinical international fellowship in ILD at UHS which has so far supported 14 fellows and has supervised 6 successful NIHR associate PIs.

In collaboration with the British Lung Foundation, Action for Pulmonary Fibrosis, the Southampton Biomedical Research Unit, and regional ILD centres in Southampton and Portsmouth, she co-founded a patient support group for those in Wessex with ILD – WILD.

Michael Gibbons is a Consultant Respiratory Physician in the Royal Devon University Healthcare NHS Foundation Trust, and Lead of the Academic Department of Respiratory Medicine. He is Health & Care Research Director (Medical) of the NIHR Regional Research Delivery Network: South West Peninsula, and a Professor & Senior Investigator Fellow in the University of Exeter / NIHR Exeter Biomedical Research Centre. He established and is Clinical Lead of the Exeter Regional Interstitial Lung Disease Service. He is a past Chair of the British Thoracic Society (BTS) Specialist Advisory Group for ILD, a previous member of the BTS ILD Registry Steering Committee and has been a member of the BTS Science & Research Committee and BTS Council. He has been Principal Investigator on >40 clinical research studies. He has his own research portfolio, which includes funding from NIHR, MRC, Wellcome. He is the Chief Investigator of the £2M NIHR HTA grant (CHORUS), comparing prednisolone versus placebo in patients with fibrotic hypersensitivity pneumonitis.

Hypersensitivity pneumonitis, steroids, steroid sparing agents or nothing at all?

Immunosuppression is commonly used in treating patients with hypersensitivity pneumonitis, including fibrotic hypersensitivity pneumonitis, without good evidence. This presentation will describe how we got to the point of using immunosuppression, describe what literature does exist, as well as exploring gaps in the evidence. As well as describing the theoretical benefits, the presentation will describe emerging literature that suggests the potential harmful nature of immunosuppression in patients with hypersensitivity pneumonitis, and the need to adopt a careful, cautious and personalised approach. The presentation will discuss what approaches might be undertaken in managing this patient group.

Dr Melanie Greaves has been a Consultant Thoracic Radiologist at Manchester University NHS Foundation Trust since 1998. She trained in London, Newcastle and Los Angeles before taking up her consultant post in Manchester. She has nearly 30 years' experience as a thoracic radiologist and is particularly interested in occupational and interstitial lung disease.

Dr Heather Green undertook specialist training in respiratory and general internal medicine in Manchester, UK graduating in 2005. She gained early clinical experience in cystic fibrosis at the Manchester Adult Cystic Fibrosis Centre and subsequently undertook a research MD in the role of emerging gram-negative pathogens in CF. Following completion of training, she joined Wythenshawe Hospital and is now a Consultant Respiratory Physician in the Manchester Adult Cystic Fibrosis Centre. Dr Green continues to be involved with research in managing respiratory infections in CF. She also has an interest in developing homecare services for people with CF and leads Manchester's cystic fibrosis home IV antibiotic service and an intensive homecare support service for disengaged adults with CF with complex physical and mental health and social problems.

"CF on the general medical take"

A 20 minute whirlwind tour of acute CF emergencies which might present on the acute take and advice on how to manage these using real patient stories.

Dr Mohammed Haris is a Consultant Respiratory Physician and Lead for Pleural Diseases and Interventional Pulmonology at University Hospitals of North Midlands NHS Trust. He leads a large comprehensive pleural service, with a focus on ambulatory pleural care and same-day diagnostic pathways. His wider interests include advanced bronchoscopy, including rigid bronchoscopy, complex airway management, subglottic stenosis and endoscopic lung volume reduction. He is a BTS Pleural Specialist Advisory Group member, RCP Regional Adviser and RCP Tutor. He has contributed to several multicentre audits and NIHR portfolio respiratory trials as Principal Investigator.

Shirley Harwood is a retired nurse/midwife/health visitor. Initially diagnosed with MAC in 2008 following an initial private consultation & CT scan. Various treatments on and off the usual big 3 & other regimens. At one point, I was casually told it was the BE that made me poorly & I would probably need to stay on the medication all my life as the MAC never cleared. Change of consultant who referred me to Papworth . Suggested Bedaqualine regimen which included Aricayce. CCG initially refused to allow this but after a fight, agreed. MAC cleared in 2022. Hopefully, still clear, awaiting results from recent bronchoscopy.

What matters most to people affected by NTM?

The aim of the presentation is to enlighten health care professionals on the patients journey with NTM.

We intend to share that discrepancies in service are experienced by patients, and highlight the NTM Networks Standards of Care for NTM, launched in 2024, to provide equity in care across the UK.

We hope to emphasise the fears, difficulties & frustration that patients experience.

Ideally, our aim is for all respiratory departments to become aware of NTM Patient Care UK, and of the support and education we offer.

Nikki Heywood is based on the Wirral and has worked within substance misuse services for 22 years across a variety of roles. Since 2015, she has worked at Wirral Ways and her current role is a Project Manager within Wirral Ways CGL(Change, Grow, Live).

The overarching aim of her role is to develop and deliver health interventions, as well as pathways that support the early detection of health-related issues. Her work focuses on addressing the health inequalities experienced by people who use drugs and alcohol across the Wirral.

Prevention – Respiratory case finding in alcohol and drug dependent patients

This presentation will showcase an innovative partnership between our local acute hospital trust and local drug and alcohol service. We will share the development and impact of our collaborative project, designed to reduce health inequalities and improve access to care for service users.

The presentation will outline the rationale behind the project, its key benefits, and the outcomes achieved to date. We will also take you through our learning journey since the project's launch in October 2021, reflecting on both the challenges encountered and the successes celebrated along the way.

Finally, we are pleased to share feedback from our service users, including a powerful video capturing their experiences of the respiratory project.

Professor Irene J Higginson is Professor of Palliative Care and Policy and Clinical Academic at King's College London, Founding Director of the Cicely Saunders Institute and Director of Better Health & Care at King's. Her research has focused on chronic breathlessness, palliative care, integrated models of care and outcome measures for people with advanced illness, particularly respiratory disease. She has led major clinical trials and longitudinal studies evaluating breathlessness support services, early palliative care, outcome measurement and medicinal treatments in advanced disease. Her work has led the development of person-centred approaches to breathlessness that recognise the interaction of physical, psychological and social dimensions, and has informed clinical guidance, policy and service development in the UK and internationally.

Palliative care, what works and what doesn't

This session will appraise recent evidence on the management of severe breathlessness in advanced COPD. It will consider the assessment of breathlessness, exploring breathlessness as a complex experience shaped by interacting physical, psychological, social and functional factors, that can be assess and treatment targeted via a multi-axial model. Drawing on evidence from clinical trials and mixed-methods studies in advanced COPD and other respiratory diseases, the session will examine what works – and what does not – in palliative and supportive care. It will discuss integrated respiratory and palliative care models, breathlessness services and pharmacological and non-pharmacological interventions, alongside lessons from implementation and routine practice. The session will highlight practical approaches to improving quality of life, supporting self-management and informal carers, and reducing avoidable crisis-driven care for people living with advanced COPD.

Philip Howard is a Consultant Pharmacist and Antimicrobial Stewardship Lead for the North-East & Yorkshire region of England and Honorary Visiting Professor at Leeds University. He is a member of the UK Dept of Health advisory committee on AMR & HCAI and the NICE new models of antimicrobial funding committee. He was a member of the Dept of Health ARHAI Antimicrobial Stewardship Group that produced the original Start Smart then Focus Antimicrobial Stewardship Guidelines, and the HPA Primary Care Unit which helped produce the RCGP TARGET guidance on Antimicrobial Stewardship in Primary Care. He was on the NICE Antimicrobial Stewardship guideline committee and common infection committee. He is the former President of the British Society of Antimicrobial Chemotherapy.

How bacterial resistance dictates antimicrobial stewardship

Antimicrobial stewardship aims to improve outcomes for patients with infections with minimal harm and not increasing AMR. This session will explore how this can be achieved in the management of pneumonia.

Dr Jennifer Hoyle is a Respiratory Consultant based in Manchester since 2003 with a specialist interest in work and its effects on lung disease; she is an Honorary Lecturer in Occupational and Environmental Lung Disease at Manchester University and is a member of the Surveillance of Work-related Occupational Respiratory Disease committee (SWORD) at Manchester University.

In addition, Dr Hoyle is a member of the Industrial Injuries Advisory Council and she has lectured both nationally and internationally about occupational respiratory diseases with multiple publications in the field.

Uncovering links between work, the environment and respiratory cancers

Educational aims:

- To review the links between occupational and environmental exposures in the cause of lung cancer.
- To learn how to identify those at risk.
- To understand what to tell your patient about compensation and benefits once occupational lung cancer has been diagnosed.

Rhys Hurst is an Advanced Clinical Practitioner and Respiratory Specialist Physiotherapist at Royal Papworth Hospital's Respiratory Support and Sleep Centre. With over 20 years' experience in complex ventilation, airway clearance and breathlessness management, he previously served as Clinical Lead Physiotherapist in the Cambridge Centre for Lung Infection. Rhys chairs the physiotherapy specialist interest group within the UK NTM Network and has presented nationally on breathing pattern disorders and chronic respiratory disease. He has contributed to multiple publications and national standards, advancing evidence-based care for people with complex respiratory conditions.

Nazir Hussain is passionate about respiratory care and among the first accredited as a Pharmacist with a Special Interest (PhwSI) in respiratory care. He is committed to improving respiratory health and reducing inequalities through personalised, patient-centred care. He pioneered an award-winning pharmacist-led one-stop respiratory clinic, demonstrating improved access, outcomes and experience. He champions integrated care across primary and secondary services and contributes to national policy through expert committees.

Pharmacist delivered respiratory clinics in primary care

This presentation explores how pharmacist-led models can improve respiratory outcomes, access, and patient experience. Using a one-stop respiratory clinic as a case study, it demonstrates the impact of proactive, integrated, personalised care. It will outline practical approaches to service design, stakeholder engagement, multidisciplinary working, and data-driven evaluation. Attendees will gain transferable strategies to develop sustainable, patient-centred respiratory services and address health inequalities.

Sarah Johnstone qualified as a registered nurse in 1998 and has over 25 years of experience in nursing practice. She spent 17 years working in general and respiratory medicine, during which time she progressed to the role of Senior Sister.

Passionate about respiratory nursing, Sarah chose to specialise further in 2017. She became the first Pleural Nurse Specialist at Glenfield Hospital, Leicester, where she continues to develop both her role and the pleural service within the region. Her work focuses on advancing high-quality, patient-centred pleural care and supporting service development through clinical expertise and leadership.

A patient's pleural journey through the MDT

Two case studies will be used to demonstrate a patient's pleural journey through the MDT.

Educational aims

- To appreciate the services and professionals involved in managing complex pleural patients.
- To recognise the involvement of pleural services in formal MDT cancer pathways as well as informal involvement based on clinical need.
- To highlight the importance of patient and significant others contribution to MDT discussions and shared decision making.
- Recognise the support that nursing and allied health care professionals provide to pleural patients.

Dr Llinos Jones is a Consultant Respiratory Physician with a Specialist interest in Asthma at The Mid Yorkshire Teaching NHS Trust. Since joining the multidisciplinary Difficult Asthma service, she's become keen to help address health inequalities, and over the last few years has worked to create a variety of multilingual and multimedia resources for asthma patients. She has helped to develop a national repository with the BTS Respiratory Futures team for these and continues to work towards improving inclusivity and our understanding of the cultural aspects of asthma care.

Respiratory care for refugees and asylum seekers

Our respiratory services must adapt to meet the needs of increasingly diverse populations. This session explores how language, health literacy, cultural competence and lived experience influence respiratory outcomes, and offers practical solutions for creating more accessible, equitable and person-centred services for migrants.

Dr Ricardo José is a Consultant in Respiratory Medicine at the Royal Brompton Hospital and Honorary Associate Professor at the Centre for Inflammation and Tissue Repair, UCL. He holds a Diploma in Anaesthetics, a Postgraduate Certificate in Public Health, and a PhD in respiratory infection, immunity and inflammation from UCL. He has a specialist interest in bronchiectasis, respiratory infection and lung disease in immunocompromised patients, with a focus on complex airway disease and primary and secondary immunodeficiency.

Defending the lungs: bronchiectasis in immunocompromised individuals

This talk explores bronchiectasis as a consequence of impaired host defence in immunocompromised patients. It focuses on recognising underlying immune defects, distinguishing infection from immune dysregulation, and understanding how different immunodeficiencies shape pathogen patterns, disease progression and treatment decisions. Attendees will learn a practical, immune-focused diagnostic approach, and how to integrate immunoglobulin replacement, antimicrobial strategies and multidisciplinary care. The aim is to improve early identification, personalise management and prevent progression of irreversible lung damage.

Tamanna Kabir is a Clinical Nurse Specialist in Occupational Lung Disease at the Royal Brompton Hospital, London. She helps run a weekly occupational lung disease clinic, one of six such specialist clinics in the UK. She is part of the "Lungs At Work" team which is a specialist UK centre for the investigation, management and prevention of occupational and environmental lung diseases (www.lungsatwork.org.uk). Tamanna has a background in community nursing, communications in the charity sector, and a previous undergraduate degree in Psychology.

Katie Kaiser is Senior Nurse Specialist (Assisted Ventilation) at the Royal Victoria Infirmary, Newcastle upon Tyne. Katie qualified as a nurse in 2006 and started her career working on ITU in the Newcastle Hospital Trust. In 2016 she joined the North East Assisted Ventilation Service in Newcastle as a nurse specialist. Within this role she is involved with managing patients with long term NIV, complex patients and providing support and training to both patients and carers.

She has been involved with developing a nurse led HOT-HMV clinic and has a particular interest in managing patients with COPD. In April 2024 she became senior nurse specialist and operational lead of the North East Assisted Ventilation Service.

Long Term Non-Invasive Ventilation for COPD

This presentation explores the current evidence base supporting long-term non-invasive ventilation (NIV) as a treatment option for patients with complex COPD. It will outline the typical patient pathway, from presentation to consideration for long-term NIV, and review key indications and contraindications for therapy. The session will also address common challenges associated with NIV, including adherence, tolerance, and clinical decision-making, alongside practical strategies to optimise patient outcomes and service delivery.

Jennie Keane qualified as a registered general nurse in 1982, working in respiratory services since then. She has been a TB & NTM clinical nurse specialist since 2000 working across South Essex. She is involved with the NTM UK network and co-chair the nurses group. She was a member of the steering group to assist in writing and producing the Standards or Care for NTM. She is also a member of the British Thoracic Society (BTS) Steering Advisory Group (SAG) TB & NTM since April 2024 and has recently been successful in becoming a Queens Nurse.

Multidisciplinary management of NTM: how can we deliver this in practice

MDT delivery of care for NTM is central to providing good quality care, however many centres struggle to be able to provide an MDT service. As a nurse having twenty years' experience working with NTM patients within an MDT. I am hoping to share my knowledge and experience to assist other centres to provide a well-led NTM service.

Sharing my experience of the nursing side to support patients with complex needs, supporting them holistically and signposting to other specialities as needed. Supporting both the patient and the clinician treating the NTM infection, plus, how this works in practise.

Dr Joe Kibbler is a respiratory registrar in the North East of England with specialist interest in COPD, having completed a PhD on the interrelationship of COPD and heart disease. He has been the co-vice chair of the INSPIRE network, having previously also co-led on the trainee-led ERUPT (Evaluating Real-world Use of Pulmonary Embolism Thrombolysis) study.

Professor Monica Lakhanpaul is Professor of Integrated Community Child Health at UCL Great Ormond Street Institute of Child Health, University College London and a Consultant Paediatrician. Her research focuses on using collaborative, participatory research methods to work with marginalised and underserved communities, particularly the most vulnerable in society, with the aim of ensuring their voices are heard in order to find the best ways of improving their health and well-being. She enjoys working at the intersections of health, education and the environment, supported by citizen science and the creative arts, to involve the communities she works with directly in co-developing the solutions aimed at supporting them. She is leading a number of tailored culturally sensitive inclusive parenting programs to give children the best start in life. She is currently the NIHR National, strategic lead for Children's research for the UK, the Patient Public and Involvement lead for Children and was the first ever Clinical Director to lead the development of NICE Children's Guidelines.

Respiratory healthcare implications for children living in temporary accommodation

Children living in temporary accommodation experience disproportionately high rates of respiratory illness, yet often face significant barriers to accessing timely, coordinated healthcare. This presentation will explore the respiratory health implications of homelessness and housing insecurity for children, drawing on clinical evidence, lived experience, and emerging policy developments. Attendees will gain insight into the impact of temporary accommodation on respiratory outcomes, current challenges in care delivery, and practical approaches to providing holistic, equitable care. The session will highlight innovative models such as The Crib, a family-centred health and support service, and discuss policy opportunities to improve identification, continuity of care, housing standards, and children's rights.

Jodie Lam is a clinical nurse specialist and has worked at Guy's Hospital severe asthma centre since 2021. She has previously worked in acute medicine and respiratory research, with a special interest in respiratory medicine and airways disease. She is passionate about steroid stewardship and has delivered presentations regarding the importance of using biomarker-guided treatment in asthma. She is a non-medical prescriber and is currently working towards her Master's degree in Advanced Clinical Practice at King's College London University.

Biomarker vs symptom-driven asthma care: The dangers of over-treatment in multimorbid patients

Oral corticosteroids (OCS) are not effective in the absence of eosinophilic airways inflammation but are frequently and inappropriately prescribed for symptoms driven by multimorbidity, rather than asthma. This can lead to patients developing significant, devastating and irreversible long-term side effects such as osteoporosis, adrenal insufficiency and steroid-induced diabetes. FeNO and blood eosinophil counts are useful biomarkers of asthma as they identify eosinophilic airways inflammation and can guide more precise and appropriate OCS use. This presentation will explore the emerging evidence on biomarker-guided care, discussing the published literature and case studies which highlight the importance and continuous need for steroid stewardship in complex patients.

Dr Tessa Lewis is a GP and medical adviser. She chaired the NICE Common Infections guidelines and NICE Pneumonia guideline update (2025). Her working week is divided between direct patient care and therapeutics and after 26yrs as a GP partner she developed an extended role in frailty. She is passionate about the safe, effective use of medicines and works with colleagues across the UK to support issues such as antimicrobial stewardship, higher-risk medicines and polypharmacy.

Dr Konstantinos Liatsikos is a Consultant Respiratory Physician at Wirral University Teaching Hospitals with broad clinical and academic experience, and a member of the BTS Bronchiectasis Specialist Advisory Group. He completed higher specialist training in the North West alongside clinical research at Liverpool School of Tropical Medicine, contributing to international collaborative studies. His research focuses on pneumococcal disease, vaccine impact, and experimental human challenge models.

Dr Ewan Mackay qualified from Imperial College School of Medicine in 2014 and is working as a Respiratory Registrar in South London. He is pursuing a PhD in cough and respiratory physiology at King's College London, under Dr Peter Cho and Professor Surinder Birring, which focuses on cough measurement and the development of patient-reported outcome measures. He has previously worked as an Education Fellow, developing the pan London IMT3 simulation programme and maintains a keen interest in simulation-based education.

Measuring what matters in chronic cough: from symptom to solution

This session will explore objective and subjective measures that can be used in the assessment of chronic cough. By the end of this session you will be able to:

- Understand what is meant by patient-reported outcome (PRO) measures and their value in assessing patient symptoms.
- Evaluate the strengths and weaknesses of different outcome measurements in the assessment of chronic cough.
- Apply this knowledge to make a judgement of what measure is most appropriate in individual clinical or research contexts.

Dr Abigail MacKintosh is a Respiratory Registrar training in the West Midlands Deanery. She graduated from the University of Birmingham in 2013 and has been a registrar since 2018. In July 2023 she took up the role of Chair for the BTS Speciality Trainee Advisory Group. She has a particular interest in education and training and during her time in this role, she would like to get trainees across the country connected and sharing areas of good practice to improve everyone's training.

Dr Swapna Mandal is an Associate Professor at University College London and Clinical Lead for the Sleep and Ventilation Service at the Royal Free London NHS Foundation Trust. She qualified in medicine at Guy's, King's and St Thomas' medical school, following graduation she specialised in respiratory medicine. Having undertaken a period of research, Dr Mandal received a PhD from King's College London, for her work in the investigation and management of ventilatory failure in obesity.

Additionally, she has set up a joint respiratory and palliative advanced respiratory care clinic for patients with chronic respiratory conditions requiring input from both specialties. She is also the clinical lead for lung function services across the trust and has introduced innovative diagnostic pathways, and has won a BMJ award for her diagnostic pathway innovation. She currently chairs the British Thoracic Society Sleep Specialist Advisory Group and is part of the executive committee for the British Sleep Society. She continues her pursuit of academic interests in sleep and ventilation medicine and is supervising several PhD students as well as actively improving patient care through quality improvement projects.

Dr Paul Marsden is a Consultant Respiratory Physician at Manchester University NHS Foundation Trust, based at the North West Lung Centre, Wythenshawe Hospital and Honorary Senior Lecturer at the University of Manchester. He is Clinical Lead of the Manchester Cough Service and Lancashire/South Cumbria Cough Service based in Preston which sees patients from across the UK and beyond. He is an active researcher in Chronic Cough and contributed to the BTS Cough Clinical Statement.

Trials, targets and treatments: The future of chronic cough care

The presentation will summarise the results of recent clinical trials of anti-tussive treatment in chronic cough. Drug and therapeutic targets as well as outcome measures in clinical trials in chronic cough will be explored. How clinical trials impact the care of individuals with chronic cough will be discussed and how these trials might change care in the future.

Educational Aims

Participants should:

- Be aware of the latest trial data of anti-tussive treatment in chronic cough
- Appreciate the importance of targeted treatment in chronic cough
- Understand outcome measures in clinical trials in chronic cough

Dr Matthew Masoli is a consultant respiratory physician at the Royal Devon University Hospitals Trust. He also serves as an honorary senior clinical lecturer at the University of Exeter and leads the South West Severe Asthma Network (SWAN).

His main clinical and research interests focus on severe asthma, particularly exploring how patientreported outcome measures (PROMs) and the patient experience can be used to improve assessment, management, and care for people living with severe asthma.

'Quality of life in Severe Asthma - are we measuring the right thing?'

This presentation highlights the severe, multifaceted burden of asthma on patients' lives, arguing that traditional metrics like lung function and exacerbations often fail to accurately capture the true impact on quality of life. It advocates for a shift toward including patient-reported outcome measures (PROMs) to better align clinical success with the daily experiences and needs of those living with the disease.

Julia McAdam is the lead lung cancer CNS at the Shrewsbury and Telford Hospitals NHS Trust, having worked in the team since 2003. Julia's main focus in recent years has been to develop triage pathways and follow up pathways for the lung cancer patients, as well as a Prehab service and holistic needs assessment clinic. Julia achieved an MA Medical Ethics and Law at Keele University in 2007, and since 2018 has been a non-medical prescriber. Julia is currently Chair of Lung Cancer Nursing UK, which has led to her affiliation with BTOG, NLCA, Lung cancer CEG and ITONF as one of the clinical nurse specialist representatives.

Dr Jane McDowell is a Lecturer at Queen's University Belfast and Honorary Respiratory Consultant Belfast Health and Social Care Trust. She is a consultant in Northern Ireland's regional Severe Asthma Service, with asthma being her research area of interest. Her PhD focused on mechanisms of inflammation underlying the residual exacerbations in biologics-treated severe asthma patients; ongoing research has been defining outcomes in severe asthma and understanding the immune pathways and clinical characteristics that are barriers to achieving good clinical outcomes in severe asthma.

Dr Paul McKeagney is a Consultant Respiratory Physician in the Belfast Health and Social Care Trust and leads the regional Occupational Lung Disease clinic in Belfast City Hospital. He is a member of the NI Occupational Health Practitioners group, the UK Group of Occupational Respiratory Disease specialists and a Fellow of the Faculty of Occupational Medicine RCPI.

Spotting cases and causes of occupational and environmental airways disease

His presentation will focus on identifying common agents which cause occupational airway diseases, as well as using clinical cases to clarify diagnostic pathways for these conditions.

Ben Messer is a Consultant in Critical Care Medicine and Long-term Ventilation in Newcastle-upon-Tyne and the clinical lead of the North East Assisted Ventilation Service. His main critical care interest is acute non-invasive respiratory support. Within home ventilation, his interests are tracheostomy ventilation, upper airway dysfunction and secretion management in MND, and the respiratory and perioperative care of neuromuscular patients. He was the chair of the multi-professional group which produced the model of care document for complex home mechanical ventilation services published by the British Thoracic Society in 2024.

Bridging the gap: addressing critical care outcomes for individuals with learning disabilities

This presentation will highlight the health inequalities and inappropriate quality of life judgements made in the care of people with learning disabilities. The session will discuss the primary importance of critical care interventions as a means of preserving life and quality of life, to understand the critical care outcomes in people with learning disabilities and draw parallels with other conditions where quality of life judgements are frequently made. The session will consider future directions of research to investigate intermediate-long term survival and quality of life outcomes in people with learning disabilities following critical care admission.

Nicky Mills is an advanced practitioner physiotherapist working in the University Hospitals of Leicester. She has led the adult Bronchiectasis physiotherapy service in Leicester for 23 years and has a particular interest in airway clearance, inhalation therapy and breathing pattern management in both CF and bronchiectasis. She is a non-medical prescriber and uses her prescribing skills to complement the specialist physiotherapy management of Bronchiectasis, both in the clinic environment and with acutely unwell in and out-patients.

Airway clearance and mucus in Bronchiectasis

In this session I will aim to review the evidence and guidelines for physiotherapy airway clearance and mucolytics in the management of Bronchiectasis. I will discuss how this should direct current practice and also consider how interventions may change with the advent of new medicines for the management of Bronchiectasis.

Dr Paul Minnis is a specialist in Interstitial Lung Disease with interests in the inflammatory mechanisms driving fibrotic lung disease and the application of technology in the diagnosis and management of chronic disease. He has an active role in undergraduate and postgraduate medical education and is and the Director of Research and Development at the Northern HSC Trust. He undertook a fellowship in ILD at St Vincent's University Hospital Dublin, and has completed masters in medical Education, and Medical Ethics and Law. He is the Chair of the Northern Ireland Biobank steering committee, is a representative of the NI Research Recovery and Resilience Task Force, a SWORD reporter and member of the Q community led by the Health Foundation.

Sarah Minty is a retired Occupational Therapist. Contracted MAC in 2015, shortly after going on Methotrexate to treat Rheumatoid Arthritis. Treated twice for MAC, with an intermission of 18 months. Joined NTM Patient Care UK following the second round of treatment and have been clear of NTM infection for the past 4 years.

Dr Victoria Molyneaux is a Consultant Clinical Psychologist who works at the Liverpool Ventilation Service at Aintree University Hospital. Since 2009, she has supported patients and families living with long-term ventilatory support needs. Working within a specialist multidisciplinary team, she provides psychological assessment and evidence-based interventions to help people adjust to diagnosis and treatment as well as supporting staff wellbeing.

An MDT approach to complex decision making

In her presentation, Vicky will examine the psychological experience of staff during complex decision making in ventilation. Including the interplay between professional satisfaction, ethical uncertainty, and emotional burden. The aims of the session are:

1. Be able to recognise psychological pressures on MDT members involved in complex decision making.
2. Consider practical team-based approaches that might strengthen decision making by protecting staff wellbeing and promoting MDT communication.

Anna Murphy is Professor of Pharmacy Practice at DeMontfort University, Consultant Respiratory Pharmacist for University Hospitals of Leicester NHS Trust and Respiratory Integrated lead pharmacist for Leicestershire Partnership Trust. She has over 25 years' experience working in the field of Respiratory Medicine. She has contributed to national guidelines and training programmes, and sits on several national committees, most notably on the BTS council, co-chair of the medicine optimisation working group of the Taskforce for Lung Health and respiratory spokesperson for the Royal Pharmaceutical Society (RPS).

The clinical aspect of her post includes optimising care for people with asthma, allergy, COPD and ILD, reviewing patients in outpatient clinics, in MDTs and on acute wards. Working across Leicester, Leicestershire and Rutland the post includes the development of services for respiratory patients and education and training for health care professionals, patients and carers.

Anna has published widely in peer-reviewed journals, is author of Asthma-in-Focus and produced the "7-Steps to Success" inhaler education materials. Research interests include medicine adherence in people with respiratory disease and pharmacy practice research.

Changing role of respiratory pharmacists in secondary care

This presentation explores the changing role of respiratory pharmacists in secondary care, highlighting their shift from traditional dispensing to advanced clinical practice. It will examine their contributions to multidisciplinary teams, patient-centred care, and management of complex respiratory patients.

Aims:

- To understand the evolving clinical responsibilities of respiratory pharmacists;
- To recognise their role in improving medication optimisation, adherence, and patient outcomes;
- To discuss pharmacists' contributions to prescribing, service development, and research.
- To introduce the developing British Thoracic Society (BTS) framework, outlining key competencies and supporting progression into advanced and consultant-level practice.

Marium Naqvi is a specialist interstitial lung disease pharmacist and NIHR doctoral clinical academic fellow at King's College London. Her research focusses on personalised medicine, digital health, and the use of artificial intelligence to enhance remote monitoring and improve patient outcomes. Marium is an independent prescriber who contributes to national guidance and peer-reviewed publications, and is committed to advancing equitable, evidence-based respiratory care through innovation, collaboration, and education.

CTD ILD – what are the drug options

This session will explore the management of systemic autoimmune rheumatic disease-associated interstitial lung disease (SARD-ILD), focusing on the key clinical dilemma of when to initiate immunosuppression. It will review underlying disease mechanisms, patterns of lung involvement, and factors influencing treatment decisions. Attendees will gain an overview of current pharmacological options, including immunosuppressive and antifibrotic therapies, alongside the evidence supporting their use. Through case-based discussion, the session will highlight practical approaches to individualised treatment, balancing risks and benefits. The aim is to equip clinicians with the knowledge and confidence to make informed, patient-centred decisions in the management of SARD-ILD.

Dr Kimberley Nettleton is a Respiratory and General Internal Medicine Specialty Trainee in the West Midlands. She has an honorary contract as Occupational and Interstitial Lung Disease Research Fellow at the Birmingham Occupational Lung Disease Service and Birmingham Heartlands Hospital. She has interests in occupational and environmental exposure screening as well as occupational hypersensitivity pneumonitis. Other interests include undergraduate and postgraduate medical education, and approaches to improving sustainability of clinical respiratory care.

Padmavathi Parthasarathy is a Senior Respiratory Advanced Clinical Practitioner at University Hospitals of Leicester, where she also serves as Respiratory Clinical Lead for the Clinical Decisions Unit.

She currently serves as Vice Chair of the Respiratory ACP Network. She previously served as Co-Chair of the Nurse Specialist Advisory Group (SAG) within the British Thoracic Society (BTS) and has contributed to both the BTS Standards of Care Committee and the Education and Training Committee.

Padmavathi completed her BSc Nursing in India and has built a broad and progressive career across both international and UK healthcare settings. Her previous roles include Clinical Instructor, Staff Nurse, Ward Sister, and Nurse Practitioner in critical care outreach team and out of hours service.

Her professional interests include advancing respiratory care, workforce development, clinical leadership and contributing to national education and clinical standards.

Kelly Pauley, Lead Respiratory Healthcare Scientist is currently working within the Ely Community Diagnostic Centre (CDC). Alongside this she is also the IQIPS lead for Ely and Wisbech CDC's and the former East of England Respiratory Diagnostic Workstream Chair. She is the current Eastern Physiological Sciences Network (EPSN) Respiratory and Sleep Physiology Lead.

She has worked within the Respiratory Physiology field for 28 years, starting her training at Papworth Hospital. She has successfully set up 3 GP direct access pathways for Children and Young People (CYP) with Asthma, Adult spirometry and a Breathlessness pathway at the CDCs. She has been delighted to recently be awarded an Honorary Fellowship for the Academy for Healthcare Science.

Hospital to community – the impact of breathlessness pathways

Breathlessness pathways at Community Diagnostic Centres (CDCs) are designed to speed up diagnosis, improve accuracy, and streamline care for people experiencing unexplained shortness of breath. Instead of multiple referrals across different clinics, CDC breathlessness pathways bring key tests together in one place such as chest X-rays or CT scans, lung function tests, ECGs and blood tests.

By streamlining access to diagnostics, these pathways help catch serious illnesses (like lung or heart disease) at an earlier stage when treatment is more effective. They shift diagnostic work out of acute hospital settings into community-based centres, helping reduce emergency admissions, outpatient waiting times and pressure on specialist clinics.

Andy Pritchard is a trainee Consultant Clinical Scientist and head of the Respiratory and Sleep Physiology service at The Royal Wolverhampton NHS Trust. He is the Chair of the ARTP Standards Committee and has worked in respiratory physiology since 2003. His clinical and research interests include chronic breathlessness, cardiopulmonary exercise testing, community diagnostic centres, respiratory diagnostics, workforce development, and the evolving role of healthcare scientists in patient-facing clinical services.

Cris Roxas, an Asthma Advanced Nurse Practitioner at Guy's and St. Thomas' Hospital, trained at the same institution and graduated from King's College London in 2009. She holds the Associateship of King's College award, a Master's in Advanced Nursing Practice, and is a non-medical prescriber. As Governance Lead for Respiratory and lead asthma nurse at a nationally commissioned Severe Asthma Centre, she also runs a regional asthma nurses network. A member of the BTS Nursing SAG Committee and KHP Respiratory & Allergy CAG Nursing Executive, Cris is passionate about improving asthma care and advancing nursing practice through education and leadership.

Dr Kay Roy is Chair of the British Thoracic Society (BTS) Specialist Advisory Group for Acute and Complex Respiratory Infections. She leads the Asthma Service at University College London Hospitals where she is also the trust clinical lead for Tobacco Dependency /Smoking Cessation and Sarcoidosis. As an integrated care physician, she works closely with primary care in the development of community services for asthma and COPD and local treatment guidelines. She is an author of the 2024 NICE guidelines for Asthma.

Dr Prina Ruparelia is a consultant respiratory physician at Barts Health NHS Trust and Sleep and Home Ventilation Lead at St Bartholomew's Hospital. Her clinical interests include sleepdisordered breathing, transition of care, community respiratory services, and service redesign across integrated pathways. She is actively involved in quality improvement work and the application of artificial intelligence and datadriven approaches to support pathway optimisation, clinical decisionmaking, and improved patient outcomes in respiratory medicine.

Joanne Seaborne is based on the Wirral and has worked in nursing for 27 years, specialising in respiratory care for the past 24 years. She is currently part of the Integrated Respiratory Service at Wirral University Teaching Hospital where she has been a member since its establishment in 2009 as a respiratory specialist nurse. Since 2018, she has held the role of Clinical Department Manager.

Prevention – Respiratory case finding in alcohol and drug dependent patients

This presentation will showcase an innovative partnership between our local acute hospital trust and local drug and alcohol service. We will share the development and impact of our collaborative project, designed to reduce health inequalities and improve access to care for service users.

The presentation will outline the rationale behind the project, its key benefits, and the outcomes achieved to date. We will also take you through our learning journey since the project's launch in October 2021, reflecting on both the challenges encountered and the successes celebrated along the way.

Finally, we are pleased to share feedback from our service users, including a powerful video capturing their experiences of the respiratory project.

Professor Manu Shankar-Hari is Professor of Critical Care Medicine and Director of the Centre for Critical Illness Research in the Faculty of Life Sciences & Medicine at King's College London. He leads an internationally recognised, cross-disciplinary translational research programme spanning mechanistic discovery, clinical trials, and clinical practice-changing guidelines, focused on the global challenge of sepsis and sepsis survivorship.

Dr Dominick Shaw is Professor and Honorary Consultant at the University of Leicester and University Hospitals Leicester NHS Trust. His research interests are severe asthma, med tech and cystic lung disease. He started a respiratory clinic for the homeless in 2024 which won a national Health Services Journal award in 2025. He is keen to replicate the model elsewhere.

Delivering respiratory care to people experiencing homelessness

This presentation will cover the effects on health of living rough, common respiratory conditions that occur in the homeless and potential treatments, the respiratory effects of illicit drugs, and how to set up a service to provide care for the most marginalised in society. It will be of interest to all those providing respiratory care.

Professor Nick Simmonds is Associate Director of the Adult Cystic Fibrosis Centre at Royal Brompton Hospital, London, and Professor of Practice (Respiratory Medicine) at Imperial College London, United Kingdom. His main research interests include difficult CF diagnosis and the investigation of novel CF therapies. He has extensive experience of novel diagnostic techniques and was the Vice Coordinator of the European CF Society (ECFS) Diagnostic Network 2018-2024. He has been a lead investigator on numerous global multicentre trials and is the Deputy Director of the ECFS Clinical Trials Network. He was also Chair of the Registry Research Committee of the UK CF Registry until 2024, a role which promotes the use of registries to better understand outcomes in CF.

CFTR related disorders- in a respiratory clinic near you

Cystic fibrosis (CF) and CFTR-related disorders (RD) cover a spectrum of conditions caused by defects in the cystic fibrosis transmembrane conductance regulator (CFTR) protein. By definition, CFTR-RD does not fulfil the diagnostic criteria for CF but is characterised by CFTR dysfunction. Recently, the European CF Society has published new guidelines on CFTR-RD, including detail on how it should be diagnosed, the conditions associated with it (e.g. bronchiectasis, pancreatitis and male infertility) and how best to manage it. This presentation will focus on these updated guidelines, including when to consider CFTR-RD in the respiratory clinic and what to do next.

Dr Rakesh Panchal is a Consultant Respiratory Physician at the University Hospitals of Leicester NHS Trust in the UK. He has a specialist interest in pleural diseases and interventional bronchoscopy for which he is the lead clinician. Dr Panchal is a member of the Institute for Lung Health plays an active role in both undergraduate and postgraduate education. He is an Honorary Associate Professor in respiratory sciences and medical education at the University of Leicester, a College Tutor for the Royal College of Physicians (RCP) London and the East Midlands RCP/BTS regional specialty advisor for respiratory medicine. Dr Panchal is a principal investigator on a number of pleural research trials. Dr Panchal has been invited to speak and host practical courses both locally and internationally and offers a popular Interventional Pulmonology Fellowship that has trained people from the UK, Europe, Australia and New Zealand.

Professor Jacky Smith is a Professor of Respiratory Medicine at the University of Manchester, an Honorary Consultant in Respiratory Medicine at Manchester University NHS Foundation Trust and the Director of the Manchester NIHR Clinical Research Facility. She set up and runs a multi-disciplinary research team translating neurophysiological mechanisms in cough and facilitating the development of novel therapies. Her research is funded by a Wellcome Investigator Award, UKRI and the Manchester Biomedical Research Centre. She led the development of a cough monitoring system that has been commercialised and changed the standards by which cough medicines are evaluated.

Measuring what matters in chronic cough: from symptom to solution

This presentation will summarise the various tools available for assessing cough that have primarily been developed for use in clinical trials and how these may in future have utility in clinical care.

Nicola Speed is the Lead Nurse for Pulmonary Hypertension and the PH Service Co-Lead at Royal Papworth Hospital Foundation Trust. She started at Papworth Hospital in 1989 as a cleaner, and 37 years later she is lead nurse & Co- lead of services for the Pulmonary Vascular Disease Unit.

Professor Michael Steiner is Professor of Respiratory Medicine at the University of Leicester and an Honorary Consultant at University Hospitals of Leicester. He also serves as Deputy Chief Medical Officer for the Leicester, Leicestershire and Rutland Integrated Care Board. His clinical work focuses on management of advanced COPD and other chronic respiratory diseases and home mechanical ventilation. His academic interests span pulmonary rehabilitation, nutrition and skeletal muscle function in respiratory disease, integrated care and chronic disease management. He is Editor-in-Chief of Chronic Respiratory Disease.

Pulmonary rehabilitation: past, present, future

Understand the clinical and scientific evidence base that underpins pulmonary rehabilitation and the development of the intervention over the last 30 years.

Understand how the effectiveness of pulmonary rehabilitation is measured.

Develop an appreciation of how to make best use of pulmonary rehabilitation services in routine respiratory OP and IP care.

Understand how the intervention needs to evolve in line with the NHS 10 year plan.

Become familiar with likely future scientific and clinical developments in Pulmonary rehabilitation practice.

James Stockley has over 25 years' experience in respiratory and sleep healthcare science at the University Hospitals Birmingham Queen Elizabeth site. Research has been integral to his career, and he undertook a PhD in Neutrophil Inflammation and Migration in COPD in 2013, after which he returned to physiology fulltime in a research role. He completed the Higher Specialist Scientist Training Programme in 2024 programme and is now working as a Consultant Clinical Scientist, primarily in the sleep clinics. His areas of interest include sleep disordered breathing, COPD and small airways physiology, early disease, and novel diagnostic technologies.

Analogue to digital – AI interpretation of sleep investigations

This presentation will give an overview of potential applications of AI in sleep medicine, both in clinical practice and research. This will also cover the various wearables and their studies and will finish with examples of how AI is used for both autoscoring and interpretation of sleep studies.

Yvonne Summers studied undergraduate medicine at the University of St Andrews and the University of Manchester

She has been a consultant since 2004 and has worked at The Christie Hospital in Manchester since 2009, where she specialises in thoracic oncology, was previously Clinical Director of Medical Oncology and is now Deputy Medical Director.

She is active in clinical research with an interest in drug development for thoracic cancer and has experience as UK chief investigator and principal investigator in commercial and academic clinical studies. She influences lung cancer education, research & treatment through work with the British Thoracic Oncology Group (BTOG), NHS England's lung cancer clinical expert group (CEG) and as a clinical expert for NICE technology appraisals.

Management of Thymic Epithelial Tumours (TETs)

The presentation will focus on:

- The types of TETs and outcomes
- The indications for surgery, radiotherapy and chemotherapy
- The pitfalls of thymic tumours: what additional or unusual tests are required and why
- Management strategies, including multimodality approaches and systemic therapy, highlighting differences in managing thymic tumours compared to other thoracic malignancies

Dr Karl Sylvester is Consultant Healthcare Scientist and Head of Joint Respiratory Physiology at both Cambridge University Hospitals and Royal Papworth Hospital NHS Foundation Trusts. His specialist interest is the performance and interpretation of cardio-pulmonary exercise testing, especially in its identification of breathing pattern disorders. He is faculty lead for the ARTP's annual CPET course and faculty director for the UCLA/Cambridge CPET course. Dr Sylvester initially joined Cambridge University Hospitals after completing a PhD investigating respiratory complications in patients with sickle cell disease. He has previously been ARTP Honorary Chair and sits on the BTS Science & Research committee representing ARTP.

Analogue to digital – AI interpretation of CPET

The presentation will focus on the utilisation of artificial intelligence in the interpretation of cardiopulmonary exercise testing. What has been attempted previously, where we are now and what the future holds for the use of AI. It aims to familiarise clinicians with current AI approaches, identifying where this new technology can support in the delivery of a cardiopulmonary testing service, the much needed standardisation and time efficiency it provides, but also the current limitations and what we can do for the future.

Dr Selina Tsim is a Consultant Respiratory Physician at the Glasgow Pleural Disease Unit, Queen Elizabeth University Hospital in Glasgow and the West of Scotland clinical lead for the Scottish Mesothelioma Network. She is an Honorary Clinical Senior Lecturer at the University of Glasgow and holds an NHS Research Scotland Senior Fellowship. She is part of an active research unit which leads on clinical and translational trials in mesothelioma and pleural disease.

Rachel Tuffnell is Specialist Physiotherapist and Doctoral Researcher at Brunel University of London. Rachel has extensive clinical experience in pulmonary rehabilitation, breathlessness management, integrated respiratory services and chronic disease rehabilitation. Rachel is currently a Doctoral Researcher on an NIHR funded study, to co-design and test a brief intervention, based on behaviour change theory, to support referral to, and uptake of pulmonary rehabilitation. Rachel is a Level 7 leadership coach and member of the Asthma and Lung UK healthcare professionals council.

How do we encourage patient engagement in pulmonary rehabilitation taking into account health inequalities?

Learning objectives:

- Gain an understanding of the pulmonary rehabilitation patient pathway.
- Explore the key barriers for patients attending pulmonary rehabilitation.
- Understand how we can better support patients to attend pulmonary rehabilitation.
- Gain an understanding of behaviour change approaches that can facilitate referral and attendance to pulmonary rehabilitation.
- Understand how health inequalities influence patient engagement in pulmonary rehabilitation.

Dr Chris Turnbull is a Career Development Fellow in Respiratory Medicine at the University of Oxford and Consultant in Respiratory Medicine at Oxford University Hospitals NHS Foundation Trust, with a specialist interest in sleep-related breathing disorders. His research focuses on the cardiovascular and metabolic consequences of obstructive sleep apnoea, spanning translational physiology, biomarker discovery, and clinical trials. He collaborates closely with the UK Sleep Network and has contributed to several practice-changing studies in respiratory and sleep medicine.

Pharmacological awakening: the rise of drug-based therapies in OSA

This presentation will discuss how obstructive sleep apnoea is moving beyond traditional hospital-based pathways for diagnosis and management. The session will cover new diagnostic approaches, wearables, and emerging non-CPAP treatments including novel pharmacotherapy for obstructive sleep apnoea.

Samuel Wallbanks is a Clinical Scientist in Respiratory and Sleep Physiology at Birmingham Heartlands Hospital, serving as the lead physiologist for the occupational lung disease service. He completed the NHS Scientist Training Programme during the COVID-19 pandemic. Samuel regularly contributes to national education and professional forums, having co-chaired sessions at British Thoracic Society meetings and the Association for Respiratory Technology & Physiology (ARTP) conferences. He is also a guest lecturer at several universities for respiratory physiology and health topics. His specialist interests include occupational lung disease, cardiopulmonary exercise testing, Wand serial lung function analysis.

Dr Chris Warburton is a Consultant Respiratory Physician at Aintree Chest Centre, Liverpool University Hospitals NHSFT. He has run the Occupational Lung Disease service for Cheshire & Merseyside since being appointed way back in the mists of time. He has held a variety of clinical managerial roles within the Trust including Head of Medicine, has previously been Medical Director of the Cheshire & Merseyside Cancer Alliance for NHS England and remains the Clinical Director of the Cheshire & Merseyside Lung Cancer Screening Programme for NHS England.

Dr Tom Ward is an Associate Professor and Honorary Consultant in Respiratory Medicine at the University of Leicester and University Hospitals of Northamptonshire, and an NIHR Advanced Fellow. His research focuses on integrated management of COPD, exercise physiology and pulmonary rehabilitation. He graduated from Imperial College London in 2012 and completed his PhD at Loughborough University in 2020 investigating the impact of novel exercise modalities for people with COPD. His current research focuses on improving access to specialist interventions for people living with COPD and enhancing the benefits of pulmonary rehabilitation. He is a member of the BTS Specialist Advisory Group on COPD.

Naomi Watt is a Respiratory Specialist Nurse with over 25 years of experience across primary care, secondary care, public health and the voluntary sector. She is Healthcare Professional Engagement Manager at Asthma + Lung UK, where she leads the Healthcare Professional Hub and Council of Healthcare Professionals. Naomi is passionate about improving respiratory care, reducing health inequalities and supporting healthcare professionals to deliver high quality, evidence based care. She is an experienced educator, speaker and advocate for people living with lung conditions.

Jenni Wenneberg is the Lead Respiratory Nurse for the Hillingdon Integrated Respiratory Service and an Independent Prescriber. Since qualifying in 2002, she has specialised in respiratory medicine across secondary, primary, and community care. Her expertise includes admission avoidance, early supported discharge, long-term oxygen therapy, acute bi level ventilation, pulmonary rehabilitation and more recently virtual wards. She is passionate about true integration of respiratory services, ensuring seamless collaboration across health care settings. She has a proactive role in respiratory research within the Trust and is actively conducting clinical research. She sits on the BTS specialist advisory group for Tobacco dependency.

Dan Wootton is an Honorary Consultant Respiratory Physician at Aintree Hospital in Liverpool and Senior Clinical Lecturer at the University of Liverpool. His clinical and research work focuses on respiratory tract infections. He is an advisor to the EPIC4 guideline development group, to the Modern Sepsis Framework for Sepsis group and was a committee member on the recently updated NICE Pneumonia guidelines. He has a major research interest in non-ventilator associated Hospital Acquired Pneumonia and led the HAP-FAST trial - a pilot, sequential multiple assignment randomised trial (SMART) of novel diagnostic pathways for nv-HAP.

NICE guidance on HAP, evidence gaps and research recommendations

The talk will summarise the process and findings of the recently published NICE guidelines for the management of pneumonia. The focus will be on practical management of non-ventilator associated hospital acquired pneumonia. There will be a discussion of research gaps, challenges and new research evidence.

BTS ABSTRACT PRIZES – SHORTLISTED ABSTRACTS
CATEGORY: EDUCATING THE RESPIRATORY WORKFORCE: PRACTICAL INNOVATIONS IN TEACHING AND TRAINING (E1 – E6)

E1

From Novice to Navigator: A Regional Simulation-Driven Leap in Bronchoscopy and EBUS Confidence Among Respiratory Trainees – A Quality Improvement Project

[1]S Sultan, [1]M Majid. [1]Glenfield Hospital, Leicester, United Kingdom.

Introduction

Flexible bronchoscopy (FB) and endobronchial ultrasound (EBUS) are core respiratory training competencies. Variable clinical exposure leads to differences in confidence and competence. We evaluated the impact of a regional structured simulation programme on trainee self-assessed confidence.

Methods

Pre-post survey data were collected from ST4–ST7 trainees across three East Midlands South hospitals (June 2024–Jan 2026). Half-day sessions used virtual reality simulators, with groups of three rotating through five stations (3 FB, 1 EBUS, 1 rest). Each session included 30 min demonstration, 90 min supervised practice, and 30 min debrief. Confidence was self-rated pre- (1–10) and post-session (1–5, normalized) (Fig1).

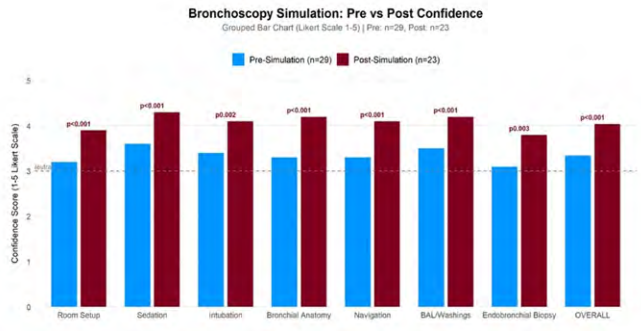
Paired t-tests assessed significance (Fig2); thematic analysis evaluated qualitative feedback.

Results

Pre (n=29) and post (n=23) session responses were analysed. All seven FB domains showed significant confidence gains ($p<0.05$), largest in bronchial anatomy (+27.3%), navigation (+24.2%), and biopsy (+22.6%). ST4 trainees showed the greatest improvement. EBUS learning priorities included anatomical navigation, biopsy technique, and complication management (Fig3). Early, accessible sessions were strongly supported.

Conclusion

Early, hands-on, small-group simulation sessions significantly improve confidence in both basic bronchoscopy and EBUS. They address training gaps and standardize skill acquisition. We recommend systematic early integration of simulation, with reinforcement sessions, across respiratory training faculties to accelerate competency, bridge experience gaps, and enhance patient safety.



E2

Closing the Patient Education Gap in Pulmonary Arteriovenous Malformations: A Co-Created Alternative to Specialist Consultation

[1]S Sepamalai, [1]CL Shovlin. [1]Imperial College London, London, London.

Introduction

Rare disease patients are vulnerable to preventable harm due to limited access to safety-critical information. Pulmonary arteriovenous malformations (PAVMs) are associated with severe yet preventable complications, including stroke and cerebral abscess. Although labelled rare, population CT screening estimates a prevalence of up to 1 in 2,600, comparable to cystic fibrosis, without equivalent patient education. The British Thoracic Society identifies patient advice as central to preventing complications (1). Yet delivery of guideline-recommended information for PAVMs remains inconsistent outside specialist centres. Specialist consultation is the educational gold standard but is not scalable. This project assessed gaps in PAVM patient education and evaluated whether a co-created resource could standardise delivery of safety-critical advice.

Methods

A prospective, two-phase quality improvement service evaluation was conducted in a tertiary PAVM clinic between February and April 2023. Consecutive adult patients attending their first specialist consultation were recruited. Phase 1 assessed baseline knowledge and receipt of guideline-recommended advice following consultation. A patient education leaflet was co-created using iterative patient feedback and evaluated in Phase 2 using identical outcomes. Knowledge and satisfaction were scored on 0–10 Likert scales.

Results

Ten patients were included in Phase 1, with seven progressing to Phase 2. Baseline PAVM knowledge was low (mean 3.05 ± 2.09). Specialist consultation significantly increased knowledge (7.50 ± 1.70, $p<0.0001$). However, delivery of safety-critical advice across the care pathway was inconsistent. No guideline-recommended advice reached more than 50% of patients, and only 10% reported receiving potentially life-saving advice.

Following co-creation, the patient education leaflet produced greater knowledge improvement than consultation alone (9.29 ± 1.18 vs 7.54 ± 1.67; $p<0.05$, Figure 1). Patient satisfaction was significantly higher for the leaflet compared with existing resources (8.86 ± 1.07 vs 4.00 ± 2.45; $p=0.0009$).

Conclusion

PAVM patients currently lack consistent access to safety-critical education despite clear guideline recommendations. A co-created patient education leaflet provides a low-cost, scalable method to standardise delivery of essential advice, reduce variation in care and mitigate preventable harm. Embedding structured patient education within routine PAVM care pathways represents a practical quality improvement intervention.

Shovlin CL et al. Pulmonary arteriovenous malformations emerging from the shadows. Thorax.2017.

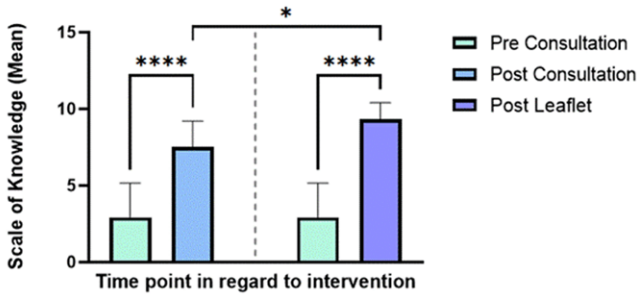


Figure 1. Co-created patient education leaflet improves PAVM knowledge beyond specialist consultation alone.
*Mean self-reported knowledge scores before consultation, after specialist consultation, and after reading a co-created patient leaflet. Knowledge increased following consultation and improved further after reading the leaflet. Error bars represent standard deviation. p<0.05; ***p<0.0001.*

E3

Improving Knowledge and Confidence about Non-Invasive Ventilation (NIV) Among Non-respiratory staff at a District General Hospital: A Quality Improvement Initiative

[1]S Jagtap, [2]A Clark, [3]N Clark, [3]S Kumar, [3]S Thomas. [1]St James University Hospital, Leeds, United Kingdom; [2]Bradford teaching hospitals, Bradford, United Kingdom; [3]Calderdale and Huddersfield foundation trust, Halifax, United Kingdom.

Background

Need for safe and effective delivery of time-critical non-invasive ventilation (NIV) which is a frequent high-stakes intervention with significant consequences of error impacting morbidity and mortality, is particularly important in a District General Hospital serving a population of 450,000 with higher-than-national-average respiratory-related mortality (1). The British Thoracic Society (BTS) (2) recommends that all staff managing acute NIV should demonstrate appropriate training and ongoing competency. As respiratory-trained clinicians are limited in numbers and frequently committed to on-call responsibilities, medical staff who work in acute care areas are often the first responders, and nursing teams rely on their clinical judgment and technical knowledge.

Aim

To improve knowledge and confidence of resident doctors, working in acute care areas required to manage NIV, through a structured teaching intervention.

Methods

A two-cycle, pre and post teaching intervention, quality improvement project was conducted using a 3-point ordinal Likert scale based (yes/no/somewhat) questionnaire that assessed knowledge and confidence involving essential practical application of NIV. Targeted small-group (1:4–1:5) interactive sessions were delivered, incorporating machine handling and discussions.

Results

Out of 51 participants, 45 had never received practical training in NIV. Table 1 demonstrates the pre- and post-intervention statistical changes in the key parameters assessed. Participant feedback demonstrated improved insight into their own limitations, with complex areas such as weaning and sedation appropriately identified for senior discussion — reflecting safer clinical decision-making, improved troubleshooting ability and enhanced competence in patient communication.

Conclusion

This project identified knowledge and confidence gap between national standards and frontline capability of staff involved in managing NIV. This prompted a quality improvement initiative to strengthen competence, confidence, and ultimately patient safety. This has now been embedded as department initiative of structured simulation based NIV training which include quarterly sessions led by Respiratory consultants for the residents rotating in acute care creating a sustainable model aligned with BTS competency standards. Thus emphasising investing in workforce capability is not simply educational enhancement — it is a patient safety imperative.

References

1.https://fingertips.phe.org.uk/profile/respiratory-disease/data. Interactive Health Atlas of Lung conditions in England.

2.Davies M,, et al. BTS Quality Standards for acute non-invasive ventilation in adults. BMJ Open Resp Res 2018;5:e000283.

	Pre teaching survey (51 participants) * (9 participant responses were only partially recorded due to technical error)	Post teaching intervention survey (44 participants)	Absolute increase (percentage points)	X^2				
Parameters assessed	Yes	Somewhat (indicating low confidence)	No	Yes	Somewhat	No		
Indications	18(42.9%)	22(52.4%)	2(4.8%)	42 (95%)	2(4.5%)	0	+52.1 pp	36.7
Contraindications	10(23.8%)	24(57.1%)	8(19%)	42(95.5%)	2(4.5%)	0	+71.7pp	46.4
Complications	8(19%)	17(40.5%)	17(40.5%)	43(97.7%)	1(2.3%)	0	+78.7 pp	60.8
Weaning	8(19%)	21(50%)	13(31%)	31(70.5%)	13(29.5%)	0	+51.5 pp	26.1
Pressure Set Up	5(11.9%)	10(23.8%)	27(64.3%)	38(86.4%)	6(13.6%)	0	+74.5 pp	55.2
Sedation	4(9.5%)	8(19%)	30(71.4%)	37(84.1%)	7(15.9%)	0	+74.6 pp	53.7
Alarms	3(7.1%)	6(14.3%)	33(78.6)	30(68.2%)	14(31.8%)	0	+61.1 pp	39.4
Guidelines	3(7.1%)	13(31%)	26(61.9%)	32(72.7%)	11(25%)	0	+65.6 pp	43.8
Parts of machine	2(4.8%)	4(9.5%)	36(85.7%)	29(65.9%)	15(34.1%)	0	+61.1 pp	41.2
Able to Answer Questions Raised by patient, staff and attendees	5(9.8%)	0	46(90.2%)	43(97.7%)	0	1	+87.9 pp	75.6
	Chi-square analysis demonstrated statistically significant improvements across all assessed NIV domains (all $p<0.0001$), with the largest effects observed in ability to answer patient/staff queries ($\chi^2=75.6$) and understanding of complications ($\chi^2=60.8$).							

E4

Capillary blood gas (CBG) training and Non-invasive ventilation (NIV) bundle to improve adherence to NIV guidelines

[1]MH Hadfield, [1]CG Goulden, [1]SO Oliveira. [1]Wrightington, Wigan and Leigh NHS Trust, Wigan, England.

Background

NIV is indicated for patients with decompensated type 2 respiratory failure, who do not respond to medical management. NIV is often initiated by non-respiratory physicians who may not be familiar with British Thoracic society (BTS) NIV guidelines. This quality improvement project aimed to assess and improve adherence to BTS NIV guidelines through training and implementation of 'NIV bundle'.

Methods

We initially undertook a review of 59 patients receiving NIV from November 2024-April 2025, recording; the indication, type of blood gas used for initiation and monitoring NIV and documented escalation plan. Subsequently, the respiratory team provided CBG training to emergency department staff, and a 'NIV bundle' was designed to be completed when commencing NIV. We then reviewed 55 consecutive patients commenced on NIV between September-December 2025 to assess the impact of these interventions.

Results

The most common indication for starting NIV was COPD. After implementing the NIV bundle and CBG training, initiating NIV using venous blood gas (VBG) reduced from 24% to 11% of patients. Initially 30% patients had no blood gas monitoring or VBG monitoring, which improved to 9%. In 10% of patients NIV was not indicated, which decreased to 5%.

Prior to intervention, 63% of patients were for full escalation or had no documented escalation decision, compared to 27% after intervention. Before intervention 16% of these patients were discussed with the critical care team, which increased to 20%.

Discussion

After implementation of the NIV bundle and CBG training more patients had NIV initiated and monitored using arterial or capillary blood gases in line with BTS guidance. In addition, more patients had documented escalation plans and were referred to critical care when using the NIV bundle. However, most patients for full escalation were not discussed with critical care possibly due to clinical improvement or indicating a need for further education.

Overall, CBG training and the NIV bundle improved adherence to BTS NIV guidelines. Now the NIV bundle has been digitised which hopefully will lead to further improvements.

E5

Ask the Resp Reg - A Novel Informal Teaching Initiative for Respiratory Team Members

[1]RL Johnson. [1]Royal Berkshire Hospital, Reading, UK.

Background

Resident doctors, medical students and allied healthcare professionals often have clinical and practical questions or observations that may not be fully addressed during routine ward rounds or formal teaching opportunities. Competing clinical demands, time pressures and concerns about 'looking silly' can limit question asking opportunities in a safe environment. To address this need, *Ask the Resp Reg* was created; an informal, registrar led educational initiative.

Methods

A weekly bite-sized teaching session, lasting between 15-30 minutes was incorporated into the day. A Respiratory Registrar sat with any of the team who wished to participate, to answer questions, either raised during the session or pre-submitted; the session content was entirely directed by learners. Topics ranged from breathlessness differentials, Non Invasive Ventilation (NIV) troubleshooting, chest drain management and pneumonia follow up. Questions were answered using case-based discussion, clinical guidelines, and practical demonstrations where relevant. PDSA cycles were run between sessions to optimise session content and delivery. Qualitative feedback was gathered weekly.

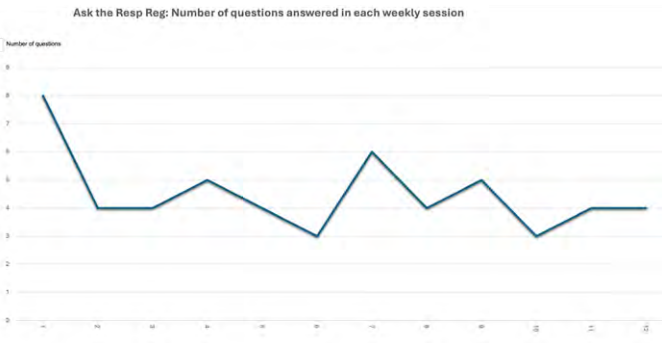
Results

The sessions were well received, particularly across foundation doctors, IMTs, students and therapists. Participants reported increased confidence in managing common respiratory presentations, skills specific to Respiratory including chest drains, NIV and nasal high flow, and an increased inclination to ask questions in other clinical settings. The informal format was repeatedly appreciated, with participants describing the sessions as approachable, relevant, and directly applicable to daily practice. PDSA cycles ensured that continue improvement was aimed for. The programme ultimately looks to improve patient care, by providing a forum for unanswered questions. Patients were involved, depending on the teaching scenario.

Discussion

Ask the Resp Reg is a simple, easy to deliver model that enhances respiratory knowledge and practice across the MDT, by focussing on the questions posed by the team. Use of QI ensured continuous improvements to the programme. Informal teaching within the clinical day ensures team members know there is a safe space where questions are actively encouraged and relevant answers provided. Learning can also be shared across differing job roles.

Future work will involve formal confidence scoring and impact on clinical practice, as well as creating answers to frequently asked questions.



E6

Utilising the respiratory multidisciplinary team to educate and empower

[1]R G Beckett. [1]Somerset Foundation Trust, Taunton, United Kingdom.

Introduction

Junior doctor respiratory rotation survey results communicated concerns regarding nursing competencies. Survey results of respiratory support unit (RSU) nurses identified areas for improvement in doctor skill sets.

Our workforce is the best opportunity to promote patient safety[1]. A culture of learning and encouraging team members to pay attention to each other are cornerstones[1].

Therefore interprofessional teaching provides an improvement opportunity.

Aims

Interdisciplinary bedside teaching mentorship (doctor:nurse and vice versa), as a targeted, cost and time effective method to improve competencies and skill sets:

Doctors skilled in bedside ultrasound to support RSU nurses to gain confidence in venepuncture

RSU nurses to support junior doctors gain competence in chest drain management and non invasive ventilation (NIV)

PDSA Cycle

Intervention 1 - basic ultrasound training to nurses in clinical environment (orientation to machine, anatomy)

Intervention 2 - assigning doctor mentors to nurses to support with ongoing practice (patients)

Intervention 3 - nurse led teaching sessions for doctors at lunchtime teaching sessions

Intervention 4 - assigning nurse mentors to doctors to support with ongoing practice

Methodology

Survey RSU nurses: Measure of confidence before and after intervention (1 - less confident to 5 - more confident), successful utilisation of ultrasound for venepuncture since intervention (yes/no)

Clinical quiz to junior doctors: Scores pre and post intervention

Anonymised doctor end of placement surveys

Qualitative feedback

Results

100% RSU nurse respondents deem upskilling in ultrasound to be of very high usefulness e.g.

(1) doctors available for other tasks

(2) mitigate delays in obtaining time critical results e.g. adjusting NIV settings

Confidence increased from 1.67/5 (pre) to 4.67/5 (post)

Since intervention 1, 66.7% have used ultrasound in clinical environment

Future/lessons learnt

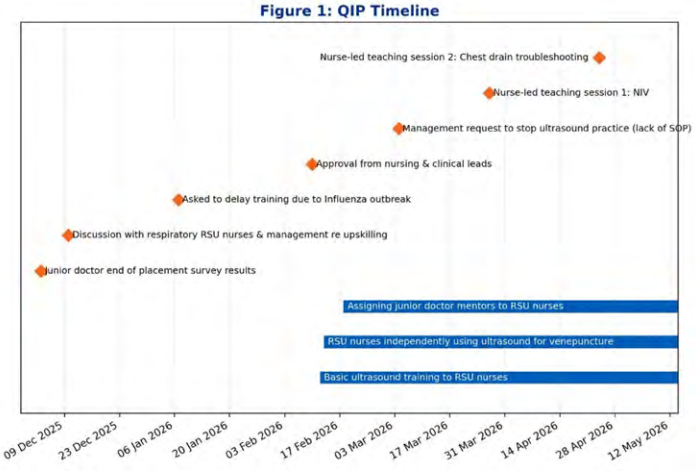
- Collaboration with management and RSU nurses supports more sustainable project
- Also cause of project delays due to nursing requirement for Standard Operating Procedures
- Potential project expansion with HCAs, physician associates, physiotherapists
- Countless benefits to interprofessional learning, including learning names, respect for other colleague's skillset

References

NHS England and NHS Improvement. The NHS Patient Safety Strategy: safer culture, safer systems, safer patients. 2019.

https://www.england.nhs.uk/wp-content/uploads/2020/08/190708_Patient_Safety_Strategy_for_website_v4.pdf

Figure 1: QIP Timeline



BTS ABSTRACT PRIZES – SHORTLISTED ABSTRACTS
CATEGORY: QUALITY IMPROVEMENT IN ACTION: TRANSFORMING RESPIRATORY SERVICES FROM ADMISSION TO HOME (QI1 – QI6)

QI1

COPD Readmission Rates Following Addition of 72-Hour Follow-Up to Discharge Bundle Care: A Service Evaluation

[1]M Amaralingam, [1]C O'Leary, [2]YY Boo, [2]C Phillips, [1]B Green. [1]Portsmouth University Hospitals NHS Trust, Portsmouth, United Kingdom; [2]AstraZeneca UK, London, United Kingdom.

Background

Chronic Obstructive Pulmonary Disease (COPD) remains a leading cause of hospital readmissions. Discharge care bundles aim to reduce these, though evidence of effectiveness is mixed, and bundle implementation is often incomplete. The British Thoracic Society and NICE recommend a five-component COPD discharge care bundle including a telephone call within 72-hours following discharge. This study evaluates the impact on readmission rates by adding this resource intensive follow-up call to an otherwise complete bundle.

Methods

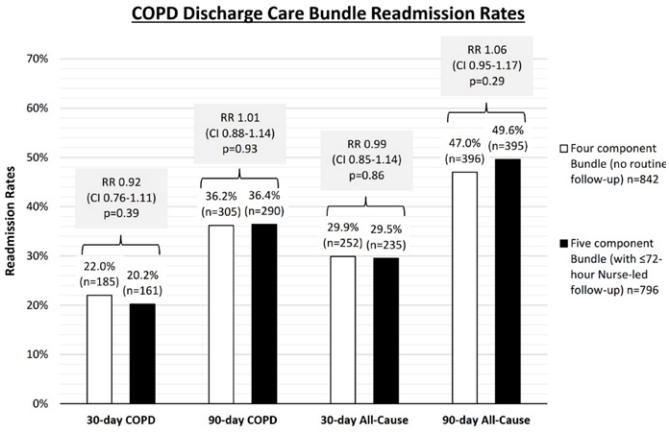
A service evaluation compared two cohorts: patients discharged with the recommended bundle excluding follow-up call from January-September 2023 (control; n=842), and those discharged with the full bundle including a structured nurse-led follow-up call within 72-hours from January-September 2024 (intervention; n=796). A non-promotional pharmaceutical grant allowed funding for the intervention. The retrospective control group was selected to avoid seasonal bias. Only patients surviving to discharge and receiving a bundle were included. Readmission data were obtained from hospital coding. Univariable modified Poisson regression assessed associations between follow-up and readmission.

Results

30-day COPD readmission was slightly reduced in the intervention group (20.2% vs. 22.0%), with a non-significant 8% risk reduction (95% CI 0.76-1.11, p=0.39). No significant differences were observed in 90-day COPD readmission (36.4% intervention vs. 36.2% control; RR 1.01, 95% CI 0.88-1.14, p=0.93), or all-cause readmissions at 30-days (29.5% intervention vs. 29.9% control; RR 0.99, 95% CI 0.85-1.14, p=0.86) and 90-days (49.6% intervention vs. 47.0% control; RR 1.06, 95% CI 0.95-1.17, p=0.29).

Conclusion

The authors recognise that the benefit of care bundles is dependent upon the delivery of multiple, evidence based, interventions in combination. However, as part of a quality improvement project, we were able to assess the effect of adding a 72-hour post-discharge follow-up call to an otherwise complete COPD discharge bundle. The addition of this follow-up did not significantly reduce COPD or all-cause readmissions at 30- or 90-days. While such follow-up may offer clinical reassurance and enhance patient satisfaction, its standalone effectiveness in reducing readmissions appears limited and may not justify the resource burden moving forward or inclusion in best practice guidelines and national audits.



QI2

Implementing a One-Stop Unexplained Breathlessness Clinic at a Community Diagnostic Centre

[1]C Dickson, [1]T Duckmanton, [1]A Bearder, [1]T Burden, [1]I Martin, [1]J Small. [1]Royal Devon University Healthcare NHS Foundation Trust, Exeter, United Kingdom.

Background

After funding was secured in May 2023 as part of the national CDC programme, the Nightingale Hospital in Exeter was identified as the site to re-develop into the Devon Diagnostic Centre. To provide innovative care, a former COVID-19 ward was redeveloped into the 'Buttercup' unit to deliver additional physiological measurement and diagnostic services. One of the aims of the unit was to deliver the proposed Adult Breathlessness Pathway from NHS England [1] The pathway utilizes a three-tier diagnostic tool: Tier 1 involves initial clinical assessment (Bloods, CXR, ECG, Spirometry, and FeNO); Tier 2 test are then performed if the diagnosis is unclear (Pulmonary Function Tests, CT Chest, and Echocardiogram); and Tier 3 (CPET) for cases remaining unclear. We aimed to primarily implement Tier 2 tests at the Devon Diagnostic Centre.

Methods

We replaced general respiratory clinics with a one-stop clinic model. This avoided service duplication and maximised consultant and physiologist time. Instead of undergoing multiple sequential visits, patients now complete the necessary tier 2 diagnostics followed by a same-day review by a respiratory consultant.

Results

The one-stop pathway has demonstrated measured improvements in clinical productivity (Table 1) and patient experience. Utilising the same consultant time, clinic capacity to see new patients has increased by 31%. The mean number of patient visits in the general pathway decreased by 51%, dropping from 3.12 to 1.59 visits. Furthermore, the percentage of patients discharged after their first visit rose significantly from 5% to 47%. Patient feedback was overwhelmingly positive, highlighting a "well-informed" process in a "tranquil setting" with the convenience of single-day completion.

Conclusions

The transition to a one-stop breathlessness clinic successfully reduced time to diagnosis and overall hospital visits. Future quality improvement plans include refining the triage process, introducing Tier 1 tests as part of the triage process where not performed in primary care, and develop a physiologist-delivered pathway to complement consultant delivered care as staffing improves. This pathway has demonstrated an innovative approach to utilising a CDC's diagnostic services without duplicating existing secondary care services.

Reference:

[1] NHS England. Adult breathlessness pathway (pre-diagnosis): diagnostic pathway support tool. Available at:

https://www.england.nhs.uk/long-read/adult-breathlessness-pathway-pre-diagnosis-diagnostic-pathway-support-tool/

Table 1. Clinic Metrics Comparison

	Traditional General Clinic (Jan 24 - Nov 24)	Breathlessness Onestop (Dec 24 - Oct 25)	Change (%)
New seen/ month (Number of patients)	57	75	31
Follow up/ month (Number of patients)	60	51	-15
Clinic Ratio – (New : Follow up)	1 : 4	1 : 0.58	
Mean number of patient visits in general pathway	3.12	1.59	-51
Patients discharged after first visit (%)	5	47	42
Followed up in general clinic after first visit (%)	47	9	-38
Followed up in specialist clinic after first visit (%)	11	21	10

QI3

A service evaluation of delivering intravenous antibiotic therapy in a community Long-term ventilation Service

[1]C Steward, [1]D Dawson, [1]P Byrne, [1]R Puthussery. [1]Royal Hospital for Neuro-disability, London, United Kingdom.

Background

Patients requiring long-term ventilation (LTV) frequently experience infective exacerbations, often resulting in unplanned acute hospital admissions, with sepsis a common precipitating factor. Intravenous (IV) antibiotic therapy is traditionally delivered within acute hospital settings, with some access to IV antibiotic therapy being provided in a community setting. Since 2019, our 32-bed community LTV service has provided IV antibiotic therapy on-site within a fully integrated multidisciplinary team (MDT) model for patients who are stable and manageable in the community setting. This approach aims to prevent avoidable acute admissions and facilitate early discharge from hospital, enabling continuation within the patient's home care environment whilst reducing acute hospital bed utilisation.

Aim

To evaluate trends in IV antibiotic delivery within a community LTV service and examine associated patterns of unplanned and sepsis-related acute hospital admissions.

Methods

A retrospective service evaluation was conducted using routinely collected data from 2022–2025. Outcomes included:

- Number of IV antibiotic episodes delivered within the community
- Unplanned acute hospital admissions
- Admissions attributable to sepsis
- Proportion of patients commenced on IV antibiotics managed without acute transfer
- Number of patients repatriated from ICU to complete IV therapy within the community.

Results

Community-delivered IV antibiotic episodes increased year-on-year (2022: 8; 2023: 12; 2024: 27; 2025: 48). Unplanned acute admissions reduced from 48 in 2024 to 34 in 2025 (29% reduction), despite increased IV antibiotic utilisation. Sepsis-related admissions were 16/48 (33%) in 2024 and 16/34 (47%) in 2025. The proportion of patients commenced on IV antibiotics who avoided acute transfer increased from 63% in 2024 to 67% in 2025. Repatriations from ICU to complete IV antibiotic therapy in the community increased from 3 cases in 2024 to 8 in 2025.

Conclusion

Expansion of community-delivered IV antibiotic therapy within a specialist LTV MDT model was associated with increased admission avoidance, reduced overall acute hospital utilisation and facilitated earlier ICU repatriation. This model demonstrates potential for improving patient-centred care with patients being treated within their home environment whilst optimising acute bed capacity.

QI4

Lean into Green: Reducing Consumables Use in Home Ventilation Through Quality Improvement

[1]K Marrs, [1]K Randall, [1]D Whalley, [1]J Mitchell, [1]K Kaiser. [1]The Royal Victoria Infirmary, Newcastle Upon Tyne, UK.

Background

Provision of ventilation in the community requires use of consumables such as masks, which have a limited lifespan and require regular replacement. These items represent an ongoing cost, with some masks costing over £100 each. Consumables must also be delivered to patients' homes, creating logistical and environmental pressure. In the current NHS climate, reducing waste and supporting resource stewardship is essential. A multidisciplinary team (MDT) of specialist nurses and healthcare assistants undertook a quality improvement project with an aim to reduce consumables waste and promote sustainable practice within a Home Ventilation service. Lean methodology provided the framework for the project.

Method

A process review was guided by lean principles of reducing waste, improving flow and maximising value. During planning, the MDT was consulted to generate improvement ideas, and practice was benchmarked across a national network of specialist long term ventilation services. Proposed changes were introduced to the team through an education session, beginning with a revision of delivery methods: all routine parcels are sent via second class post. A digital record of patient consumable requests improved oversight, and patient education included more emphasis on sustainability, discussing mask cost, replacement schedules and cleaning methods to extend mask lifespan. A significant change was a reduction in the number of new masks issued by replacing individual components, such as cushions or headgear, where appropriate. Education was delivered in clinic appointments, home visits, via telephone advice and in an information leaflet.

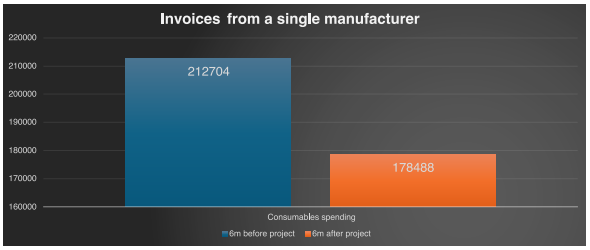
Results

Replacement of component mask parts is currently supported by one manufacturer. Review of these invoices demonstrated a £34000 reduction in consumables spending over six months. Improved oversight and reduced full-mask replacement contributed to this change. No patient complaints were received over the change in practice, and informal staff and patient feedback has been positive. Further analysis of financial data across all consumables suppliers is ongoing.

Conclusion

A small change in practice resulted in cost reduction and improved resource stewardship. This project outlines the use of lean methodology to support financial savings and may be relevant to other home ventilation services.

Consumables spending pre and post project



QI5

Development of a trigger tool to improve inpatient access to palliative care in respiratory medicine

[1]S Middleton, [1]J Busby, [2]A Barnes, [3]T Harrison, [3]E May, [3]V Chaitanya. [1]School of Medicine, University of Nottingham, Nottingham, UK; [2]Respiratory Medicine, Nottingham University Hospitals Trust (NUH), Nottingham, UK; [3]Palliative Medicine, Nottingham University Hospitals Trust (NUH), Nottingham, UK.

Introduction

Development of criteria to trigger a specialist palliative care referral in patients admitted to a respiratory ward would facilitate timely palliative care input, improve patient's quality of life and standardise patient care.

Methods

Plan: Patient and family feedback, learning from departmental cases and multidisciplinary team (MDT) focus groups identified barriers to palliative care referral. We aimed to improve timely access to specialist palliative care in inpatient respiratory medicine by developing a trigger tool for palliative care referral.

Do: A baseline audit of referrals into palliative care from an inpatient respiratory service in England were collected from December 2024 to February 2025.

Study: Data were analysed using simple descriptive statistics.

Utilising this data, a multi-disciplinary team from respiratory medicine and palliative care developed a trigger tool (Figure 1) which contained criteria for palliative care referral.

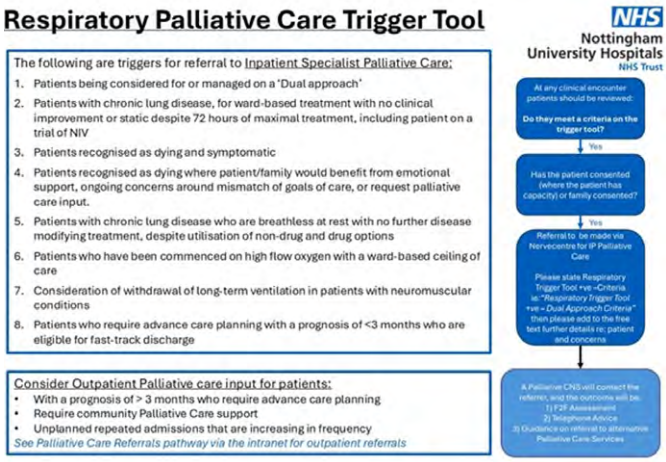
Act: The trigger tool was verified by retrospectively analysing its use on the audit cohort. The tool was presented to the wider respiratory MDT and approved by information governance team for use on respiratory wards. Ongoing pilot adoption of the tool with subsequent audit of palliative care referrals is underway as part of the next PDSA cycle.

Results

147 deaths in respiratory medicine occurred between December 2024 and February 2025. 41.5% were referred to palliative care with a median of 1 day (IQR 1-3 days) from referral to death. Retrospective testing of the trigger tool on respiratory deaths in December 2024 demonstrated 26 (72.2%) individuals without a palliative care referral would have been referred with the tool. 11 (64.7%) individuals who had a referral, would have been referred a median of 1 day (IQR:1-3.5 days) earlier.

Conclusion

Development and standardisation of inpatient palliative care referral criteria for respiratory patients allow for prompt and wider access to specialist end of life care. Roll-out within the clinical setting to assess sustained change remains underway.



QI6

Using A3 Thinking to find a low-technology solution to the old problem of oxygen prescribing

[1]J Pincott, [1]A Nash, [1]J Leach, [1]S Workman, [1]J Topliss, [1]R Buxton-Thomas. [1]University Hospitals Sussex, Brighton, UK.

Background

Oxygen is a drug and should be prescribed with a target oxygen saturation as per the 2017 British Thoracic Society guideline for oxygen use.

Current Condition

On a respiratory ward, baseline prescribing compliance for patients receiving oxygen was 68%, and 56% for those not receiving oxygen.

Goal Statement

95% of patients using oxygen have an oxygen prescription.
75% of patients not on oxygen have a valid 'prn' prescription.

Root Cause Analysis

Multidisciplinary input from nurses, pharmacists and doctors was used to identify key drivers. A fishbone diagram was created and effective change opportunities mapped.

Countermeasures

Cycle 1: Automated email sent daily to shared ward inbox listing patients without oxygen prescriptions.
Cycle 2: Reminders added to morning handover checklist and posters displayed on ward.

Action Plan

For each cycle, oxygen prescriptions were captured on 4 snapshot days by checking the electronic prescribing record, patient observations and the paper medical notes.

Results

Adherence to oxygen prescribing improved dramatically across the three cycles.

Prescription Rates: Following implementation of the automated reminder system and handover prompts, compliance improved to 98% by cycle 3. Among patients not using oxygen, the proportion with a valid 'prn' prescription also increased (56% to 90%).

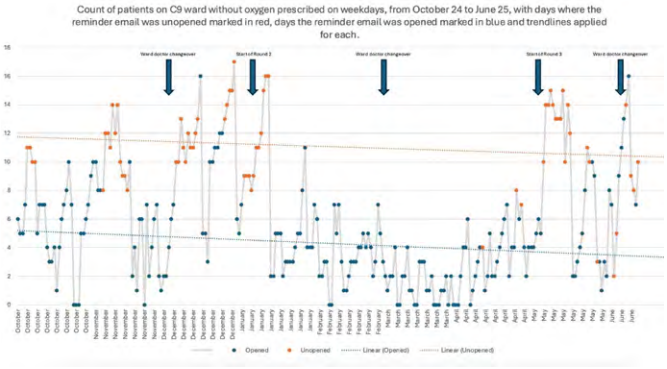
Target Matching: The accuracy of prescribed saturation targets compared to the target documented in the clinical notes remained high, improving from 92% (Round 1) to 95% (Round 3).

Nursing Charting: Electronic signing for oxygen administration by nursing staff improved from 82% to 93**%** for regular prescriptions between Rounds 1 and 3.

Process Trends: As seen in Figure 1, on days where the remainder email was opened, fewer patients were without an oxygen prescription. This was consistent across two ward doctor changeovers. After cycle two, there was a sustained drop in the number of patients without oxygen prescribed for over four months, when the reminder email was opened.

Conclusion

Simple, low-technology, automated email reminders significantly improved oxygen prescription adherence, especially when integrated into 'business as usual' for the ward. These interventions are effective in environments lacking integrated EPR-prescriber alerts and ensure that oxygen administration is safer and more closely aligned with national guidance.



BTS ABSTRACT PRIZES
DIGITAL POSTERS (DP1 – DP44)

DP1

Withdrawn.

DP2

Bridging the Gap in Inhaler Technique Education: A Quality Improvement Project in a District General Hospital

[1]M Waris, [1]M Soe, [1]J Myerson. [1]University Hospitals Sussex, Brighton, United Kingdom

DP3

Building Tier 2 Capacity: A Multi-Professional Audit Driving Antifibrotic Service Remodelling in a Regional ILD Network

[1]N Roy, [1]D Frow, [1]R Miller, [1,1]F Harfiz. [1]Torbay Hospital, Torquay, United Kingdom.

DP4

Asthma Virtual Ward Pathway Enabling Early Emergency Department Discharge and Structured Follow-Up

[1]N Roy, [1]A Artingstall, [1]L Anning, [1]K Caunter, [1]B Diggins. [1]Torbay Hospital, Torquay, United Kingdom.

DP5

High Flow Nasal Oxygen in Idiopathic Pulmonary Fibrosis: a useful treatment modality or delaying the inevitable?

[1]H Prior, [1]S Simm, [1]R Riding, [1]N Meghjee, [1]N Bramhall, [1]A Ashish. [1]Wrightington, Wigan and Leigh NHS Trust, Greater Manchester, United Kingdom.

DP6

Embedding an Advanced Care Planning Pathway on a Long Term Ventilation Unit

[1]A.R Endacott. [1]Royal Hospital for Neurodisability, London, England.

DP7

Withdrawn.

DP8

Assessing the benefit of an Advanced Physiotherapy Practitioner (APP) in improving the standard of care and outcomes provided to patients requiring acute non-invasive ventilation within the emergency department and medicine

[1]F Noyce. [1]Frimley Health NHS Foundation Trust, Camberley, Surrey, United Kingdom.

DP9

Respiratory Same Day Emergency Care: Reducing Admissions and Preserving Acute Capacity

[1]YK Wong, [1]P Sweeney, [1]HJ Cornelius, [1]B Hawthorne, [2]MG Jennings, [1]N Patel. [1]UHB NHS Trust, Birmingham, United Kingdom; [2]Birmingham Community Healthcare, Birmingham, United Kingdom.

DP10

Improving Malnutrition Care in COPD Through a New Regional Dietetic Service

[1,2]HK Kay. [1]Guys and St Thomas, London, United Kingdom; [2]Kings College Hospital NHS Foundation Trust, London, United Kingdom.

DP11

Beyond Antimicrobials: an MDT Focused Audit of Patient Care and Education in NTM

[1]A Akhtar, [2]J Ayling-Smith. [1]Cardiff University, Cardiff, Wales; [2]Cardiff and Vale University Health Board, Cardiff, Wales.

DP12

Patients' attitudes to environmental impact of inhalers in the UK

[1]F Mosgrove, [2]F Hutchinson, [3]M Plank, [4]A Mulgirigama. [1]NHS Grampian, Aberdeen, UK; [2]GSK Medical Affairs, General Medicines, GSK, London, UK; [3]GSK Medical Affairs, General Medicines, GSK, Gold Coast, Australia; [4]General Medicines, GSK, London, UK.

DP13

Regional Interstitial Lung Disease Multidisciplinary Meetings Between Tertiary and Secondary Care

[1]K Abernethy, [1]K Osborne, [1]S Crawley, [1]N Chen, [2]R Boorsma, [3]K Brignall, [1]K Myall, [1]A West. [1]1. Guy, London, UK; [2]2. East Sussex Healthcare NHS Trust, Hastings, UK; [3]3. Medway NHS Foundation Trust, Gillingham, UK.

DP14

Virtual Pneumonia Clinic: A Quality Improvement Project establishing the safety of the British Thoracic Society (BTS) guidelines in pneumonia follow up

[1]S Sawjani, [1]E Lyons, [2]M White. [1]University Hospital Southampton, Southampton, United Kindgdom; [2]Lincolnshire Community and Hospitals NHS Group, Lincoln, United Kingdom.

DP15

Improving accurate diagnosis of COPD following supported discharge from hospital

[1]N Penny, [1]A Hill, [1]K Hale, [1]R Evans, [1]G Lowrey, [1]J Hampson. [1]University Hospitals of Derby and Burton NHS FT, Derby, Derbyshire.

DP16

Advancing Integrated Care: A network approach to Progressive Pulmonary Fibrosis pathways from a regional tertiary centre to local services

[1]H Morris, [1]K Zakis, [1]J Swale, [1]G Owen, [2]S Roberts, [3]H Prior, [3]S Dermott, [4]E McShane - Hardy, [5]R Worswick, [6]H Fox. [1]Manchester University NHS Foundation Trust, Manchester, UK; [2]Cheshire and Wirral Partnership NHS Foundation Trust, Chester, UK; [3]Wrightington, Wigan and Leigh NHS Foundation Trust, Wigan, UK; [4]Tameside and Glossop Integrated Care NHS Foundation Trust, Tameside, UK; [5]Bolton HNS Foundation Trust, Bolton, UK; [6]Northern Care Alliance NHS Foundation Trust, Salford, UK.

DP17

Community Asthma Champions: A Co-Produced Approach to Improving Equity of Access to a Difficult Asthma Service

[1]LM Jones, [2]H Smith, [3]MA Snowden, [3]M Bartholomew. [1]Mid Yorkshire Teaching NHS Trust, Wakefield, United Kingdom; [2]Health Innovation Network Yorkshire and Humber, Wakefield, United Kingdom; [3]Huddersfield University, Huddersfield, United Kingdom.

DP18

Increasing experience in respiratory virtual ward care of Asthma patients allows onboarding of higher acuity cases without increased risk to patients

[1]J Zhang, [1]T Davies, [1]J Carter, [1]R Whelan, [1]S Seksaria, [1]A Xentsa, [1]S Harvey-Porter, [1]V Smith. [1]Kingston and Richmond NHS Foundation Trust, London, United Kingdom.

DP19

Medical staff perceptions on an 'In-Reach' hospital-based smoking cessation service in a District General Hospital in South West Wales

[1]TB Bartley, [1]KL Lewis, [1]CH Hurrell. [1]Prince Philip Hospital, Hywel Dda, Llanelli, Wales.

DP20

Pioneering Precision: First in Mersey for Navigational Bronchoscopy

[1]BLWE Lee Wei En, [1]JH Heaton. [1]Whiston Hospital, Prescot, United Kingdom.

DP21

Withdrawn.

DP22

Pilot study assessing the utilisation of the MyTeleDiary app for idiopathic pulmonary fibrosis

[1]R Connor, [2]K Delargy, [3]S Donnelly, [4]A Box, [4]S Taylor-Stratford, [4]N Chaudhuri. [1]School of Medicine, Ulster University, Londonderry, Londonderry, Northern Ireland; [2]CES Tiyga application, Church Street, Antrim, Antrim, Northern Ireland; [3]Respiratory department, Omagh Hospital, Western health and social care trust. ILD, Omagh, Northern Ireland; [4]Respiratory department, Altnagelvin Hospital, Western health and social care trust. ILD, Londonderry, Northern Ireland.

DP23

Reducing Cognitive Load and Improving Safety in Subspecialty Respiratory Clinics: A Trainee-Led Quality Improvement Initiative

[1]SA Alwadaei, [1]JK Kastelik. [1]Hull University Teaching Hospitals NHS Trust, Hull, United Kingdom.

DP24

"Grab, Go, Drain: Improving Emergency Chest Drain Safety and Efficiency"

[1]P Paley, [1]I Thompson, [1]J Graves. [1]Dorset County Hospital, Dorchester, United Kingdom.

DP25

Improving pMDI technique in patients with asthma and COPD through patient assessment and education: a Quality Improvement Project

[1]A Ocansey, [1]T Swarnaprabha, [1]S Leitch, [1]R Yadavilli. [1]Royal Bolton Hospital, Bolton, United Kingdom.

DP26

Tele-ultrasound in pleural effusion management: a case series evaluating impact on clinical decision-making.

[1]AY Youssef, [1]SS Sandham, [1]EB Bradley, [1]NA Ahmed, [1]BT Teng, [1]MF Fayed. [1]Manchester NHS Foundation Trust, Manchester, Greater Manchester.

DP27

Enhancing Paediatric Respiratory Prioritisation and Assessment in Remote Care at Welsh Ambulance Services University NHS Trust (WAST)

[1]J Smallman, [1]T Fallon. [1]Welsh Ambulance Services University NHS Trust, Cwmbran, Wales.

DP28

Optimization of Acute NIV: A Quality Improvement Project for Acute Non-Respiratory Registrars

[1]TQ Qadeer, [1]AA Arora, [1]DS Shiferaw. [1]Hull University Teaching Hospital NHS Trust, Hull, United Kingdom.

DP29

Management of Primary Spontaneous Pneumothorax in a Single Centre: Alignment with 2023 BTS Guidelines

[1]NA Ahmed, [1]MF Fayed, [1]BT Teng. [1]Manchester Royal Infirmary, Manchester, United Kingdom.

DP30

Incidental Coronary Calcification on CT Thorax: A Free Warning We Throw Away.

[1]S Paing, [1]K Oo, [1]L Brash. [1]Royal Alexandra Hospital, Paisley, Scotland.

DP31

Improving Inpatient Oxygen Prescribing in a District General Hospital Using Quality Improvement Methodology

[1]GJ Jackson, [1]HO Oluwarounke, [1]ND Davies, [1]MH Holloway, [1]SH Hamilton, [1]NC Cornford, [1]PP Pillai, [1]DL Lodge. [1]University Hospitals Sussex, Chichester, England.

DP32

From Uncertainty to Confidence: Improving Safe Aminophylline Prescribing by Resident Doctors Through Structured Teaching

[1]A Harris, [1]A Abdelhameed, [1]M Mortagy, [1]A Spence, [1]J Wagle, [1]E Heiden. [1]Hampshire Hospitals NHS Trust, Winchester, England.

DP33

Withdrawn.

DP34

Laryngoscopy aids treatment planning for patients with Inducible Laryngeal Obstruction (ILO)

[1]J M Clayton. [1]Liverpool University Hospitals Group, Liverpool, UK.

DP35

First Pseudomonas aeruginosa Isolation in Non-Cystic Fibrosis Bronchiectasis: Does Antibiotic choice influence Eradication Success?

[1]IJ Jones, [1]AS Spence, [1]MM Mortagy, [1]AA Abdelhameed, [1]MT Taylor, [1]LT Trevis, [1]MB Burbage, [1]EH Heiden. [1]Hampshire Hosptials Foundation Trust, Winchester, Hampshire.

DP36

Evaluating Adherence to a Minimum Investigations Set for chronic cough: A quality Improvement Audit

[1]D A Alkaraki, [1]J S Smith, [2]P M Marsden. [1]The University of Manchester, Manchester, United Kingdom; [2]Manchester University NHS Foundation Trust (MFT), Manchester, United Kingdom.

DP37

Exploring if NIV compliance is affected by social deprivation or ethnicity.

[1]J E Graeme-Wilson, [1]W Nazar, [1]I E Smith. [1]Royal Papworth Hospital, Royal Papworth Hospital NHS Foundation Trust, Cambridge, United Kingdom.

DP38

Lung Cancer Screening and the Burden of Interstitial Lung Abnormalities on Respiratory Services.

[1]I Thompson, [1]P Paley, [1]J Graves, [1]H Davies, [1]M Chant. [1]Dorset County Hospital, Dorchester, UK.

DP39

Respiratory virtual ward safely reduces hospital length of stay and 90 day asthma related readmissions rates for asthma patients compared to conventional inpatient care

[1]J Zhang, [1]J Carter, [1]T Davies, [1]R Whelan, [1]A Xentsa, [1]S Seksaria, [1]S Harvey-Porter, [1]V Smith. [1]Kingston and Richmond NHS Foundation Trust, London, United Kingdom.

DP40

Evaluating Diagnostic Performance and Pathway Efficiency of Pleural Procedures in Suspected Malignant Pleural Effusion

[1]D Abdul-Rahman, [1]J Everson, [1]L Tarrant, [1]P Panesar, [1]A Elsheikh, [1]M Bhatnagar, [1]O Walsh, [1]R Hallifax, [1]E Bedawi, [1]N Rahman. [1]Oxford University Hospitals NHS Trust, Oxford, United Kingdom.

DP41

Introducing the Wessex Pleural Ultrasound Course – A Regional Initiative to Address Thoracic Ultrasound Training Needs

[1]D Abdul-Rahman, [2]R Ramnauth. [1]Oxford University Hospitals NHS Trust, Oxford, United Kingdom; [2]Portsmouth Hospitals University NHS Trust, Portsmouth, United Kingdom.

DP42

Early uptake and outcomes of an 'In-Reach' hospital-based, smoking cessation service in a District General Hospital in South West Wales

[1]TB Bartley, [1]KL Lewis, [1]CH Hurrell. [1]Prince Philip Hospital, Hywel Dda, Llanelli, Wales.

DP43

Boosting Respiratory Education: A Quality Improvement Project Using Weekly Bitesize Emails for Resident Doctors and Advanced Clinical Practitioners

[1]SS Shahid, [1]AK Aklak Choudhury. [1]Royal Derby Hospital , DERBY, United Kingdom.

DP44

Diagnostic Yield of Cardiopulmonary Exercise Testing With Continuous Laryngoscopy (CPET-CLE) in a Tertiary Breathlessness Service: A 254-Patient Cohort

[1]WJ Donnelly, [1]S Hawkes, [2,1]J Clayton, [2]L Watkins, [1]J Greenwood. [1]Liverpool Heart & Chest Hospital, Liverpool, England; [2]LIVERPOOL UNIVERSITY HOSPITALS Group, Liverpool, England.

EXHIBITOR INFORMATION

ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN RESPIRATORY CARE (ACPRC)

Stand letter: C

The Association of Chartered Physiotherapists in Respiratory Care promotes health and best practice in respiratory physiotherapy for the benefit of all. With over 1800 members the ACPRC is the largest national body of Physiotherapists interested in all aspects of Respiratory Care. Connecting with our members is at the heart of our organisation, and in addition to our ACPRC Conference which took place in April 2025 we also engage with members via:

- Regular short courses, including our new monthly listening events and lunchtime webinars
- Monthly e-Newsletters with latest updates for our members
- Dedicated social media pages via Facebook, Instagram, Bluesky and LinkedIn with regular updates, opportunities to network, access to a high number of followers and links to key resources
- A website that is packed with resources and also contains subspecialty networks such as the UK ECMO Physiotherapy network: www.acprc.org.uk
- Our Journal of the Association of Chartered Physiotherapists in Respiratory Care, published bi-annually, peer reviewed and a member of crossref.
- Support with publishing your research
- Education grants

Furthermore, we support the development of National Guidelines related to cardio-respiratory care and are key stakeholders in many professional networks and special interest groups.

ACTION FOR PULMONARY FIBROSIS (APF)

Stand letter: H

APF is a national UK charity. We bring people together to drive change so more people affected by pulmonary fibrosis (or lung scarring) can live well for longer. People living with lung scarring, their loved ones and the professionals caring for them are at the heart of everything we do.

We provide expert support, information, education, help a growing network of support groups and raise awareness of pulmonary fibrosis. We collaborate to drive change that improves health and care and we provide vital resources to researchers, bringing hope for new and future treatments for this devastating disease.

An estimated 150,000 people are living with pulmonary fibrosis in the UK. Despite pulmonary fibrosis being as deadly as some cancers, it takes too long for people to get diagnosed, treated and supported. This shortens and devastates lives and leaves people feeling alone, confused and frightened.

Together we will stop lives being lost to pulmonary fibrosis.

ASSOCIATION OF RESPIRATORY NURSES (ARNS)

Stand letter: B

The Association of Respiratory Nurses (ARNS) was established in 1997 as a nursing forum to champion the specialty respiratory nursing community, promote excellence in practice, and influence respiratory health policy. ARNS also works to influence the direction of respiratory nursing care.

ARNS has built its reputation in the following ways:

Respiratory Nurse Leadership

ARNS influences respiratory policy by collaborating with other respiratory organisations and sends representation to the Department of Health (DoH), NICE and other NHS initiatives that involve respiratory care, policy and practice.

Evidence Based Practice

ARNS has developed bespoke courses, study days and runs an annual conference to support its members to deliver evidence based practice within the rapidly changing health-care environment.

Discussion and Networking

ARNS provides a supportive network and encourages information sharing, best practice and research collaboration through the website, regular email updates, and the discussion page on facebook.

Empowering

ARNS supports its members by fostering networking with other respiratory specialists and organisations. ARNS encourages research by providing bursaries to its members. ARNS encourages and promotes new respiratory initiatives that improve respiratory care for patients. ARNS is run by nurses for nurses. Associate membership is offered to allied health professionals and those working in a non-clinical environment who are involved in respiratory care.

Collaboration with other organisations

ARNS works closely with a number of other organisations including the British Thoracic Society, Asthma and Lung UK, the Primary Care Respiratory Society, NHS England, Taskforce for Lung Health, ILD-IN and the National Institute for Health and Care Excellence.

ASSOCIATION FOR RESPIRATORY TECHNOLOGY & PHYSIOLOGY (ARTP)

Stand letter: E

The Association for Respiratory Technology & Physiology (ARTP) are the professional society focused on physiological measurement and interpretation within the field of respiratory medicine for the UK. We work alongside partner organisations and societies to produce position papers, national guidelines and standards for good practice. Our primary focus is the performance of respiratory/sleep physiological measurement, and the delivery of lung function and sleep services.

admin@artp.org.uk

www.artp.org.uk

ASTRAZENECA

Stand number: 24

AstraZeneca is a global, science-led biopharmaceutical company that focuses on the discovery, development, and commercialisation of prescription medicines in Oncology, Rare Diseases, and BioPharmaceuticals, including Cardiovascular, Renal & Metabolism, and Respiratory & Immunology. AstraZeneca operates in over 100 countries and its medicines are used by millions of patients worldwide.

With a proud 100-year heritage in advancing UK science, today AstraZeneca is the UK's leading biopharmaceutical company. The company is based in five different locations across the UK, with its global headquarters in Cambridge. In the UK, around 8,700 employees work in research and development, manufacturing, supply, sales, and marketing. We supply around 36 different medicines to the NHS.

For more information, please visit: **www.astrazeneca.co.uk**

and follow us on X: **@AstraZenecaUK**

BIO-DIAGNOSTICS

Stand number: 9

Bio-Diagnostics Ltd. is a UK-based diagnostics provider with over 40 years' experience supporting both NHS and private healthcare services. The company specialises in allergy and respiratory diagnostics, delivering comprehensive Type I allergy testing that supports asthma and respiratory care pathways. By enabling accurate identification of allergic triggers, Bio-Diagnostics helps clinicians make informed treatment decisions and improve patient outcomes.

We have partnered with Bosch Healthcare Solutions to deliver the Vivatmo FeNO system across the UK and Ireland. This clinically validated solution measures airway inflammation in asthma, supporting both clinic-based and home monitoring. The two Vivatmo systems, 'The Vivatmo Pro' and 'Vivatmo Me' require NO sensor changes, servicing or re-calibration for the lifetime of the devices and enable personalised, data-driven care, supporting NHS priorities around remote monitoring and long-term condition management.

The company has also strengthened its molecular diagnostics portfolio through its partnership with Logilet. This includes rapid PCR-based testing solutions capable of delivering accurate infectious disease results in around one hour. These systems provide a streamlined and user-friendly approach suitable for both laboratory and near-patient settings, helping to improve clinical decision-making, patient flow, and service efficiency.

With growing demand for decentralised and responsive diagnostic pathways, Bio-Diagnostics continues to support innovation across healthcare systems. The company works closely with NHS respiratory and allergy teams, Integrated Care Systems, and service providers to enable pathway development, service transformation, and improved delivery of patient-centred care.

BRITISH THORACIC SOCIETY

Stand number: A

The British Thoracic Society (BTS) is the leading professional society for respiratory medicine in the UK and represents over 4,900 members. BTS supports respiratory professionals to deliver the best-quality healthcare to people with respiratory diseases.

The Society's vision is 'Better Lung Health for all' and BTS aims:

- To influence the provision of the optimum respiratory workforce and research-centred services that promote sustainable solutions and reduce health inequalities
- To educate professionals to advance knowledge and share learning in the prevention, diagnosis and treatment of lung disease
- To support all members of the respiratory team to improve standards of care.

Each year BTS hosts two conferences, the Summer Meeting in June and the Winter Meeting in November. The Summer Meeting focuses on education, training developments and opportunities within respiratory health, while the Winter Meeting focuses on science and research. BTS conferences remain internationally renowned celebrations of respiratory medicine and healthcare, relevant to the UK and globally.

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CHIESI

Stand numbers: 16, 17, 26, 27

Headquartered in Parma, Italy, Chiesi Farmaceutici is an international research-oriented biopharmaceuticals group with over 85 years' experience in the pharmaceutical sector with 31 affiliates worldwide, employing over 7,000 people. Chiesi develops and markets innovative therapeutic solutions in respiratory health, rare diseases, and specialty care. The company's mission is to improve people's quality of life and act responsibly towards both the community and the environment. As a certified B Corp since 2019, Chiesi is part of a global community of businesses that meet high standards of social and environmental impact. Chiesi Limited is headquartered in Manchester employing over 400 people.

Info.uk@chiesi.com

www.chiesi.uk.com

DIAGENICS

Stand number: 19

Diagenics is the UK distributor for Sunvou Medical Electronics, providing innovative FeNO testing devices to healthcare providers nationwide. This partnership helps clinicians diagnose and manage asthma and other airway conditions more easily, using quick, non-invasive tests at the point of care. By combining Sunvou's technology with Diagenics' trusted distribution and support, the collaboration makes testing more accessible and efficient. With a shared focus on quality and practicality, Diagenics and Sunvou are working together to improve patient care across both secondary and specialist healthcare settings.

Info@diagenics.co.uk

https://diagenics.co.uk/

ESSENTIAL PHARMA

Stand number: 22

Making a difference for patients in niche populations.

At Essential Pharma, we work smarter to ensure patients have access to the medicines they need. Our mission at Essential Pharma is to develop and deliver medicines for small, underserved or rare disease populations.

We are driven by a common purpose and a strong sense of responsibility to improve the lives of patients with few or no treatment options.

No matter where they are in the world, how few in number they are, or how complex their needs are – every patient matters.

GSK

Stand number: 4, 5, 10, 11

GSK are a global biopharma company with a purpose to unite science, technology and talent to get ahead of disease together. We aim to positively impact the health of 2.5 billion people by the end of the decade, as a successful, growing company where people can thrive.

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INSMED

Stand number: 18

Insmed is a global biopharmaceutical company on a mission to transform the lives of patients with serious and rare diseases. We are powered by purpose, a purpose to serve patients and their families with unwavering dedication. A purpose to find solutions where there were none before. A purpose to do what's right, even when it isn't easy.

We focus on the discovery and development of drug candidates for the treatment of metabolic diseases and endocrine disorders with unmet medical needs.

We are currently supporting patients with NTM & Bronchiectasis.

Insmed seeks to accelerate the discovery and development of potential therapies in new and uncharted areas. We approach our science through the lens of patient need. We take a collaborative, multidisciplinary approach to discovery, applying adaptable thinking to foster innovation. By flexibly integrating new ideas and technologies, setbacks and uncertainties become opportunities for growth and creativity.

MSD

Stand number: 12

At MSD, known as Merck & Co., Inc., Rahway, NJ, USA in the United States and Canada, we are unified around our purpose: We use the power of leading-edge science to save and improve lives around the world. For more than 130 years, we have brought hope to humanity through the development of important medicines and vaccines. We aspire to be the premier research-intensive biopharmaceutical company in the world – and today, we are at the forefront of research to deliver innovative health solutions that advance the prevention and treatment of diseases in people and animals. We foster a diverse and inclusive global workforce and operate responsibly every day to enable a safe, sustainable and healthy future for all people and communities.

For more information, visit: www.msd-uk.com

and connect with us **@MSDintheUK**

on LinkedIn, Instagram, X, YouTube and Facebook.

NEILMED

Stand number: 1

NeilMed UK is the UK arm of NeilMed Pharmaceuticals, a global healthcare company best known for its salinebased nasal and sinus care products. The company focuses on drugfree, preservativefree solutions designed to support everyday nasal hygiene and relief from allergies, colds, sinusitis, and postsurgical care. Popular products include sinus rinse kits, saline sprays, and nasal irrigators, widely recommended by healthcare professionals. NeilMed UK supplies hospitals, pharmacies, and retailers across the country, maintaining high manufacturing and quality standards while emphasizing safe, gentle, and clinically trusted nasal care solutions.

www.neilmed.com

questions@neilmed.com

NTM PATIENT CARE UK

Stand letter: G

NTM Patient Care UK is the first charity in the UK to support people with NTM and their families. It is run by patients in close association with NTM Network UK who recognized the need for direct patient support; working together with NTM patients they developed NTM Patient Care UK in 2018. Our purpose is to improve the lives of people with NTM infection through information, education and patient forums. We host quarterly Zoom meetings attended by patients and health care providers and a guest speaker presents in their area of expertise. Patients attending can ask questions regarding the presentation as well as sending in general questions before the meeting. Zoom meetings are recorded and sent to all members.

Our website: ntmpatientcare.uk lists our flyers and has links to patient resources, including the Patient's Guide to the NTM Standards of Care.

PULMONARY REHABILITATION SERVICES ACCREDITATION SCHEME (PRSAS)

Stand letter: F

The Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS), hosted by the Royal College of Physicians, is a nationally recognised programme that promotes high-quality clinical standards in pulmonary rehabilitation through a robust accreditation framework, underpinned by national quality standards. Developed in collaboration with the British Thoracic Society, NHS England, and a wide network of stakeholders, PRSAS provides assurance to commissioners, patients, and the public, while supporting services to demonstrate excellence. By enabling benchmarking, shared learning and continuous quality improvement, the programme drives meaningful improvements in patient care and outcomes, and promotes consistent, high-quality care across the country.

https://www.prsas.org/

pulmrehab@rcp.ac.uk

020 3075 1407

SANOFI

Stand number: 13, 14

Sanofi is an innovative global healthcare company, driven by one purpose: we chase the miracles of science to improve people's lives. Our team, across some 100 countries, is dedicated to transforming the practice of medicine by working to turn the impossible into the possible. We provide potentially life-changing treatment options and potentially life-saving vaccine protection to millions of people globally, while putting sustainability and social responsibility at the centre of our ambitions.

Regeneron is a leading biotechnology company that invents, develops and commercializes life-transforming medicines for people with serious diseases. Founded and led by physician-scientists, our unique ability to repeatedly and consistently translate science into medicine has led to numerous approved treatments and product candidates in development, most of which were homegrown in our laboratories.

STADA, THORNTON & ROSS

Stand number: 20

Thornton & Ross, part of the STADA group, focuses on caring for people's health through a broad portfolio including generics, biosimilars and non-prescription consumer healthcare products as a trusted partner supplying the NHS. STADA sells its products in more than 120 countries, employing over 12,000 people worldwide.

STIRLING ANGLIAN PHARMACEUTICALS

Stand number: 2

Based in the UK, Stirling Anglian Pharmaceuticals are committed to medicines optimisation. They have sourced and developed a portfolio of medicines to help the NHS curb waste – across a range of conditions that currently place unnecessary and avoidable pressure on NHS resources. At a time when there is such pressure on the NHS to reduce costs we believe we offer a real and practical solution.

We work closely with stakeholders across the NHS to identify real-world problems, and develop value-based solutions that support the delivery of efficient and cost-effective healthcare.

www.stirlinganglianpharmaceuticals.com

SWORD (SURVEILLANCE OF WORK-RELATED & OCCUPATIONAL RESPIRATORY DISEASE)

Stand number: D

The Surveillance of Work-related & Occupational Respiratory Disease (SWORD) is the longest running constituent scheme of The Health and Occupation Research (THOR) network. THOR is the main source of data used by HSE to develop and evaluate policy around occupational respiratory disease.

Since 1989 SWORD has collected over 29,000 cases of work-related respiratory disease from respiratory consultants across the UK. Participating consultants report to SWORD on a monthly basis or for one random month per year and are offered opportunities to collaborate with THOR on research as well as receiving quarterly and annual reports.

For more information visit our website:

www.coeh.man.ac.uk/u/sword

TAKEDA UK

Stand number: 3

Takeda is focused on creating better health for people and a brighter future for the world. We aim to discover and deliver life-transforming treatments in our core therapeutic and business areas, including gastrointestinal and inflammation, rare diseases, plasma-derived therapies, oncology, neuroscience and vaccines. Together with our partners, we aim to improve the patient experience and advance a new frontier of treatment options through our dynamic and diverse pipeline. As a leading values-based, R&D-driven biopharmaceutical company headquartered in Japan, we are guided by our commitment to patients, our people and the planet. Our employees in approximately 80 countries and regions are driven by our purpose and are grounded in the values that have defined us for more than two centuries.

Additional information about Takeda UK Ltd. is available through its corporate website:

www.takeda.com/en-gb
and LinkedIn channel:

https://www.linkedin.com/company/takeda-uk-and-ireland

JOIN BTS NOW!

We welcome applications for membership from all who work in respiratory healthcare in all settings in medicine and other professions who share our ambition to improve standards of care for people with respiratory diseases and to support those who provide that care.

Member benefits include:

- Access to our highly regarded journal, Thorax (some categories of membership only)
- Excellent delegate discounts to our short courses and annual Summer and Winter Meetings
- Free access to Thoracic Ultrasound Online Learning Resources
- UK based BTS members receive a heavily discounted membership rate for the European Respiratory Society, and full access to ERS member benefits
- The opportunity to become involved in our work via an annual call for volunteers to stand for election for one of our Committees, Specialist Advisory Groups or Guideline Groups
- Discounted author submission fee for papers accepted by BMJ Open Respiratory Research

Members pay a 12-month subscription which is renewable on 1 July. Members who join between 1 August and 30 April will pay a pro rata sum of the membership rates. Members who join between 1 May to 31 July will pay the costs as outlined on the website, which covers their membership until the end of June the following calendar year.

We offer a discount for members who are on maternity/paternity leave or sick leave for three months or longer.

Membership of the Society is not open to persons who are, or have been, full or part-time employees of, or paid consultants to, the tobacco industry at any time during the previous 10 years.

For further information, membership categories, rates, or to join online, please visit our website at:

www.brit-thoracic.org.uk/membership/become-a-member

Alternatively, speak to one of the team on the BTS stand during the Summer Meeting.

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