NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
7 May 2019

TITLE OF REPORT:	Primary Care Quality Assured Spirometry
AUTHOR(s) OF REPORT:	Claire Morrissey
MANAGEMENT LEAD:	
PURPOSE OF REPORT:	To provide the Primary Care Commissioning Committee with a business case for the provision of quality assured spirometry within primary care, for the committee to approve the recommendations.
ACTION REQUIRED:	☒ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	Public
KEY POINTS:	• ARTP spirometry qualifications are the recognised competency assessment for all practitioners performing spirometry, with the ARTP being responsible for holding the national register of accredited spirometry practitioners. All personnel performing/ interpreting spirometry must undertake accredited training by 31 March 2021. • CQC expects practices to be able to demonstrate that all staff who perform/ interpret spirometry are competent, and are on the National Register.
RECOMMENDATION:	• The report should be noted, with the committee noting any further actions • Primary Care commissioning committee should agree that the CCG will commit financial resource to provide a primary care quality assured spirometry service within the primary care network
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Ensure on-going safety and performance in the system
2. Reducing Health Inequalities in Wolverhampton	Deliver new models of care that support care closer to home and improve management of Long Term Conditions

3. System effectiveness delivered within our financial envelope	Greater integration of health and social care services across Wolverhampton

1. BACKGROUND AND CURRENT SITUATION

1.1. The purpose of the report is to provide the Primary Care commissioning committee with a business case regarding the provision of quality assured spirometry within the primary care networks.

1.2. This report has previously been presented at the Primary Care Programme board where further amendments to the business case were required. These amendments have been made, and will be represented at the Primary Care programme board on 16th May 2019.

2. MAIN BODY OF REPORT

2.1. Spirometry is an essential investigation for diagnosis and severity assessment for people living with respiratory conditions such as COPD and Asthma. Nationally, most COPD cases are undetected, it is estimated there are approximately 2.2 million people living with COPD that do not have a confirmed diagnosis.

2.2. Regarding the diagnosis of Asthma; the British Thoracic Society (BTS) and NICE are due to release joint guidelines in the summer of 2019. Locally, Wolverhampton, upon clinical advice from Acute and Primary Care Respiratory specialists, had adopted BTS/ SIGN guidelines, where it is recommended that Spirometry, with bronchodilator reversibility is the preferred investigating test for patients with **Intermediate** probability of asthma.

2.3. Locally, there are circa 5,200 patients currently on a primary care COPD register, and it is estimated on average there are approximately 500 new cases diagnosed per year. In addition, there are approximately 17,000 patients on a primary care Asthma register where again there are approximately 500 new cases diagnosed per year.

2.4. It is important to note, through primary care extracts, it is not possible to extract numbers of new Asthma diagnosis that were considered to be of intermediate probability, and therefore requiring spirometry with bronchodilator reversibility. Therefore the business case has been costed based upon the total number of new diagnosis on primary care registers per year.[1]

2.5. The All Party Parliamentary Group (APPG) Report on inquiry into Respiratory Deaths (2014) called for a system to assess and certify the competence of all healthcare

[1] For the purposes of primary care registers, QOF also requires a prescription within 12 months of diagnosis.

professionals undertaking and interpreting diagnostic spirometry. This document, which is part of a suite of resources relating to quality assured diagnostic spirometry, sets out a framework for taking forward the APPG recommendations.

2.6. Key to this framework is the establishment of a National Register of certified healthcare professionals and operators. This Register will ensure that commissioners, employers, and patients can be assured that healthcare staff performing and/or interpreting diagnostic spirometry hold a valid, current certificate of competence. The Care Quality Commission[2] expects practices to be able to demonstrate:

- How they ensure spirometry equipment is cleaned and maintained according to the manufacturer's guidance (KLOE S3 – reliable systems, processes and practices).
- That all staff who perform spirometry tests or interpret results are competent (KLOE E3 - staff skills, knowledge and experience). They can demonstrate this if the staff are on the National Register.

The ARTP are also responsible for holding the national register of spirometry certified practitioners.

2.7. On the 12th September 2016 there was the launch of a competency assessment framework "Quality Assured Spirometry" (2016), and this document sets the minimum competency standards for healthcare practitioners performing spirometry. The ARTP spirometry qualifications are now the recognised competency assessment qualifications for all practitioners performing spirometry. The ARTP are now also responsible for holding the national register of spirometry accredited practitioners at all levels. The framework will be phased in commencing 1st April 2017 with full implementation by 31st March 2021

3. CLINICAL VIEW

3.1. Black Country STP Respiratory Clinical leaders group

4. PATIENT AND PUBLIC VIEW

4.1. N/A

5. KEY RISKS AND MITIGATIONS

5.1. There is a risk there will be low uptake within primary care to provide the service.

5.2. Primary Care practitioners may not be able to maintain competencies if provision of service is at practice level rather than network level.

[2] https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-83-spirometry-general-practice

6. IMPACT ASSESSMENT

Financial and Resource Implications

6.1. Funding has been identified within the Primary Care budget for this service.

Quality and Safety Implications

6.2. Quality Impact Assessment has been agreed and signed off by CCG Quality team.

Equality Implications

6.3. Full Equality Impact Assessment currently being discussed by CSU Equality lead, with anticipation of being signed off with no further amendments

Legal and Policy Implications

6.4. As outlined within the above report, CQC requires practices to be able to demonstrate that all staff that perform/ interpret spirometry are competent, and are on the National Register.

Other Implications

6.5. N/A

Name	**Claire Morrissey**
Job Title	**Strategic Transformation Manager**
Date:	**25/04/19**

ATTACHED:

- **Primary Care Quality Assured Spirometry Business Case**
- **Primary Care Quality Assured Service Specification**
- **Quality Impact Assessment**
- **Equality Impact Assessment**
- **Data Quality Impact Assessment**

RELEVANT BACKGROUND PAPERS

NHS
Wolverhampton
Clinical Commissioning Group

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	**N/A**	
Public/ Patient View	**N/A**	
Finance Implications discussed with Finance Team	**Emailed business case S Chhokar**	**25/04/19**
Quality Implications discussed with Quality and Risk Team	**S Parvez**	**27/02/19**
Equality Implications discussed with CSU Equality and Inclusion Service	**D King**	**30/04/19**
Information Governance implications discussed with IG Support Officer	**DPIA submitted to Kelly Huckvale**	**25/04/19**
Legal/ Policy implications discussed with Corporate Operations Manager	**N/A**	
Other Implications (Medicines management, estates, HR, IM&T etc.)	**N/A**	
Any relevant data requirements discussed with CSU Business Intelligence	**N/A**	
Signed off by Report Owner (Must be completed)	**Claire Morrissey**	**25/04/19**