Section A

Quality Impact Assessment : QIPP Project (Quality, Innovation, Productivity and Prevention) 2018/19	
Project Name	Primary Care Quality Assured Spirometry
UI Number	<To Be Filled In>
Project Lead	Claire Morrissey
Quality Lead	Sukhdip Parvez
Programme Board	Primary Care Programme Board
Verifying Clinician	<To Be Filled In>
Project Overview	development of Quality Assured Spirometry in primary care for diagnosis of respiratory conditions (predominantly COPD and Asthma) 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.
Quality Indicators	* the number of people who are referred for diagnostic spirometry * the number of people who attend an appointment * improve the recorded prevalence of respiratory registers across the City * increase the number of patients who have a confirmed diagnosis * increase the number of people who report feeling supported to manage their condition * increase the number of patients living with respiratory conditions receiving flu/ pneumonia vaccines * increase the number of smokers with LTCs offered support and treatment * improve the number of patients completing pulmonary rehabilitation * reduction in respiratory clinical pathway variations to improve clinical outcomes
KPI Assurance (sources & reporting)	<To Be Filled In>

Section B

ASSESSMENT		
	Positive Impact of the Project on:	**Negative Impact of the Project on:**
Patient Safety	<To Be Filled In>	<To Be Filled In>
Patient Experience	improving health related qualys, patient experience, and improved patient information for those patients living with respiratory conditions Care closer to home	<To Be Filled In>
Clinical Effectiveness	improving clinical effectiveness through early diagnosis of respiratory condition	<To Be Filled In>
Mitigation	Direct Access for Diagnostic Spirometry has been commissioned through the Trust while primary care undertake accreditation and demonstrate competencies to provide the service	

Section C

Risk Grading (What is the Risk of the Negative Impact occurring)				
	Likelihood Score	**Consequence Score**	**Overall Risk Score**	
	1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain	*1 Negligible; 2 Minor; 3 Moderate; 4 Major; 5 Catastrophic*	*Likelihood x Consequence (L x C) = R (Risk score)*	*Drop Down Selection*
Patient Safety	*1*	*1*	*2*	**1 to 3: Low Risk**
Patient Experience	*1*	*1*	*2*	**1 to 3: Low Risk**
Clinical Effectiveness	*1*	*1*	*2*	**1 to 3: Low Risk**

Risk Scoring Guide:

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode.

If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score

3 Determine the consequence score (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

4 Calculate the risk score the risk multiplying the likelihood by the consequence: L (likelihood) x C (consequence) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Section D

GP / Clinical Review (Required)	
GP / Clinical Name	
Date	**21/02/2019**
Comments	***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.***

Section E

Quality Leads Comments (Required)	
Quality Lead Name	**Sukhdip Parvez**
Date	**26.02.2019**
Comments	***The quality team fully endorses this project because this project will help improve the clinical diagnosis and thus improve clinical outcomes for patients living with long term respiratory conditions in community. Agree with the risk grading for this project.***

Section F

APPROVAL - Business Case QIA		
Reviewer	**Signature**	**Date**
Project Lead	**<Must Be Completed>**	
Patient Rep	**<Must Be Completed>**	
Quality Lead	**<Must Be Completed>**	
Programme Board Review	**<Must Be Completed>**	
Approval Board Approval	**<Must Be Completed>**	

Section G

Post Implementation Review	
Benefits Realisation & Close Review	
Date of Project Implementation	
Date of Project Review	
Findings From Benefits Realisation Review	*include here feedback from patients, performance & activity information +/- and quality monitoring arrangements for the future.*
Concerns identified as a result of this scheme	
What change has occurred as a result of the project implementation	
Date of Closure	*insert date*
Summary of Achievements & Monitoring Arrangements	*insert bullet points providing a summary of achievements and how the project/ service will be monitored hereafter.*
Reason for Closure	*i.e. project achieved, abandoned, delivered or suspend.*
Final Risk Score	

APPROVAL			
Reviewer	**Signature**	**Date**	**Agreed Yes/No Including Comments**
Project Lead			
Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			

1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain
Descriptor
Rare Unlikely Possible Likely Almost certain

1 to 3: Low Risk
4 to 6: Moderate Risk
8 to 12: High Risk
15 to 25: Extreme Risk