

WOLVERHAMPTON CCG

Primary Care Commissioning Committee
3rd March 2020

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 an update on the provision of quality assured spirometry within primary care
ACTION REQUIRED:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	Public
KEY POINTS:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • The report should be noted, with the committee noting any further actions
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	<u>Ensure on-going safety and performance in the system</u>
2. Reducing Health Inequalities in Wolverhampton	<u>Deliver new models of care that support care closer to home and improve management of Long Term Conditions</u>
3. System effectiveness delivered within our financial envelope	<u>Greater integration of health and social care services across Wolverhampton</u>



1. BACKGROUND AND CURRENT SITUATION

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

2. MAIN BODY OF REPORT

- 2.1. The main report regarding to Quality Assured Spirometry has previously been presented at the committee in June 2019.
- 2.2. The primary care networks, with the exception of RWT PCN, have all identified appropriate professionals to undertake accreditation to provide the service on behalf of each respective network.
- 2.3. Candidate from Wolverhampton Total Health has successfully completed accreditation and the network has commenced providing the service.
- 2.4. All remaining candidates for Wolverhampton North network, Wolverhampton South East Collaborative, Unity East and West are registered for their assessments and will be submitting portfolios by middle of April.
- 2.5. Primary care networks are still to provide detailed delivery/ implementation plans. Unity networks have highlighted they do not believe there is sufficient capacity within the network to deliver the indicated level of tests outlined within the business case.
- 2.6. Unity networks are currently undertaking discussions with Wolverhampton South East collaborative to establish whether WSE have any additional capacity to deliver on behalf of Unity networks.

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.

- 5.3. Primary Care practitioners may still refer patients for direct access to diagnostic spirometry at RWT.

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 has been agreed and signed off

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. Activity currently taking place at RWT for direct access to diagnostic spirometry will need to be discussed during contract negotiations, as there is the expectation that activity will reduce at the Trust once the remaining networks are delivering the service at scale.

Name Claire Morrissey
Job Title Strategic Transformation Manager
Date: 3rd March 2020

ATTACHED:

RELEVANT BACKGROUND PAPERS





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
	Revised business case emailed L Sawrey	29/05/19
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	Kelly Huckvale	22/05/19
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	18/06/19

