Thanks to:
The Respiratory Team have worked closely with colleagues across the region and would like to thank them for their help and support during a very challenging time.

Particular thanks go to:

Rachel Allan, Service Support Officer Commissioning Intelligence, North East Lincolnshire Care Trust Plus

Louisa Banfield, Community Respiratory Nurse Specialist, Goole & West Wolds NCT

Sandie Bisset, Home Oxygen Service, Department of Health

Sonja Buckle, Programme Manager, Long Term Conditions/ Continuing Care (Children’s) Yorks and Humber Asthma Impact Project Lead.

Julie Danby, Respiratory Specialist Nurse, City Health Care Partnership Hull

Amanda Douglas, Commissioning Manager Long Term Conditions Integrated Commissioning Team, NHS Airedale, Bradford and Leeds PCT Cluster

Sally Firth, Information Analyst, NHS Wakefield District

Pam Hancock, Physiotherapist and COPD Lead, Hope Street Clinic, North East Lincolnshire

Jean Hawkins, Associate Director Maternity, Children and Families, NHS Yorkshire and Humber

Hamza Jamil, Home Oxygen Service, Department of Health

Cathryn James, Pathways development Lead, Yorkshire Ambulance Service

John Paul Maytum, Communications Lead, Office of the Chief Scientific Officer & DH Respiratory Programme

Nicola Phillis Health, Improvement Specialist Public Health, NHS Wakefield District

Jane Rodger, Senior Respiratory Outreach Nurse, Mid Yorkshire NHS Hospitals Trust

Ann Skidmore, H.O.S Project Support Officer Contractor Services Cheshire Health Agency

Sophie Toor, Respiratory Nurse, Yorkshire and Humber Asthma Impact Project

Christine Waterland, Patient Care and Partnerships Directorate Team Secretary

Jo Watson, Lead Development Nurse Public Health – Respiratory, NHS Sheffield

Ceri Wyborn, Health Intelligence Specialist, Yorkshire and Humber Public Health Observatory

Toni Yel, Commissioner, Hull PCT, NHS Yorkshire and the Humber
Contents

1. Foreword by John White
2. Executive summary
3. The story so far
4. Respiratory networks
5. A core data set
6. Medicine usage, optimisation and prescribing
7. Integrated care and QIPP
8. Tackling the problems of late diagnosis leading to poorer outcomes
9. Asthma
10. NHS Improvement lung pilots
11. Appendix 1. RHSG membership 2012/13
12. Appendix 2. Summary report of the Yorkshire and Humber Children’s Asthma Impact project
13. Appendix 3 Networks
14. Appendix 4 COPD care bundle
15. Appendix 5 Training needs analysis
Foreword

In times of unprecedented reorganisation of health care the Y&H Respiratory Health Steering Group has strived to continue to improve respiratory care, reducing inequalities across the largest single geographic region in England. This report summarises the efforts and achievements in the last twelve months focussing on COPD and Asthma particularly. Many of these initiatives are of course ongoing with plans continuing into 2013 which need engagement from those currently coming into position to make a difference, particularly those charged with commissioning in the nascent Clinical Commissioning Groups. We would make a strong plea that to build on the work so far is very important and much cannot be done without you. Therefore, thank you for reading this report and considering how you can engage and make a difference going forwards. Amidst all this profound change it is crucial we maintain a focus on improving respiratory care levelling the playing field for all of those unfortunate enough to suffer from Respiratory disorders.

John White
Joint Regional Respiratory Clinical Lead

Dr Maria Read
Joint Regional Respiratory Clinical Lead

Rod Lawson
Joint Regional Respiratory Clinical Lead

Doytchin Dimov
Joint Regional Respiratory Clinical Lead
Executive summary

Introduction

The Yorkshire and Humber Respiratory Programme commenced in September 2010 to support the implementation of the National Respiratory Programme. A Respiratory Health Steering Group was established to include representation from key stakeholders. In the past year the group has expanded to strengthen representation from Local Authority Organisations, Public Health and General Practice and has membership from the Yorkshire and Humber Improvement Programme Childrens Asthma Group. Links with The Emergency Services and Stop Smoking Service have also been established.

Key priorities 2011/12

Respiratory Networks

The NHS Yorkshire and the Humber Virtual Network has continued in 2011/12 and now has 356 members. The network is made up of professionals across the Health Care Community.

There are a number of existing respiratory networks and groups across Yorkshire and the Humber and the RHSG has established links with these groups. Due to local preference and after consultation with key stakeholders, network development has been aligned in 3 geographical areas.

A core data set

COPD and Asthma Dashboards have been updated in 2011/12 and are hosted by the Yorkshire Public Health Observatory (YPHO). A ‘Respiratory Stocktake’ was repeated in 2011/12 and has helped to build a picture of region wide service provision.

Medicine usage, optimisation and prescribing

Home Oxygen

In 2011/12 the importance of the Home Oxygen Service- Assessment and Review (HOS-AR) was nationally recognised as key to implementation of the National Home Oxygen Service Contract.

The RHSG supported dissemination of the HOS-AR Best Practice guide through sub regional oxygen network meetings with commissioners and clinicians contributing to the review and redesign of some services. All PCTs now report a commissioned service for respiratory and non respiratory patients or have obtained funding and are currently in the process of commissioning a service.

Integrated care & QIPP

The challenge to achieve Quality, Innovation, Productivity and Prevention targets have been a key driver for PCT’s and continues to act as an important lever for changing practice in emerging CCGs.

In 2011/12 the RHSG has supported the development of COPD and Asthma Templates to provide a structured approach to review in primary care and secondary care.

The Commissioning for Quality and Innovation payment framework was used as a vehicle to promote evidence based care bundles for Asthma, COPD and pneumonia.
Executive Summary

A training needs analysis has been developed and approved for use with primary care staff, Nurses and Health Care assistants, to build a clear picture of training needs in primary care and commission relevant local courses.

In 2011/12 the RHSG worked with the SHA QIPP team to produce a Better for Less Asthma briefing. Over 2010/12 briefings have been produced for COPD, Asthma and Childrens Asthma.

Tackling the problems of late diagnosis leading to poorer outcomes

In 2011/12 the RHSG has discussed the concept of predicted levels and misdiagnosis with clinicians and commissioners from across the region and using predictions of COPD population by the Association of Public Health Observatories.

A number of approaches have been taken across the region to promote early diagnosis of COPD from raising awareness of clinicians to working directly with the public. PCT’s have included performance of lung health checks as part of Primary Medical Services Contracts and have Locally Enhanced Services with Pharmacists for stop smoking which include COPD awareness raising and Micro spirometry.

Asthma

In 2011/12 work has been undertaken by the RHSG to link in with excellent work already being progressed through the SHA Maternity, Children and Families Directorate under the leadership of Jean Hawkins.

The Adult focus has concentrated on development of the Asthma Template and linking in with existing groups.

NHS Improvement Lung Pilots

The RHSG has continued its commitment to support the NHS Improvement Lung Pilot sites. In 2011/12 the focus of the projects moved to Asthma and Mid Yorkshire Hospitals NHS Trust with support from NHS Wakefield District was selected to take part.

Plans for 2012/13

Networks

The YH respiratory team have approached existing funded networks in Humber, Yorkshire and South Yorkshire to use their expertise to develop sustainable networks to take us into the future.

Core dataset

In 2012/13 work will continue to ensure that the information provided in the dashboards is contemporaneous.

Work is ongoing with YPHO to ensure that the dashboards are sustainable beyond 2013/14. In 2012/13 the PCT stock take will be repeated in order to map services available across the region.

Medicine usage, optimisation and prescribing

The Yorkshire and Humber Respiratory Programme will continue support to the Regional Oxygen network to ensure that learning is shared and reduce isolation in the services.

Information regarding prescription of enteric coated prednisolone will be shared with respiratory leads and clinicians in each PCT A bursary of £5000 is to be made available to all 15 PCTs to implement projects to improve knowledge of pharmacists around Asthma and COPD, improve inhaler technique assessment and promote collaborative working as part of the NMS and tMUR.

Integrated care & QIPP

In 2012/13 the RHSG will continue to promote the use of respiratory CQUINs and will investigate setting up of a start up fund to support their implementation.
The RHSG will support the CLAHRC project to implement the COPD inpatient bundle across Rotherham and Doncaster hospitals and share the learning.

The training needs analysis will be implemented and a plan developed to increase access to appropriate training with the support of local commissioners and clinicians.

The Respiratory Networks will continue to promote work to implement integrated care pathways and share existing good practice.

**Tackling the problems of late diagnosis leading to poorer outcomes**

In 2012/13 the RHSG will work with colleagues from a variety of backgrounds who are regularly engaged in health promotion activities with difficult to reach groups. COPD and Lung Health Training will be provided for health trainers across the region. Health Trainers will be linked in with specialist respiratory teams to provide support for awareness raising events, health fairs and work in General Practises.

Resources will be produced and provided for teams to use in health promotion activities.

As part of the Training Needs Analysis the need to invest in further Spirometry Training will be investigated and acted upon as necessary.

**Asthma**

Asthma has been identified by the RHSG to continue as a local priority in 2012/13. Funding of £35k has been approved to jointly fund (with Asthma UK) a Childrens Asthma Programme Manager to support implementation of best practice asthma care in emerging CCGs.

The Regional Team will host a Department of Health Asthma Best Practice Event in September aimed at implementing best practice for commissioning of Asthma Services (All ages). The regional team will promote the sharing of learning from the NHS Improvement Lung Pilots.
The story so far

The Yorkshire and Humber Respiratory Programme commenced in September 2010 with the appointment of two Regional Clinical Respiratory Leads. The leads were given the responsibility of supporting the implementation of the National Respiratory Programme across Yorkshire and the Humber. The Yorkshire and Humber SHA team was one of 10 in place nationally with following remit:

- To design and create a local structure
- To interact with the region’s improvement projects, supported by NHS Improvement (http://www.improvement.nhs.uk/lung/)
- To develop links with interrelating work streams such as QIPP or Long Term Conditions
- To engage with the local respiratory community to develop Communities of Practice

A Respiratory Health Steering Group (RHSG) was established with members from key groups listed below:

- SHA Lead Manager, Long Term Conditions
- Regional Lead, National Lung Improvement Programme
- Pharmaceutical Advisor, NHS Yorkshire and the Humber
- Representative, British Lung Foundation
- General Practitioner
- 1 Lead COPD Commissioner from each of the 3 SHA Commissioning Cluster
- Respiratory Nurse Specialist
- Respiratory Physiologist
- Respiratory Physiotherapist
- Lead SHA Director
- SHA Respiratory Programme Manager

The group co-opts other members for specific areas of work requiring additional expertise for example Yorkshire Ambulance Service Representation.

The RHSG planned a programme of work for 2011-12 which included:

- Prioritise and engage with PCT/GP Commissioning Consortia areas
- Confirm and Challenge through PCT/primary and secondary care meetings
- Produce a regular newsletter distributed through the Yorkshire and Humber Respiratory Network and regionally through communications teams
- Work with the Regional repurcurement team to support the process and promote the need for Home Oxygen Assessment and Review Services
- Work with the Pharmaceutical Industry to create a Pharma Alliance and develop opportunities for joint working
- Work with local clinicians to identify barriers to referral to Pulmonary rehabilitation and develop a marketing campaign to increase referral rates to Pulmonary Rehabilitation
The story so far

- Continue to support the Yorkshire and Humber Improvement Programme (YHIP) Paediatric Asthma Programme
- Continue to support regional NHS Improvement programmes- Lung
- Link with relevant national, regional and local work streams.
- Develop strategies for incorporating wider respiratory for example pneumonia in 2012/13

The RHSG extended its membership to include Public Health and Adult Social Care members. The group were fortunate to also recruit additional members from Asthma UK, an additional GP and the Yorkshire and Humber Improvement Programme (YHIP) Children’s Asthma Project lead.

During the year the RHSG has been joined by a senior member of the Yorkshire Ambulance Service who acts as an associate member for relevant projects and the regional tobacco control lead. The Home Oxygen Contract Regional Lead regularly updated members on progress towards the transition to the new contract on 1st May 2012 and continues to provide information regarding the initial few months following transition.

In October 2011, two further Regional leads posts were advertised. Dr Rod Lawson of Sheffield Teaching Hospitals Foundation Trust and Dr Doytchin Dimov of Leeds Teaching Hospitals Trust were appointed for 4 hours each a week. Both are Respiratory Consultants in secondary care.

In 2012 Toni Yel, Commissioner Hull PCT, Pam Hancock Physiotherapist and COPD Lead, Hope Street Clinic, North East Lincolnshire and Jane Rodger Senior Respiratory Outreach Nurse, Mid Yorkshire Hospitals Trust left the RHSG. The group has recruited 2 new members, a commissioner and respiratory physiotherapist, and are awaiting response to an advert for a Respiratory Nurse Specialist.

The Department of Health Team have identified key priorities for the respiratory programme for 2012/13. For reporting purposes for 2011/12 and planning for 2012/13 the work streams will be organised under the following headings for the key areas:

- The development and rolling out of our networks at a local level
- A core data set
- Medicine usage, optimisation and prescribing
- Integrated care & QIPP
- Late Diagnosis
- Local Priority Asthma
The development and rolling out of our networks at a local level

**NHS Yorkshire and the Humber Virtual Network**

The NHS Yorkshire and the Humber Virtual Network has 356 members. The network was established in 2010 with the support of John Paul Maytum, Communications Lead, Office of the Chief Scientific Officer & DH Respiratory Programme and is continuing to grow in 2012/13. The network is made up of professionals across the Health Care Community. Membership includes GP’s Practice Nurses, Respiratory Nurses and Consultants and more recently has recruited Health Trainers as part of the COPD Awareness Raising work being done across the region. The network has been used to advertise local and regional events so members do have an opportunity to meet up.

**Plans for 2012/13**

Targeted recruitment of membership across the region to ensure that there is wide representation in each CCG/PCT area. Promotion of discussion and greater interaction through the site.

**Network development**

There are a number of existing respiratory networks and groups across Yorkshire and the Humber. These include the Yorkshire Thoracic Society, the children’s asthma network and the difficult to manage asthma group. The majority of PCTs have a respiratory network. Please see Appendix 3 for a map of network coverage and contact names.

Due to local preference and after consultation with key stakeholders, network development has been aligned in 3 geographical areas matching the Cancer, Stroke, CHD and Diabetes network distribution. This network development will continue in plans for 2012/13.

The Respiratory programme has been instrumental in establishing oxygen networks across the 3 regions of HNS Yorkshire and Humber.

The oxygen Networks, for clinicians and commissioners, have been particularly vibrant and membership and attendance is excellent in all of the 3 localities. The networks were used to share information and essential training during the recent oxygen transition and now act as a forum for sharing information and learning about the new contract as well as for education about clinical issues.

**Plans for 2012/13**

The YH respiratory team have approached existing funded networks in Humber, Yorkshire and South Yorkshire to use their expertise to develop sustainable networks to take us into the future.

The North East Yorkshire and Humber Clinical Alliance (NEYHCA) have agreed to establish a sub regional Respiratory Network, see case study below.

The YH Respiratory Team has met with the Deputy Director & Service Improvement Lead of the Yorkshire Cancer Network. The meeting discussed the potential for working together and for the Yorkshire Cancer Network Team to provide guidance and support to establish a Yorkshire Respiratory Network on a formal footing. A second meeting is in the process of being arranged to take the proposal forward over the next few months.

We are currently waiting for a response from the team in North Trent (South Yorkshire) but we are positive that we will be able to take a sustainable network forward.
Local examples

The North East Yorkshire and Humber Clinical Alliance (NEYHCA)

NEYHCA held a Respiratory Think Tank event on 8 March 2012 to explore the potential benefits of establishing a regional Respiratory Clinical Network. The ‘think tank’ experts agreed that this should be supported with the formation of a Strategic Clinical Expert Group. The overall purpose of the Network will be to support and contribute to delivering the NEYHCA vision ‘Pursue Excellence to achieve Best Care, Best Outcomes, and Best Future’.

Opportunities were identified in a number of areas which included pulmonary rehabilitation, home oxygen therapy assessment and asthma follow up in primary care. Delegates felt that development of a sub-regional group would provide a vehicle for better co-ordination of complex pathways and to strengthen the delivery of quality improvements by adopting best practice and shared learning.

On the basis of these recommendations the NEYHCA Board agreed at its meeting in March 2012 to the establishment of the sub regional network. The proposal was supported by the Regional Respiratory Health Steering Group.

To progress with this Dr John White, Consultant Physician, YHFT has been appointed as Lead Clinician and the Clinical Expert Group (CEG) in now being constituted.

For further information contact: Julie Bielby. Associate Director CVD NEYHCA. Tel 01482 336279 email Julie.bielby@hey.nhs.uk

CKW Respiratory Network

A multidisciplinary respiratory group has been brought together across NHS Calderdale, NHS Kirklees and NHS Wakefield District by the emerging CCG’s. The group has identified a number of shared priorities which they intend to take forward across the CCG’s.

They have worked together to produce a cluster COPD management plan that is being used across primary and secondary care. They are currently producing cross cluster guidelines for Asthma to be implemented in September 2012. For more information contact Anuj.Handa@GP-B85611.nhs.uk
A core dataset

A core data set for COPD was produced in 2010 by Paul Follett of the Yorkshire Public Health Observatory. The COPD ‘Dashboard’ has been updated in 2011/12 and is hosted by the YPHO.


In 2011/12 an Asthma Dashboard was added by Sally Firth, Information Analyst, and is also hosted by Yorkshire Public Health Observatory.


The dashboards have proved extremely useful in engagement with PCT commissioners, clinicians and local respiratory networks.

A ‘Respiratory Stocktake’ was undertaken in 2010/11 and repeated in 2011/12. The questionnaire was distributed to Respiratory Commissioners and there was a 100% response rate from the regions. The Stocktake enabled the YH Respiratory Team to identify whether key services were commissioned and provided across the YH PCTs. Questions were asked about provision of Pulmonary Rehabilitation, Home Oxygen Assessment and Review Services and Early Facilitated Discharge as well as more general questions about training.

Plans for 2012/13

In 2012/13 work will continue to ensure that the information provided in the dashboards are contemporaneous, ensuring that the latest available information is included.

Work is ongoing with YPHO to ensure that the dashboards are sustainable for 2013/14 and beyond.

More information will be made available at CCG level to complement that currently available and inform the Clinical Commissioners.


In 2012/13 the PCT stocktake will be repeated in order to map services available across the region and influence plans to commission services in 2013/14. The aim is that the dashboards and Stocktake information will be used to support clinical commissioners to implement best practice.

Local example

Many PCTs already use information in innovative ways. NHS WD map prevalence of COPD and Asthma as part of a quarterly Long Term Conditions report to CCG Long Term Condition leads.

The maps have great visual impact and can be used to design services in a way so as to reach the greatest number of patients in need. For more information please contact: Sally.Firth@wdpct.nhs.uk
Medicine usage, optimisation and prescribing

Home Oxygen

In 2011/12 it was nationally recognised that implementation of the New Home Oxygen Contract and realisation of the significant cost savings expected from the new contract would be extremely difficult without access to fully functioning Home Oxygen Service-Assessment and Review (HOS-AR) in all areas.

The RHSG supported dissemination of the HOS-AR Best Practice guide (http://www.pcc.nhs.uk/home-oxygen-service-good-practice-guide-for-assessment-and-review) through sub regional oxygen network meetings with commissioners and clinicians. These meetings updated colleagues on the transition to the new contract and presented the benefits of HOS-AR services using local and regional case studies and a gap analysis in PCT teams by comparing current services to the best practice guide. The events were attended by over 100 clinicians and commissioners and contributed to the review and redesign of some services. All PCTs now report a commissioned service for respiratory and non respiratory patients or have obtained funding and are currently in the process of commissioning a service.

The RHSG has worked closely with Amanda Douglas, Regional Lead Commissioner for HOS. As part of this collaboration it was recognised that commissioners required support with monitoring of the current contract prior to transition. A study day was organised and attended by representatives from 12 of the 14 PCT’s.

Louisa Banfield, Community Respiratory Specialist Nurse from East Riding of Yorkshire attended the training and reported claiming back credits totalling £2370 through identification of patients who had died or were out of area. This gave a rolling total of £824 per month in savings to the PCT until the new contract was implemented in May 2011.

Oral Prednisolone

As with all the 10 SHA regions NHS Yorkshire and the Humber Medicines Management Team are working with PCT teams to reduce the proportion of oral prednisolone prescribed as enteric coated prednisolone.

Good progress has been made with this national target however an additional £2.7M saving may still be made in primary care if clinicians moved from enteric coated to plain oral prednisolone. This is modelled on a 100% switch which may not be entirely achievable; however, if Primary Care Trusts continue to encourage the switch there are significant gains to be made. There remains considerable variation between PCT’s with North Yorkshire and York and Calderdale already achieving a 70% ‘switch’ while other areas are only achieving 20 - 30% area for example Rotherham, Leeds and North East Lincolnshire.
New medicines service and targeted medicines use review

October 2011 saw changes to the NHS Community Pharmacy Contractual Framework. These changes included the introduction of 2 key service developments:

- A New Medicines Service (NMS)
- The introduction of nationally targeted Medicines Use Reviews (tMURs)

The NMS provides early support for people with long-term conditions newly prescribed a medicine and is an excellent opportunity to help patients get the most out of their medicines. The service is based on research which shows that an early intervention by a pharmacist can help to improve patients’ adherence to their medicines and reduce the use of other NHS resources. The service initially focuses on 4 particular patient groups and conditions which include Asthma.

Medicines Use Reviews were first introduced in 2005 and involve the pharmacist periodically undertaking a structured review with patients to establish a picture of their use of their medicines – prescribed and non-prescribed. MURs aim to help patients use their medicines more effectively by improving the patient’s knowledge and understanding of their medicine. From 1 October 2011 there are 3 national target groups and pharmacies must ensure that at least 50% of the MURs they provide should be on patients within one of these target groups. These target groups include patients with respiratory disease.

During 2011/12 the RHSG promoted the changes to commissioners encouraging them to take this opportunity to work collaboratively with Pharmacy colleagues.

Dr White provided a workshop at a Pharmacy Deanery meeting. The workshop was designed to support Pharmacists to improve their knowledge of respiratory disease and inhaler technique in order to improve the quality of the NMS and tMUR.

Plans for 2012/13

Continued support to the Regional Oxygen network to ensure that learning about the new contract is shared, reduce isolation and improve communication

- Additional information re prescribing to be added to the respiratory dashboards
- Information regarding prescription of enteric coated prednisolone to be shared with respiratory leads and clinicians in each PCT
- A bursary of £5000 to be made available to all 15 PCTs to implement projects to improve knowledge of pharmacists around Asthma and COPD, improve inhaler technique assessment and promote collaborative working as part of the NMS and tMUR.
Example of local services

Hull Home Oxygen Service-AR part of the NHS Improvement Lung Pilots

In 2010 the newly procured home oxygen service in Hull was selected as part of the first wave of NHS Improvement Lung pilots.

The Service & Project aims were to:

- Remove inappropriate oxygen provision, ensuring that the correct oxygen equipment and therapy is delivered to existing patients on oxygen therapy
- Reduce unnecessary costs of oxygen and equipment
- Ensure Patients/Carers are risk assessed prior to and during their use of oxygen therapy
- Work with the local Fire Brigade on producing and publishing a local policy in respect of health & safety
- Ensure Patients are educated on health and safety issues surrounding oxygen use along with risk associated with smoking and oxygen therapy

To date the service has:

- Undertaken 1,630 assessments and/or reviews
- Reduced Monthly invoices by approx £15k
- Removed 288 inappropriate orders for oxygen
- Ensured all patients in receipt of oxygen are in a cycle of review
- Provided education to GPs
- Cleansed data on the oxygen register

For more information go to:

Integrated care & QIPP

The challenge to achieve Quality, Innovation, Productivity and Prevention targets have been a key driver for PCT’s and continues to act as an important lever for changing practice in emerging CCGs.

Fully-integrated care pathways including new models for management of Long Term Conditions and acute care have emerged over the past year. One example of which is Doncaster PCT’s who introduced a fully integrated Nursing Team for both adults and children as part of a pathfinder pilot. PCTs have also introduced integration across primary, secondary and community care through Community Respiratory Services such as that in Wakefield which has seen a reduction of over 2000 bed days for emergency COPD admissions since the service became fully operational.

COPD & Asthma Templates

In 2011/12 the RHSG has supported the development of COPD and Asthma Templates to provide a structured approach to review in primary care and secondary care. The templates have been launched through the Long Term Conditions Care planning template. The YH COPD and Asthma Templates include the key recording requirements from national evidence based standards as well as requirements for Quality Outcomes Framework recording. Commissioners from all PCTs have agreed to review the templates with a plan to implement or amend existing templates in line with the template contents.

CQUIN

The Commissioning for Quality and innovation (CQUIN) payment framework was used as a vehicle to promote evidence based care bundles for Asthma and COPD in 2010/11. In 2011/12 an additional pneumonia bundle was added. The COPD care bundle can be seen in Appendix 4.

The bundles have been the focus of much discussion however it has been difficult to establish uptake due to changes in the reporting system to the SHA. It is believed that at least one bundle has been implemented in 6 of the 15 PCT’s.

Training

A training needs analysis has been developed and approved for use. Commissioners have agreed to use the questionnaire to build a clear picture of training needs in primary care. The results will be used to commission training that provides relevant local courses. Two separate tools have been developed for Health Care assistants and qualified staff. The tool for use by Health Care Assistants can be found in Appendix 5.
**Better for Less**


Better for Less briefings identify practical examples where quality of care is being improved and costs reduced. The briefings include a description of a key intervention, modelling of potential savings per PCT and a local case study. Over 2010/12 briefings have been produced for COPD, Asthma and Childrens Asthma.

**Plans for 2012/13**

- Investigate setting up of a start up fund to support implementation for the respiratory CQUINs
- Support the CLAHRC project to implement the COPD inpatient bundle across Rotherham and Doncaster hospitals and share the learning
- Implement the training needs analysis and develop a plan with support of local commissioners and clinicians
- Use the Respiratory Networks to promote work to implement integrated care pathways and share existing good practice
- Two PCT Respiratory Groups are planning to implement map of medicine as the basis for an integrated care pathway. The RHSG will support this work as required.
Example of local services

Breathe Better Group
Following a successful pilot in 2008, Bradford Marie Curie Hospice have now been running a rehabilitation group for several years for people with end stage Chronic Obstructive Pulmonary Disease. The group, called ‘Breathe Better’ runs over eight weeks, for patients and carers, and aims to increase quality of life, increase confidence and control over illness, improve symptoms and reduce hospital admissions.

The programme consists of lunch, an exercise circuit, a programme of talks and individual consultations with staff, including the specialist COPD nurse and Palliative Medicine Consultant. Initial results have shown an increase in ‘shuttle walk’ distance for many patients and many patients report an increase in confidence and reduction in anxiety.

Patients value the social aspect of the course as well as the exercise, and many have actively engaged in planning their future care, often requesting admission to the hospice for management of future exacerbations rather than being admitted to hospital. For more information please contact sarah.holmes@mariecurie.org.uk

COPD & Oxygen
In order to maximise the benefits for patients Sheffield has recently integrated its approach to commissioning community COPD services, including community clinics and the respiratory mental health team, which sit alongside the well established pulmonary rehabilitation programmes. A new Home Oxygen Assessment and Review Service has also been commissioned to assess and review oxygen patients, including those previously unknown to specialists. This aims to develop a robust oxygen register and a well managed assessment and review process that ensures patients benefit from oxygen appropriately and reduces waste.

Overall we aim to improve the quality of care, (clinical effectiveness, patient safety and satisfaction), clinical outcomes and quality of life for those living with COPD in the city. For more details please contact - marianna.hargreaves@nhs.net
Tackling the problems of late diagnosis leading to poorer outcomes

The National Outcomes strategy for COPD and Asthma estimates that there are approximately 2 million people living with undiagnosed COPD. In Yorkshire and the Humber this translates to approximately 70,000 people. There are also significant numbers of people misdiagnosed with COPD.

In 2011/12 the RHSG has discussed the concept of predicted levels and misdiagnosis with clinicians and commissioners from across the region and has recently updated the respiratory dashboard to take into account updated predictions of COPD population by the Association of Public Health Observatories.

The Outcomes framework recommendations aim to ensure patients are diagnosed earlier and accurately, ensuring that people have the right diagnosis, and receive appropriate treatment. A number of approaches have been taken across the region to promote early diagnosis of COPD through raising awareness of clinicians to working directly with the public.

PCT’s have included performance of lung health checks as part of Primary Medical Services Contracts, have Locally Enhanced Services with Pharmacists for stop smoking which include COPD awareness raising and Micro spirometry and provided spirometry study days and updates, some SHA funded.

Plans for 2012/13

In 2012/13 the RHSG will work with colleagues from a variety of backgrounds who are regularly engaged in health promotion activities with difficult to reach groups.

COPD and Lung Health Training will be provided for Health Trainers across the region.

Health Trainers will be linked in with specialist respiratory teams to provide support for awareness raising events, health fairs and work in General Practices.

Resources will be produced and provided for teams to use in health promotion activities.

As part of the Training Needs Analysis the need to invest in further Spirometry Training will be investigated and acted upon as necessary.
Examples of good practice

**North East Lincolnshire COPD Apprentice**

Work in North East Lincolnshire Care Trust Plus identified a gap in the provision of COPD awareness campaigns, particularly within more deprived areas. In collaboration with the smoking cessation service. Hope St Specialist Respiratory Service and the Public Health team are working together to address these issues. The Project has employed a COPD Apprentice.

The aims of the project are to:

- Reduce unscheduled admissions for COPD patients.
- Reduce smoking rates within this at risk population

**Objectives**

- To improve early diagnosis and treatment options for COPD, thereby reducing disease progression.
- To incorporate lung screening into the local NHS health checks
- To increase promotional activities to raise awareness of COPD throughout the locality and within the workplace
- Provide further COPD education and training for health professionals, including the smoking cessation team and Health Trainers.
- To ensure provision of a COPD champion in all healthcare settings throughout the locality
- Promote evidence based practice and appropriate management in accordance with NE Lincs COPD pathway 2012

Initial findings will be available in April 2013 for more information please contact karen.cox3@nhs.net

Other initiatives

**North East Lincolnshire Care Trust Plus** has developed a project with the support of the local Hackney Carriage Association to increase awareness of COPD with taxi drivers.

700 taxi and private hire drivers in NE Lincolnshire are being offered an incentive of having their local authority vehicle inspection check (worth over £20) waived to participate in a mini health MOT initiative.

The initiative is supported by Specialist COPD nurses who carry out COPD 6 assessments of all persons over 35 years old identified as a smoker or recent ex smoker. The project was piloted in June 2012 when 37 drivers attended the sessions and further dates are planned in September. It is estimated that 35% of taxi drivers in the area smoke.

For further information please contact Geoffrey Barnes, Acting Director of Public Health, Geoffrey.Barnes@nhs.net
NHS Kirklees are currently running a pilot with Locala Stop Smoking Service (SSS) which runs from Dec 2011 to end of March 2013. This pilot was informed by a COPD Health Needs Assessment, which showed approximately half of the population across Kirklees with COPD were undiagnosed.

The list below details the activities agreed within the contract variation:

- Service users over the age of 40 years are to be screened using The GOLD “Could it be COPD?” questionnaire in line with training received on 6th October 2011. Those with 3 or more positive responses are tested with pocket spirometers.
- If testing is suggestive of COPD service users will be signposted to their GP for follow up following the agreed pathway.
- Outcomes of the case finding are to be reported quarterly, i.e. number of service users screened (including age, sex and locality), number of service users signposted to GP for follow-up, outcome of follow-up (where available).
- A minimum of 4 targeted awareness raising activities are to be delivered within the pilot period*, targeting to be informed by the COPD needs assessment (PH 2011) findings.
- Spirometers will be provided free of charge to the service (by the product representatives) for the period of the pilot, their maintenance and calibration to be undertaken by their provider.

The awareness raising activities are taking place in various target communities (mainly at supermarkets or other retail sites), with some being run in conjunction with COPD nurses.

The SSS provide evaluation feedback from the awareness events and there is also a requirement to report on the COPD activity within their quarterly reports.

For more information please contact Cathy Munro or Carl Mackie in Public Health at NHS Kirklees cathy.munro@kirklees.nhs.uk or carl.mackie@kirklees.nhs.uk
Asthma

Asthma has been identified by the RHSG to continue as a local priority in 2012/13. In the past NHS Yorkshire and the Humber has been recognised as having some of the highest admission rates in England for exacerbation of asthma in both adults and children.


In 2011/12 work has been undertaken by the RHSG to link in with excellent work already being progressed through the SHA Maternity, Children and Families Directorate under the leadership of Jean Hawkins.

The work has included Regional Asthma Summits for Key stakeholders for children with Asthma, development of a Regional Children's Asthma Guideline, study days for School Nurses, a Best Practice Service Specification for Secondary Care and support to implement best practice in primary care.

A Summary Report of the Yorkshire and Humber Children's Asthma Impact Project has been reproduced as an appendix by kind permission of Jean Hawkins Associate Director Maternity, Children and Families NHS Yorkshire and Humber.

Key recommendations from the project are:

- Practice nurses and GP’s should have specific training in children's asthma management
- At least one GP in a practice should be the champion for children with asthma in their practice
- Use a systematic template to guide the practitioner
- Always observe inhaler technique as part of a review
- Use standardised evidence based guidelines
- Use Care plans that children, young people and parents understand
- Have a disease register for children that identifies and alerts high risk children for review
- Call children in for reviews during holidays
- Call children in post hospital admission for reviews
- School nurses should ensure school activities are reflected in care plans

Contact Lisa Chandler at lisa.chandler@wpdct.nhs.uk for more information.

RHSG Study day

The RHSG supported a regional study day that was held in Sheffield in May 2011 by TEVA. The day was attended by around 20 professionals with an interest in Asthma for both Adults and Children.

CQUIN for adults and children

A CQUIN was developed for the Emergency Department for both adults and children. The aim of the CQUIN was to implement a number of evidence-based recommendations in the ED. The bundle incorporates the key recommendations to improve patient safety and quality of care by acute trusts. The bundle should be used and applied to every patient admitted with a primary diagnosis of an acute Asthma exacerbation. It should be personalised to the individual. In this way it has the power to change clinical behaviour and achieve sustainable change.

Asthma template

The Asthma template produced as part of the Children's Programme was extended with support from clinicians to include all ages.
Plan for 2012/13

- Funding of £35k approved to jointly fund (with Asthma UK) a Childrens’ Asthma Programme Manager to support implementation of best practice asthma care in emerging CCGs
- Continue to support the Regional Childrens’ Asthma Programme
- Host a Department of Health Asthma Best Practice Event in September aimed at implementing best practice for commissioning of Asthma Services (All ages).
- Promote the Asthma CQUIN for use in 2013/14
- Share learning from the NHS Improvement Lung Asthma Pilot

Examples of local services

**NHS Wakefield District**

NHS Wakefield District has secured funding for 2012/13 to recruit and train volunteer lay people to provide self management education to people with Asthma. The project is based on work by Professor Martyn Partridge and Asthma UK. NHS Wakefield District hope the volunteers will increase access to expert advice on asthma management and improve asthma control.

For more details please contact lisa.chandler@wdpct.nhs.uk

**Asthma –Sheffield**

In order to improve quality of life and reduce risk of emergency admission for people with asthma, Sheffield has introduced a primary care development project. Facilitated by NHS Sheffield Public Health Development Nurses, the project aims to support GPs and practice nurses to identify those people with asthma who are at greatest risk of asthma attack, and to prioritise their care.

Core to the project is the assessment and recording of asthma control, and the encouragement of education with self management.

With the advent of the new QOF indicator for asthma this year, it is hoped the project will lead to improved quality outcomes across the city. For more details please contact - andrew.booth1@nhs.net
NHS Improvement Lung Pilots

The RHSG has continued its commitment to support the NHS Improvement Lung Pilot sites. In 2011/12 the focus of the projects moved to Asthma and Mid Yorkshire Hospitals NHS Trust with support from NHS Wakefield District was selected to take part. In 2012/13 the focus has returned to COPD and York Hospitals NHS Foundation Trust has been selected to take part.

**Asthma 2011/12**
Mid Yorkshire Hospitals NHS Trust has introduced an inpatient asthma care bundle that is being applied across all wards. The bundle aims to increase compliance with BTS/SIGN recommendations including inhaler technique review, self management plan and follow up. The work is part of the NHS Improvement Lung pilot projects and has seen a considerable reduction in readmissions in patients with asthma.

For more detail please contact james.mccreanor@midyorks.nhs.uk

The full report will be available at www.improvements.nhs.uk in July 2012.

**COPD 2012/13**

The respiratory team at York Hospitals NHS Foundation Trust is working with NHS Improvement – Lung to improve the services they offer to patients with COPD. They are part of the ‘Transforming Acute Care’ workstream and the project work focuses primarily on the care the patient receives during an in-patient stay. the team has re-established its early supported discharge scheme for patients with COPD and in addition to this are working on ways to ensure every patient admitted for exacerbation of COPD receives high quality care, as part of a structured admission. They are also working to improve the discharge planning process on the respiratory ward in order to streamline the patient’s stay. The project aims are to reduce length of stay, reduce re-admissions at 30 days and to improve the quality of care.

For more information contact Gillian Younger Gillian.Younger@York.NHS.UK or Caroline Everett Caroline.Everett@york.nhs.uk
### Appendix 1

#### RHSG membership 2012/13

Dr John White, (consultant physician respiratory medicine York NHS FT) Joint Regional Respiratory Clinical Lead  
Dr Maria Read, (GP Sheffield) Joint Regional Respiratory Clinical Lead  
Dr Doytchin Dimov, (consultant physician respiratory medicine Leeds Teaching Hospitals Trust) Joint Regional Respiratory Clinical Lead  
Dr Rod Lawson, (Consultant in Respiratory and General Internal Medicine, Sheffield Teaching Hospitals Foundation Trust) Joint Regional Respiratory Clinical Lead  
Colin McIlwain, Associate Director, Commissioning Development NHS Yorkshire and the Humber  
Lisa Chandler, (Respiratory Programme Manager, Public Health NHS Wakefield) Respiratory Programme Manager, NHS Yorkshire and the Humber  
Tabitha Arulampalam, Partnership Director Joint Commissioning (PiA) Barnsley (Adult Social Care Representative)  
Michele Cossey, Associate Director: Pharmacy and Prescribing (Yorkshire & the Humber) NHS North of England  
Phil Davis, Senior Commissioning & Public Health Manager, NHS Hull  
Martin Ford, Urgent Care Lead Head of Commissioning Long Term Conditions, Cancer and End of Life Team NHS Airedale, Bradford, & Leeds Cluster  
Kirsten Hasney, Clinical Specialist Respiratory Physiotherapist Humber NHS Foundation Trust  
Jean Hawkins, Associate Director Maternity, Children and Families, NHS Yorkshire and Humber  
Victor Joseph, Consultant in Public Health and Assistant Director of Public Health NHS Doncaster  
Georgina Martin, Principal Clinical Service Manager Diagnostic Services, Northern General Hospital  
Simon Selo, Assistant Director, Policy and Service Development, Asthma UK  
Gail South, Respiratory Nurse Consultant, Breathing Space, Rotherham  
Catherine Thompson, National Improvement Lead NHS Improvement – Lung  
Bev Wears, Support and Development Manager, British Lung Foundation North Region.
Appendix 2

The Summary Report of the Yorkshire and Humber Children’s Asthma Impact Project

This is the summary report of the Asthma Impact Project for Children in Yorkshire and the Humber (AIP). It summarises the products and services that have been developed, initiated and tested though the life of the project.

Asthma is the most common long-term medical condition for children in the UK and is estimated to affect 1.1 million children (National Institute for Clinical Excellence, 2007).

Asthma accounts for a higher number of emergency bed-days and emergency hospital admissions than any other paediatric long-term condition (Disease Management Information Toolkit, Department of Health, 2008).

Following the 2008 Next Stage Review of the NHS (Next Stage Review, 2008) eight clinical pathway groups identified the health priorities facing the population of the Y&H area over the 10 year period 2008 to 2018. The Strategic Health Authority (SHA) responded with the Healthy Ambitions plan for Yorkshire and Humber (2008) a strategic framework for the NHS across the region. Recommendation 11 set a challenging target to reduce emergency admissions of children for asthma by 50% in ten years.

The Asthma Impact Project was launched in 2009 and moved into testing phase in 2010. The primary focus of the project was to develop trial and evaluate strategies and initiatives that may improve the quality of life for children with asthma and reduce the numbers of avoidable admissions for children.

The project comprised of five main areas where we developed outcomes and outputs of the project, these were;

Piloting of the Primary Care Children’s Local Enhanced Service and Best Practice Asthma Pilots

Testing of “gold standard” childhood asthma reviews was carried out and the outcomes reported. The pilot data was collected over a 10 month period, April 2011 to January 2012 inclusive. The results show improvement in asthma control of those taking part and a reduction in the number of admissions and A&E attendances for the participating practices. The pilot, whilst small in terms of its participant numbers, has proved significant to have impact in improving outcomes for children with asthma.

All practices that took part have shown improvement in Admissions and A&E attendances, and in the space of just nine months one practice saw a reduction of 58% in hospital admissions, and a reduction of 58% for attendance to A&E for children with asthma and has resulted in cost savings for the NHS, of more than £13450.
“The new review was better because each time I go to see the nurse, I feel better”. School age child, Hull.”

“My son understands more about his asthma now than ever before, because he filled in the asthma control test, with the nurse.” Mum of school age child Hull.”

**Improvement of awareness of asthma in schools**

School Nursing teams have worked alongside asthma specialist nurses to deliver a programme of support to schools across the region. Schools that have received this support report an increase in confidence and knowledge in dealing with children with asthma. Delivery of asthma assemblies, distribution of awareness materials and the use of asthma attack cards (from Asthma UK that describe symptoms and advises when to call an ambulance or seek medical advice) has increased asthma awareness within the school setting.
Development of TPP SystmOne Clinical Recording Templates in primary care

A primary care SystmOne clinical recording template has been developed to inform influence and facilitate “gold standard” childhood asthma reviews. Trialled and evaluated, it is ready to be launched at the “Going for Gold Standard Asthma Care in 2012”, 3rd childhood asthma summit on 20th March 2012.

“I am enjoying using the template as it makes the review more structured and easy, I don’t have to think about what to ask next and seems to get through the information needed quicker”. Practice nurse.

“Find it really easy to use and it helps structure the review with the patient as I work through it. Like the respiratory medication bit”. Practice nurse.

Writing a Service Specification in Children’s Asthma Secondary Care

Service specifications are used by commissioners to work with the providers of services in a secondary care setting to improve efficiency and quality. Developing one for asthma was an important step in the process of defining and improving secondary care asthma services.

The service specification was completed in February 2011. Some areas are using this in draft form for the 2012/13 contracting year and a few are implementing it fully.

Production and Dissemination of Children’s Asthma Clinical Management Guidelines

Launched in November 2011, the Children’s Asthma Clinical Management Guidelines for children’s asthma were developed to provide professionals across the region with a compact yet comprehensive whole system guide to improved asthma management. Facilitating accurate diagnosis and routine and unscheduled interventions of the highest standard.
What has this project identified?

This project has identified key outcomes needed for improved quality. These are:

1. Strong clinical leadership must be evident from general practitioners.

2. Good quality clinical reviews need to be undertaken in primary care. These include:
   a. A professional who has had training and is competent.
   b. A review appointment scheduled for 20 minutes.
   c. The review includes an observation of inhaler technique.
   d. The SystmOne template is used to guide the practitioner and record the review.
   e. The use of self management plans.
   f. The child and parents understand the care plan.
   g. The use of the Asthma Control Test.

3. Recall and reminder systems need to be in place to prompt children to attend.

4. School holidays should be targeted for children’s review appointments.

5. Children who have had a recent admission or ED attendance should be followed up within 48 hours.

6. Children who have had a recent admission should be given a review appointment within 2 weeks of discharge.

7. A Local Authority that supports and facilitates good asthma management in schools.

8. School Nurses need to deliver asthma awareness sessions to schools annually.

9. Schools should deliver an asthma assembly annually and work towards achievement of asthma friendly school status.

10. Implementation of the secondary care service specification making provision for asthma specialists to share and disseminate asthma knowledge to other professionals.

Author: Sonja Buckle Childrens Asthma Project Manager NHS Yorkshire and the Humber

March 2012
Appendix 3

Networks
Calderdale/ Kirklees and Wakefield have a cross cluster Respiratory Group where all CCG’s are represented.
### Appendix 4: COPD care bundle

<table>
<thead>
<tr>
<th>Description of indicator</th>
<th>Acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) inpatient care bundle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of patients admitted with OPCS code J40-44 as primary diagnosis who are discharged with a completed care bundle</td>
</tr>
</tbody>
</table>

The Care Bundle reflects British Thoracic Society and NICE Quality Standards and includes all of the following measures:

1. Arterial blood gas (ABG) within 1 hour for all those with oxygen saturations of below 94% on air or controlled oxygen
2. Documented consideration for non-invasive ventilation (NIV) and implementation within 1 hour of admission in those fitting local guidelines
3. Written prescription for oxygen within 1 hour for hypoxic patients not requiring NIV
4. Review by respiratory specialist (doctor, specialist nurse or physiotherapist) within 48 hours
5. Offer of referral to smoking cessation service if a current smoker
6. Assessment of suitability and enrolment into a pulmonary rehabilitation programme
7. Appropriate education, written information, self-management plans and rescue packs for future exacerbations
8. Ensure the patient understands their medications and have demonstrated good inhaler technique whilst on the ward
9. Ensure that those patients in respiratory failure are issued with an oxygen alert card
10. Follow-up within 2 weeks of hospital discharge (primary or secondary care depending on local agreement)
Appendix 5: Training needs analysis

Individual Respiratory Clinical Skills Identification and Training Profile- Health Care Assistant
Information

The aim of this tool is to support individuals identify their current procedural clinical skills relating to their role. The profile will also identify where these skills have been acquired. The information will show current skills of staff, training needs and skills gaps. This can feed into wider training needs analysis, support training and service development. Completing the profile is the first step, once completed the information will be entered into a database, collated, analysed and reported. There are profession specific profile sets. This set is for:

HEALTHCARE ASSISTANTS PRIMARY CARE

Completing the Profile

Training for this tool is defined as a ‘period of received instruction and information to gain a specific skill’. The codes below are used to define the level of training that you have received for each of the tasks described.

Demonstration only of a task is not sufficient to be defined as ‘training’.

If you can remember the course title please insert.

The list of skills is not exhaustive and there is opportunity to add role specific skills at the bottom row

Once complete hand to..............................................................................................................

Information will be kept according to data protection policies

Training Code - Use all codes which are applicable. In each column enter a corresponding training code.

1 – Carrying out this task with training received through - formal study provided by college/university course/diploma
2 - Carrying out this task with training received through – informal and on the job e.g, by another team member/company rep/employing organisation
3 - Carrying out this task with core skills - training received during initial training
4 - Carrying out this task without training
5 – Not carrying out this task – no training received
<table>
<thead>
<tr>
<th>CLINICAL SKILL</th>
<th>PCT</th>
<th>Practice Name</th>
<th>TRAINING CODE</th>
<th>Name of Course/Provider/ Length of Course/ date completed</th>
<th>Length/ Provider and Date of last update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
<td>Frequency of carrying out the task</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>4</td>
<td>Name of Course/ Provider/ Length of Course/ Date completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td>6</td>
<td>Length/ Provider and Date of last update</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirometry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhaler Technique</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peak Flow performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infection Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checking concordance with medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse Oximetry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring of COPD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring of Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Eg PCTC Respiratory Diploma, ARTP 2 day spirometry foundation e.g. 1 day up date, PCT01/01/12
| Please describe any relevant further tasks that you undertake and training you have received |
| Please describe any training needs you have identified |