



- Inside this Issue:
- Editors Welcome
- Latest Evidence
Update from NHS
Evidence – Chronic
obstructive
pulmonary disease
- ARTP Survey
- Respiratory
Inhaler Survey
- Freedom of
Information
request
- Coding Database
- Vienna Congress
2012
- WHO No
Tobacco Day 2012
- Seeking good
practice in
commissioning and
providing
diagnostic services
- Respiratory Health
Awareness Dates
- ARTP Travel
Grants

Editors Welcome

The points make prizes edition.....

So, this is the first edition of 2012. Charles Dickens would have been 200 years old this year, and it is the year that the UK has gone sport mad. The Olympics comes to London in August this year. I have certainly noticed a significant increase in the number of cars parked in my local gym, of people driving to the gym to walk, slower than their normal walking pace, on a treadmill.

As you browse through this edition of eXhale today, you will notice a common theme - information.

It was not my intention to make an edition based on extracting information from everyone, but it just seems these things have come all together.

Please take the time to complete the surveys here. All of them have direct effects on our work and patient population. The objective of these exercises is to highlight changes that need to be made, so instead of moaning, struggling or any other detrimental coping strategy that you may adopt, answer the call for information and let's see if we can change some things. After all, like Albert Einstein said Insanity is doing the same thing over and over again but expecting different results. Let's do things differently!

The ARTP annual conference has already been and gone this year, but there are plenty more to attend (not as highly informative as the ARTP one though, of course), from the BTS, ERS and ATS if you get the chance.

Obviously, all of these things cost money, and that is in great shortage at present in the NHS. Be creative.... Most events offer grants or bursaries if you submit a poster or an abstract. Sometimes there are charitable funds that may have some money squirreled away. And failing that, maybe manufacturers' would be happy to help. There are many creative ways to get support to attend these events.

A fairly skinny version of eXhale today and lots of information with dates for your diary, but hopefully you find it informative none the less.

Please don't forget, if you have anything you would like to include in future editions of eXhale, please do not hesitate to contact me.

Happy reading.

Latest Evidence Update from NHS Evidence - COPD

'Chronic obstructive pulmonary disease: Evidence Update February 2012' is the latest of a new style update from NHS Evidence – a service provided by NICE - and focuses on a summary of selected new research relevant to NICE clinical guideline 101 'Management of chronic obstructive pulmonary disease in adults in primary and secondary care' (2010).

Whilst Evidence Updates do not replace current accredited guidance they do highlight new evidence that might generate a future change in practice. By producing these Updates NHS Evidence seeks to reduce the need for individuals, managers and commissioners to search for new evidence and to inform guidance developers of new evidence in their field.

In producing the Update, more than 5,000 pieces of evidence were searched of which 29 have been chosen for publication. An Evidence Update Advisory Group, comprised of subject experts, has reviewed the prioritised evidence and provided a commentary.

Professor Sam Ahmedzai, Professor of Palliative Medicine, Academic Unit of Supportive Care, School of Medicine, The University of Sheffield said, 'This new Evidence Update on COPD from NHS Evidence demonstrates both how much progress there has been in this exciting area of medical research, but also in some areas, how much the emerging evidence confirms current national guidance. Clinicians, healthcare commissioners and researchers will benefit from reading this and incorporating it into their practice and strategies.'

Read 'Chronic obstructive pulmonary disease: Evidence Update February 2012' at www.evidence.nhs.uk/evidence-update-5.

Evidence Updates will build over time to consider a number of topics and NHS Evidence welcomes feedback from societies and individuals in developing this service.

Evidence Updates do not replace current accredited guidance and do not provide formal practice recommendations.

Notes:

Each year Update topics are prioritised for publication by NHS Evidence.

The annual list of Update topics is based primarily on NICE public health guidance and clinical guidelines and additionally other topics covered by accredited guidance.

Evidence Updates provide a straightforward and succinct overview of selected evidence published since the literature search was last conducted. This allows individuals to rapidly update themselves about new evidence in a particular topic.

For further information on NHS Evidence go to www.evidence.nhs.uk

For further information contact Angela Nonis 0161 2193772 or email angela.nonis@nice.org.uk

ARTP Survey

Dear All,

ARTP survey 2012

A big thank you to all those labs / departments who to date have completed the ARTP Survey 2012. Your input is very much appreciated and will help us to get an accurate measure of the current staffing and service provision for respiratory and sleep services.

For those who have yet to complete this, please can I encourage as many responses as possible? The deadline was 24th February, but the survey is still accessible on the website! It would be great to have a high initial response rate. This will save valuable ARTP resource and expense in chasing up outstanding returns.

As a reminder, the survey is available to complete online and is accessible via the homepage of the ARTP website (www.artp.org.uk). The survey should take approximately 30-45 minutes to complete, but you can do this in sections if required.

Please can I also ask that you forward this email on to any of your colleagues who are involved in providing diagnostics in respiratory and/or sleep, who may not be aware of this important work?

Once again, many thanks for your time and support in completing this. Please contact me if you have any questions regarding the survey (chair@artp.org.uk)

Best wishes

Martyn Bucknall

Honorary Chair, ARTP

Respiratory Inhaler Survey

Sent on behalf of the London Respiratory Team.

Dear Colleague

We would greatly appreciate 5 minutes of your time to help us with our short survey on the knowledge that healthcare professionals have around inhaled respiratory medications. You can take the survey if you work in healthcare, whether clinical or managerial, respiratory or otherwise.

In return, we hope that by the end of the survey you will have learnt something that will be thought provoking, and make a change to your day to day practice.

Please feel free to forward this link to any colleagues who you think may also be interested in the information contained. By spreading this knowledge, we may be able to increase awareness of the problems highlighted within the survey and improve our practice for the benefit of patients.

Many thanks for your time. If you have any queries, please follow the link to the London Respiratory Team and contact us.

To take the survey, please click on this link: <http://www.surveymonkey.com/s/S3YYLJP>

The survey will close at the end of February and we will publish the results on our website.

Kind regards

Dr Vincent Mak

Consultant Respiratory Physician

North West London Hospitals

Respiratory Clinical Lead in Medicines Management

NHS London

Representing the London Respiratory Team

<http://www.london.nhs.uk/what-we-do/our-current-projects/london-respiratory-team>

Our thanks to the Zoe Lord and the Lung Improvement Programme for their assistance in hosting this survey.

<http://www.improvement.nhs.uk/lung/>

Freedom of Information Request

Dear Registrant

You may be made aware over the coming days of a series of Freedom of Information requests that have been put to NHS trusts across the country on behalf of the RCCP.

These questions have been asked in an effort to generate figures to show the increasing number of procedures being undertaken every year by clinical physiologists, which will form part of our evidence to support our position that statutory regulation is urgently needed to ensure patient safety.

Additionally, I would like to make you aware that we have today had a letter published in the Daily Telegraph that highlights the need for statutory regulation. The letter can be accessed via the following link.

<http://www.telegraph.co.uk/comment/letters/9069695/Children-under-five-have-been-poorly-served-by-top-down-learning-targets.html>

Best wishes.

Anne Burge
Chair of RCCP

Coding Database

Karl Sylvester has very kindly been working on this project for a substantial amount of time now.

So please can we support his work and ensure that you now return your October to December activity data using the coding spreadsheet available on the website, <http://www.artp.org.uk/en/members-area/professional/coding/> or return your data to coding@artp.org.uk.

This is an on going project, and Karl would like to continue collecting the information quarterly.

Thank you all for your help.

Vienna Congress 2012

The closing date for abstract submission for the ERS was 27th February 2012.

It is important for physiologists, and their efforts, to be recognised. Only by publishing our research efforts and offering contributions to meetings, in the form of posters, presentations and research will our scientific efforts be shared.

WHO No Tobacco Day 2012

The World Health Organization (WHO) has selected "tobacco industry interference" as the theme of the next World No Tobacco Day, which will take place on Thursday, 31 May 2012.

The campaign will focus on the need to expose and counter the tobacco industry's brazen and increasingly aggressive attempts to undermine the WHO Framework Convention on Tobacco Control (WHO FCTC) because of the serious danger they pose to public health.

Tobacco use is one of the leading preventable causes of death. The global tobacco epidemic kills nearly 6 million people each year, of which more than 600,000 are people exposed to second-hand smoke. Unless we act, it will kill up to 8 million people by 2030, of which more than 80% will live in low- and middle-income countries.

As more and more countries move to fully meet their obligations under the WHO FCTC, the tobacco industry's efforts to undermine the treaty are becoming more and more energetic.

For example, in an attempt to halt the adoption of pictorial health warnings on packages of tobacco, the industry recently adopted the novel tactic of suing countries under bilateral investment treaties, claiming that the warnings impinge the companies' attempts to use their legally-registered brands.

Meanwhile, the industry's attempts to undermine the treaty continue on other fronts, particularly with regard to countries' attempts to ban smoking in enclosed public places and to ban tobacco advertising, promotion and sponsorship.

World No Tobacco Day 2012 will educate policy-makers and the general public about the tobacco industry's nefarious and harmful tactics.

It will also be in keeping with the letter and the spirit of the WHO FCTC. The preamble of the treaty recognizes "the need to be alert to any efforts by the tobacco industry to undermine or subvert tobacco control efforts and the need to be informed of activities of the tobacco industry that have a negative impact on tobacco control efforts".

In addition, Article 5.3 of the treaty states that "in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".

Furthermore, the guidelines to the implementation of Article 5.3 state that Parties are recommended to "raise awareness about...tobacco industry interference with Parties' tobacco control policies".

On World No Tobacco Day 2012, and throughout the following year, WHO will urge countries to put the fight against tobacco industry interference at the heart of their efforts to control the global tobacco epidemic.

Reproduced from

<http://www.who.int/tobacco/wntd/2012/announcement/en/index.html>

Seeking Good Practice in Commissioning and providing diagnostic service.



NHS Improvement



**From the Chief
Scientific Officer**

Professor Sue Hill

OBE PhD DSc CBiol
FSB Hon FRCP

Department of Health
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19 January 2012

Dear Colleagues

Seeking good practice in commissioning and providing diagnostic services

We are writing to seek your help to identify examples of good practice in both commissioning and providing diagnostic & scientific services. Diagnostic & scientific services mean services such as imaging, endoscopy, pathology and physiological measurement -e.g. respiratory & cardiac testing - and use of technical equipment.

We are particularly looking for examples of:

- more convenient diagnostic services for patients;
- more efficient diagnostic services/pathways for the NHS;
- innovative diagnostic services e.g. where new tests or processes are resulting in better outcomes for patients and/or more efficient patient pathways; and
- how commissioning has been used to drive change, raise quality and promote innovation in diagnostic services.

Background

Diagnostic & scientific services are critical to all patient pathways and underpin over 80% of clinical decisions. We estimate that over 1 billion diagnostics tests are carried out annually within the NHS. The majority of these tests and investigations currently take place in hospital. Few diagnostic tests/investigations are explicitly commissioned, rather, they are embedded in other pathways/packages of care within block contracts and service level agreements. As a result, some commissioners in primary care may have limited awareness of diagnostic & scientific services and how to commission these services effectively.

Given the importance of diagnostic services for both patient experience and outcomes, we need to ensure that we:

- develop the knowledge, capacity and capability of CCGs in this area;
- identify & promote models of high quality, efficient, convenient and/or innovative diagnostic services that commissioners should be considering.

What we are looking for

As a first step, we are seeking to identify examples of good practice in both the provision of diagnostic services in primary & secondary care and the commissioning of such services. For example, we want to hear about:

- Clinical protocols and guidelines to support standardisation;
- Standard contract templates for high volume pathways;
- Different models of care, for example:
 - schemes to 'upskill' primary care staff to carry out more diagnostic services in primary care;
 - outreach services from hospital into the community;
 - the introduction of point of care testing (eg for electrolytes, haemoglobin or blood gases) that can be routinely and safely delivered nearer the patient
 - the implementation of new technologies/equipment that have improved patient pathways.

We want to hear about the benefits that such initiatives can bring, as well as the challenges that have been overcome, and the lessons that have been learnt along the way.

We also want to know how commissioning has been used to promote the introduction of these new and/or different service models. For example, how are commissioners making use of Commissioning for Quality and Innovation (CQUIN) payments, best practice tariffs and contracts.

What we will do with this information

We will include relevant examples in:

- a diagnostics toolkit to support the redesign of diagnostic services and inform quality commissioning. In addition to good practice examples, the toolkit will include model service specifications and contract templates to incentivise cost and quality improvements
- a wider 'commissioning library' called the Commissioning Zone. [The Commissioning Zone](http://www.networks.nhs.uk/ccz) (www.networks.nhs.uk/ccz) is a portal for clinicians, managers and anyone else involved in commissioning. It brings together in one place the best sources and resources, to save time and promote sharing of useful information.

How you can help

Please use the attached template to email any examples that you think might be suitable for inclusion in the diagnostics toolkit and/or the commissioning library.

Completed templates should be emailed to: comslibrary@dh.gsi.gov.uk by **24 February 2012**. If you prefer to speak to someone please telephone Lorraine Gregory Tel: 0113 2547366 or 1113 2546443. This exercise is being conducted in partnership with NHS Improvement who may wish to follow up some of the examples received.

Thank you for your help. We look forward to hearing from you.



James Kingsland
National Clinical Commissioning Network Lead



Sue Hill
PROFESSOR SUE HILL OBE PhD DSc CBIol
FSB Hon FRCP

Examples of Service Models and/or Good Commissioning Practice to Support High Quality, Convenient and/or Innovative Diagnostic & Scientific services

Contact (Name, Title, Email and Phone Number)
Area - (Location and specialty)
Brief description - (What is it exactly that you are doing/have done?)
How it works?
Tariff implications - (eg. have you developed local tariff?)
Investment - (eg. did you need pump priming to make it happen?)
Outcomes and Benefits (eg. patient outcomes, quality improvement, cash release)
Issues (eg. barriers and how they were overcome and/or levers to drive the change)
Diffusion and adoption (eg. are their plans to extend this further i.e. locally or beyond)
Anything else?

Respiratory Health Awareness Dates 2012

Bored of staying in the lab?

Fancy getting out their?

How about a screening event, or health awareness drive.

Dates for your diary include;

14 th March 2012	No Smoking Day
1 st May 2012	World Asthma Day
31 st May 2012	WHO No Tobacco Day
27 th June 2012	World Spirometry Day
14 th November 2012	World COPD Day



If you, or anyone in your area, are arranging an event, why not let us know about it!?

ARTP Travel Grants

Please Note: Grants are only available to ARTP Members.

Meeting Grants

Grants are available for the following meetings and must be received by ARTP Admin by the stated date.

Grant Availability (annually)

ERS Meeting	(5 @ £1000)	1st June
ARTP Conference	(10 @ £500 max*)	1st November
CSO Conference	(5 @£300)	1st June

(*If you are applying for your registration fees as a travel grant please also specify this on your ARTP conference registration form)

Travel / Experience Grants

Grants to allow ARTP members to extend their work experience or learning practices are also available.

(£1500 total fund, at the discretion of Executive Committee)

How to Apply for a Grant

To apply for any of these grants please use the form available from the website (About ARTP | Membership | Travel Grants).

Forthcoming Education and Events - 2012

5 - 6 March 2012	Spirometry Course - Royal Brompton Hospital	Royal Brompton Hospital
14 March 2012	ARTP/BTS Foundation Certificate in Spirometry	Clinical Simulation Centre, Glyntaff Campus, University of Glamorgan, Pontypridd.
15 - 16 March 2012	Spirometry Training and Interpretation Course	Clinical Simulation Centre, Glyntaff Campus, University of Glamorgan, Pontypridd
27 - 28 March 2012	Spirometry Course	Hinchingbrooke Hospital NHS Trust
3 - 4 April 2012	Spirometry Course	Wolverhampton
20 April 2012	ARTP Blood Gas Sampling Course	ARTP HQ, Lichfield
4 - 5 May 2012	ARNS Annual Conference 2012	Scarman House University of Warwick
21 - 22 May 2012	Physiologist reporting course	ARTP HQ, Lichfield
11 - 12 June 2012	Spirometry course	Royal Brompton Hospital
3 July 2012	Spirometry Course	Clinical Sciences Building, UHCW NHS Trust
5 - 6 July 2012	BTS Summer Meeting	York Racecourse
21 - 22 Aug 2012	Spirometry Course	Hinchingbrooke Hospital NHS Trust
1 - 5 Sept 2012	ERS	Vienna
10 - 11 Sept 2012	Spirometry course	Royal Brompton Hospital
1 - 4 Oct 2012	Cardio-Pulmonary Exercise Testing course	Birmingham
11 Oct 2012	National Strategy Day	Birmingham
26 - 27 Nov 2012	Spirometry course	Royal Brompton Hospital
27 - 28 Nov 2012	Spirometry Course	Hinchingbrooke Hospital NHS Trust
7 - 9 Feb 2013	ARTP Conference	Hinckley Island Hotel, Hinckley

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