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Editors Welcome

Hello Everyone. Hope everyone is enjoying the long awaited sunshine.

I feel a little unpatriotic to be honest. I haven't mentioned the Queens Jubilee or the Olympics. I haven't hung any bunting from the edges of the newsletter and there's no union jacks flying from the windows of my car.

However, with the party atmosphere and the patriotism that seems to have come over even the most unreceptive subjects of the realm, it is very hard not to jump on the band wagon.

It is publicity and hype that the likes of World Spirometry Day can only dream of. However, I encourage all members of the ARTP to become involved with World Spirometry Day on 27th June 2012 ([Click here to link to ELF Website](#)).

In keeping with current news, it has incorporated the Olympics theme and so maybe we can use some of the momentum. In a brain storming session this week we were talking about having a "Great British tea party" theme where cakes and tea (post effort of course) could be used to tempt potentials. I did try for a cider festival but apparently that was inappropriate!

However, I digress. I suppose the important thing I am trying to convey to everyone, is get involved! We have all sat in meetings and complained about silo working.

Go out. Make some new friends. Find some new patients. But most of all enjoy educating and making people aware of lung disease!

Then, when you've done that, tell us about it and we can publish it.



This is an area we have touched on in the past, but the NHS Networks have been set up to enable healthcare professionals to “network” and connect. It’s a little like to forum but much less controversial, at times.

On the network, there is an AHP newsletter published.

Below are the details of what it includes this month, and where to find it. Reproducing the newsletter in its entirety would be unrealistic and so I have included the link and contents.

AHP Bulletin

A bulletin for all allied health professionals



Issue 88, May 2012

www.dh.gov.uk

Gateway number: 17596

You can freely share the information in the Allied Health Professionals bulletin with colleagues who may find it useful, but please include <http://ahp.dh.gov.uk> as the source. Alternatively, they can subscribe by sending an email to contact_details@dh.gsi.gov.uk.

Click to go to an article

- [Voicepiece](#)
- [AHPs just do it – message from conferences](#)
- [AHP profile: Sally Greensmith](#)
- [New toolkit shows AHPs can improve care and save NHS money](#)
- [Seven day services – better care and saving money](#)
- [Have you had the 'conversation' yet?](#)
- [National centre of excellence for NHS leaders opens](#)
- [Clinical Leadership Fellowships – apply now!](#)
- [AHP Clinical Network](#)
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- [Recognising leadership in the NHS](#)
- [Early implementers sought to test long-term conditions Year of Care Funding Model](#)
- [Exercises after breast reconstruction developed](#)
- [Let's Get Moving campaign](#)
- [Occupational therapists work on groundbreaking CBeebies programme](#)
- [Digital pens make life easier for AHPs in Rotherham](#)
- [Self Care Week 2012](#)
- ['Act FAST on Stroke' campaign launch](#)
- [Refurbishment of Royal Free radiology department](#)
- [Tobacco display legislation now in place](#)
- [Parliamentary questions](#)
- [News in brief](#)
- [Wordpress news roundup](#)
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NHS Networks is free to join and free to access.

I find it useful as it includes information from a variety of resources and highlights key issues that are being addressed, or not as the case may be!

<http://ahp.dh.gov.uk/2012/05/18/issue-88-ahp-bulletin-may-2012/>

Activity Data

Thank you to those that have already supplied their activity data for the first quarter of 2012. I would be really grateful if as many of you as possible could supply your activity data for the start of this year using the spreadsheet which can be found on the website here

<http://www.artp.org.uk/en/members-area/professional/coding/index.cfm>.

Please send your responses to coding@artp.org.uk.

We will continue to collect this data at a national level for the foreseeable future which will be valuable information in negotiations to improve recognition of the work we undertake. This will hopefully include negotiations for additional mandatory tariffs to complement those we already have.

Please let me know if you require any additional information, otherwise look forward to receiving your data.

Best wishes

Karl

Any Qualified Provider (AQP)

The 2010 health white paper 'Equity and Excellence: Liberating the NHS' and supporting document 'Liberating the NHS: Greater choice and control' clearly signalled the intention to provide greater choice for patients in most sections of healthcare.

In July 2011, the Department of Health published 'Operational Guidance to the NHS on Extending Patient Choice of Provider' setting out guidance regarding implementing 'Any Qualified Provider' (AQP) including Diagnostic services closer to home as one of the potential services to be offered through AQP.

The goal is to enable patients to choose any qualified provider where this will result in better care. Choice of provider is expected to drive up quality, empower patients and enable innovation to support the delivery of Quality, Innovation, Productivity and Prevention (QIPP). Importantly, extending choice of AQP provides a vehicle to improve access, address gaps and inequalities and improve quality of services where patients have identified variable quality in the past.

To support the NHS, volunteer PCT clusters were identified to work with emerging CCGs and the DH to co-produce the development of an implementation pack for a selection of services. The production of the pack was supported by DH and required the cluster to work with patient groups (both locally and from service / patient representative organisations), providers, regulatory bodies, clinical professionals and other interested commissioners to prepare a pack that is tested and suitable for sharing for use by other NHS commissioners.

This service specification is intended to provide an example to commissioners who wish to offer Diagnostic services closer to home via an Any Qualified Provider model.

The NHS supports the need to develop improved access to diagnostic tests as part of the drive to reduce waiting times and improve choice options for Patients. The need to develop community based diagnostic services is supported by the Royal College of Radiologists and Royal College of General Practitioners as part of a service strategy to improve access to tests and ensure these tests are delivered at the right stage of the Patient care pathway.

The overarching aims of the service are:

- To ensure Patients receive the right test at the right time and in the most clinically appropriate local setting;
- To ensure diagnostic testing is integrated across pathways of care,
- that the report and images follows the Patient and that there is no unnecessary duplication of investigation;
- To enable Patients and referring clinicians to access a choice of provision according to Patient choice, clinical need and relevant care pathway; and
- To ensure diagnostic tests are appropriate, necessary, clinically correct, of high quality, with timely access and reporting.
- To develop local service provision as part of a diagnostic commissioning plan which aims to improve access and choice for Patients.

This development will affect all diagnostic services in the UK and there is an awful lot of confusion around it starting to spring up.

I was in a meeting last week and the subject of podiatry came up (I never said it was an appropriate meeting!). We had been approached, as a hospital, about the possibility of a private provider offering these services as we did not offer them. Through out the discussion it became apparent that the hospital did have its own podiatry service but this had happened because the database that was used to pull the information from was incorrect.

I will not make any claim to fully understand this process or the application of becoming a qualified provider, but I recommend that all members have a look on the following website to ensure that they are more than aware that this is happening.

[http://www.nhsemployers.org/MANAGINGTHETRANSITION/Pages/AnyQualifiedProvider\(AQP\).aspx](http://www.nhsemployers.org/MANAGINGTHETRANSITION/Pages/AnyQualifiedProvider(AQP).aspx)

Lifetime Award

It gives me great pleasure to announce that Derek Cramer has been awarded a Lifetime Award for Outstanding Contribution to Healthcare Sciences. This was presented to Derek at the CSO event held in London on 30th April. We are hoping that pictures from the event will be made available soon, unless anyone that attended has some they can share?

Derek was head of department in the lung function laboratory at the Royal Brompton Hospital for 37 years until his retirement in February 2011. Derek has worked tirelessly for the entirety of his career to develop respiratory physiological sciences and was the co-founder of the Association for Respiratory Technology & Physiology (ARTP). He was chair of the ARTP for the first three years of its existence and has been a regular contributor to the body since this time, being awarded life membership by the ARTP for his contribution to the field of respiratory medicine.

Having had the pleasure to work with Derek in the past I know his passion for ensuring accuracy and quality in all diagnostic assessments performed in his unit. He has also had a major influence over policy making within respiratory physiology and was part of the advisory body for the first guidelines published by the British Thoracic Society on the safety of flight in patients with lung disease. Derek was also a major contributor in the development of the bacterial/viral filters we all use today and was influential in validating the use of capillary blood gases as an alternative to arterial blood gases.

It is clear that Derek is a worthy recipient of the award and I hope you will join me in offering Derek very many congratulations in this achievement. It couldn't have gone to anyone more deserving.

As a parting statement, Derek has always been a stickler for doing things by the book. I recall, however, many a departmental meeting where Derek would utter his immortal phrase "I can bend the rules but I can't break them!" I hope those that worked with Derek in the past remember this and are now chuckling to themselves. Another favourite phrase of Derek's would be "You know my style". Indeed we did and it is this "style" that has resulted in the successes and achievements of Derek's career.

With very best wishes and well done Derek.

Karl



<http://www.networks.nhs.uk/nhs-networks/healthcare-science/news/respiratory-physiologist-dr-derek-cramer-joins-healthcare-science-roll-of-honour-at-2012-awards>

The Queens Speech

The Queen's Speech included a draft bill to modernise adult care and support in England, setting out what support people could expect from government and what action the government would take to help people plan, prepare and make informed choices about their care.

The main benefits of the draft Bill would be:

- modernising care and support law to ensure local authorities fit their service around the needs, outcomes and experience of people, rather than expecting them to adapt to what is available locally
- putting people in control of their care and giving them greater choice, building on progress with personal budgets
- consolidating the existing law by replacing provisions in at least a dozen Acts with a single statute, supported by new regulations and statutory guidance
- simplifying the system and processes, to provide the freedom and flexibility needed by local authorities and social workers to allow them to innovate and achieve better results for people
- giving people a better understanding of what is on offer, to help them plan for the future and ensure they know where to go for help when they need it

The main elements of the draft Bill are:

- modernising the legal framework for care and support, to support the vision of the forthcoming White Paper on care and support
- responding to the recommendations of the Law Commission, which conducted a three-year review into social care law
- establishing Health Education England as a non-departmental public body
- establishing the Health Research Authority as a non-departmental public body
- creating a London Health Improvement Board
- carrying out engagement and pre-legislative scrutiny on the draft Bill, as many in the social care sector have called for, to enable government to listen to people with experience and expertise, to make the most of this unique opportunity to reform the law

Read [more about the Queen's Speech on the Number 10 website](#)

Entertaining Blog

This was sent to me as part of an NHS Networks Blog. I thought it was quite funny and decided to pop it in for no other reason that it brought a smile to me face.

Doctor: Thank you for seeing me.

Man: Oh, it's you again. I thought we'd sorted you out.

Doctor: Not really. If anything I feel worse.

Man: Oh dear. Can you describe your symptoms for me?

Doctor: I'm very run down

Man: That's quite normal after having a coach and horses driven through your profession.

Doctor: You said there would be no decision about me without me.

Man: I think you're getting confused with somebody else.

Doctor: It was definitely you that said it.

Man: Yes, but not about you. So, tell me what's wrong.

Doctor: Things are getting on top of me. I'm permanently tired. There's so much to do, I'm not sure I can cope.

Man: That's only to be expected. You've had a nasty shock.

Doctor: Some days I'm not sure it's worth carrying on.

Man: I know how you feel, but I think you need to face up to the reality of your condition. You've got CCG. I can't put it any plainer than that.

Doctor: What's my prognosis?

Man: You could go on for years living a near-normal life or you could suddenly start behaving out of character.

Doctor: What do you mean?

Man: Well, people in your condition have been known to become delusional, depressed, convinced that no one likes them.

Doctor: What's the worst that could happen?

Man: You could become an NHS manager.

Doctor (visibly shocked): I just want things to get back to normal.

Man (writing prescription): Of course you do, that's only natural. Here, take two of these three times a day.

Doctor: Are they sedatives?

Man: I've no idea. I'm not a doctor.

Doctor: Aren't you going to examine me?

Man: We're going to examine everybody. The first wave of authorisation is already underway.

Doctor: Will it hurt?

Man: It will hurt me more than it hurts you if the treatment doesn't work.

Doctor: Give it to me straight. How long have I got?

Man: I'd give you until next April.

Doctor: What if I'm not better by then?

Man: I'll give you a bit longer. We'll certify you as "nearly better" or "jolly close to being well". Leave it with me.

Doctor: Thank you for putting my mind at rest.

Man: Not at all. Please don't rock the boat on the way out.

I will leave it all to your own imagination about who "man" is.

This blog is available on NHS networks at;

<http://www.networks.nhs.uk/editors-blog/in-the-consulting-room.-part-3-not-long-now>

If you know of any topical, entertaining blogs, please share them with us.

Outcomes Strategy for COPD and Asthma

A new action plan for treatment of respiratory problems is set out in guidance published today for the NHS.

Some 45 best practice actions are outlined for the treatment of Chronic Obstructive Pulmonary Disease (COPD) and asthma. The two can be confused due to similar symptoms and understanding the similarities and differences will help doctors provide better treatment. A key part of the new strategy is reducing the variation in COPD diagnosis and care around the country.

COPD kills around 23,000 people per year, and if the new guidelines are followed across the NHS then an estimated 7,800 lives could be saved annually. The NHS currently spends £1bn a year on COPD. It costs nearly ten times more to treat severe COPD than the mild disease, so improved diagnosis rates could deliver significant cost savings too.

NHS Chief Executive Sir David Nicholson said:

‘There are an estimated three million people living with COPD in England, and we want to ensure that best practice is used to improve outcomes for those with COPD and asthma.

We continue to improve our approach to COPD to one which is proactive and preventative and today’s document will give the NHS additional tools to follow the best practice in diagnosing, treating and managing the condition from its early stages.’

The [NHS companion document](#) for the outcomes strategy for people with chronic obstructive pulmonary disease and asthma in England aims to help medical professionals, commissioners and service managers to deliver on the five domains in the NHS Outcomes Framework:

- reduce mortality
- improve quality of life
- help people recover from episodes of ill health
- deliver a positive patient experience
- avoid harm.

See the [outcomes strategy for people with chronic obstructive pulmonary disease and asthma in England](#) published in July 2011.

Early Life Influences on Adult Respiratory Disease

During recent years, there has been increasing interest in early life influences on adult respiratory disease. A small group of adult, paediatric and neonatology clinicians and physiologists recently met at BTS to discuss issues related to being born preterm and/or low birth-weight, and the potential consequences for future adult respiratory health and clinical care. Following that meeting, it was agreed that it would be helpful to seek information from BTS members on this issue.

So - if you currently review patients in a clinical capacity (including taking history) we would be most grateful if you would take 5 minutes to complete this short survey which will inform further discussions. All responses will be anonymised during analysis.

Click here to access the survey:

<http://surveys.brit-thoracic.org.uk/TakeSurvey.aspx?SurveyID=84K1595>

The deadline for completion of the survey is Friday 8 June.

Thank you for your help and if you have any queries please contact: sally.welham@brit-thoracic.org.uk

Sad News

As most members of the ARTP forum will have noticed, Adrian Kendrick sent an e-mail to inform us that DR Gabriel Laszlo had passed away Wednesday 16th May 2012.

Below is his obituary as published in The Times.

<p>Dr Gabriel MD FRCP, on 16th May 2012, aged 76. Retired consultant physician, husband of Olwen, father of David and Christopher, and grandfather of Grace, Hannah, Ned, Jonathan and Mia. Family Burial. Thanksgiving Service at Clifton College Chapel, Bristol, at 2pm on Friday 1st June 2012. No flowers please, but donations, if desired, to Parkinson's UK, c/o Memorial Woodlands, Earthcott Green, Thornbury, Bristol BS35 3TA.</p>
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Membership Fees.....

Most of you will be aware that an Olympic Torch was sold on E-Bay for a massive £150k this week.

In unrelated news, I need to inform you all that the ARTP fees will be increased to £500 per year for all members, regardless of level of membership.....



Just in case there is any doubt; This is clearly a spoof article!

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;

31st May 2012 WHO No Tobacco Day
27th June 2012 World Spirometry Day
14th 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

11 - 12 June 2012	Spirometry course	Royal Brompton Hospital
28 June 2012	ARTP Respiratory Muscle Course	Nottingham University Hospital
3 July 2012	Spirometry Course	Clinical Sciences Building, UHCW NHS Trust
5 - 6 July 2012	BTS Summer Meeting	York Racecourse
16-17 July 2012	ARTP NIV Course	Novotel Birmingham Centre
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 October 2012	Cardio Pulmonary Exercise Testing Course	
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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