



Our ref: WQs 91683,91684,91685,91686,91687,91688,91689

Russell George MS
Senedd Constituency Member for Montgomeryshire

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19 March 2024

Dear Russell,

Thank you for your recent written questions asking what assessment have I made of all Health Board's delivery of the actions under each quality attribute contained in the Quality Statement for Respiratory Disease.

Quality statements set planning expectations for health boards and trusts in Wales in the form of commissioning statements, rather than actions. Health boards are required to consider quality statements and factor these expectations into local planning processes. Given the breadth of these expectations, health boards and trusts will need to prioritise action on those expectations that are most pressing and can be improved within their current resourcing. These expectations are discussed with health boards and trusts through standing accountability processes, such as Integrated Quality, Planning and Delivery Board meetings. During December, health boards were asked to report on their service provision against the following expectations:

- Spirometry should be available to patients over the age of 12 in primary or community care and results should be available to all relevant clinical teams through the Welsh Clinical Portal and independent contractor systems.
- Adults affected by chronic respiratory disease, where appropriate, receive routine care and review in primary and community care by a healthcare professional who is competent in the management of the patient's respiratory condition.
- Health boards and Trusts plan for seasonal variation in acute respiratory exacerbations and provide rapid access, community-based services, to avoid unnecessary admissions.

Health boards reported detailed planning with regard to winter preparedness, variable provision with regard to access to spirometry, and variable recorded completion rates of key care processes. Further to these meetings, in discussion with the NHS Executive's strategic clinical network for respiratory disease, it was agreed that the expectation regarding spirometry provision should be prioritised for further action. A follow up discussion with health board and trust medical directors took place on 1 March outlining current provision and recommended actions. Further work is planned to support the NHS in Wales to close the gap between the national expectation with regard to spirometry and current variation in access at health board level. This includes a focus on integration of results into national digital systems.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services