**Paper C**

A plan to provide accurate gold standard diagnosis of common respiratory conditions using investigations performed and interpreted by highly skilled and appropriately registered practitioners in a community setting.

The current situation:

Currently provision of respiratory investigations varies widely between practices. Provision of spirometry is not currently required under GMS contracts and there is currently no Exhaled Nitric Oxide (FeNo) testing available outside a hospital setting locally.

Accurate diagnosis of COPD and Asthma has huge implications for the NHS in terms of mortality, morbidity, and the financial implications of inappropriate prescribing and preventable hospital admissions and outpatient attendances.

**Risks of individual practices providing Spirometry**

1. Financial implications. Each practice my bear the cost of

* The initial purchase of a spirometer
* Recurring costs of consumables
* Recurring costs of registration with the ARTP and yearly updates to maintain registration status.

1. Time and staff resource
   * The time out of practice required to attend and complete training
   * The time taken during clinic to perform spirometry – up to 40 minutes.
2. Variability of performance and interpretation of spirometry

* Evidence suggests that spirometry performed in General Practcie is not as reliable as that performed in secondary care. This is likely due to the fact that the individuals performing and interpreting the test donot perform the test on a daily basis and therefore cannot maintain the skill and experience required.

**Benefits of individual practices providing spirometry**

1. Patient gets the test closer to home

**Risks of providing FeNo:**

The cost of the equipment is not financially viable for individual practices to bear.

**Benefits of providing FeNo:**

Accurate diagnosis of asthma using the gold standard investigation which has been approved and recommended by NICE.

This proposal is for a locality based Respiratory Diagnosis Hub which would perform Spirometry and Exhaled Nitric Oxide in the Community.

Benefits:

* Accurate diagnosis of COPD and asthma and subsequent reduction in mortality and morbidity, and in addition reduction in cost in inappropriate prescription of inhaled medication.
* Avoidance of referrals to secondary care and acute admissions
* Individual practices would no longer bear the cost of equipment, training and staff resource.
* Patients can be investigated closer to home

Risks:

* Purchase of equipment
* Recruitment of staff
* Finding a host site
* Obtaining funding from either the CCG directly or from practices within the locality

I propose that the Federation approach the CCG for funding for this service as spirometry is not a core service that is required under GMS services and therefore should be recognised as an additional services and funded accordingly.

The first step would be to gather information from practices in the locality to form an evidence base for the requirement of this service.

Questions to ask local practices:

1. Do you currently provide spirometry at your practice? Yes, No. If no how do you investigate patients? Referral for spirometry or referral directly to respiratory clinic
2. Who performs this? PN, HCA, GP, other
3. Is this person registered with the ARTP?
4. Who interprets spirometry?
5. Is this person registered with the ARTP

This information would help to provide evidence for the need for this service in the locality.