

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Spirometry Service in Primary Care
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2019 to 31st March 2020
Date of Review	October 2019

1. Population Needs

1.1 National/local context and evidence base

Shropshire CCG will ensure delivery of the nationally determined improvement areas as detailed within the Department of Health *Our NHS Care Objectives 3 draft mandate*; within the following five domains:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term condition.
- Helping people to recover from episodes of ill health or following injury.
- Ensuring people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

Delivery of better health outcomes within these domains underpins the strategic priorities of the CCG. The CCG is also committed to the delivery of regionally mandated service improvements where they are shown to improve patient outcomes or reduce inequalities.

Spirometry is a diagnostic test for COPD and is the most effective way of determining the severity of the condition. Making a diagnosis for COPD relies on clinical judgment based on a combination of history, physical examination and confirmation of the presence of airflow obstruction using spirometry.

For the diagnosis of Asthma the BTS guidelines recommend that spirometry is the preferred initial test to assess the presence and severity of airflow obstruction but should be used in conjunction with other interventions. This is due to cases where spirometry may be normal in asthma depending on symptoms and the time of day when it is recorded.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

The key outcome of the service is to ensure that all patients are managed effectively. Other objectives of the service are:

- Reduction in outpatient waiting times;
- Reduction in the number of outpatient appointments;
- To clearly identify the number of patients being seen in primary care;
- Increased levels of patient satisfaction.

3. Scope

3.1 Aims and objectives of service

The aims of this service are to provide a service for spirometry measurements and interpretation of results that is geographically close to the patient.

This service would be available to all patients registered with a Shropshire CCG GP and would:

- Help reduce inequality of care across Shropshire;
- Provide convenient primary care locations for all patients;
- Offer choice for all patients;
- Provide a cost effective alternative to secondary care supporting national and local CCG priorities and ensuring value for money.

3.2 Service description/care pathway

3.2.1 Direct Service Delivery

All health care professionals delivering spirometry services in Primary Care should:

- Have access to spirometry for diagnosis and monitoring of conditions such as COPD and Asthma
- Carry out the procedure and be competent in carrying out the procedure
- Interpret the results and analyse accuracy of results
- Confirm clinical conclusions, diagnosis and actions from the interpretation of the results

3.2.2 Client Group

This service should be available to:

- Patients with symptoms suggestive of COPD in Primary Care
- Patients with established COPD
- Patients with a potential new diagnosis of asthma in Primary Care
- Patients with established Asthma

Spirometry may also form part of the assessment of the following groups of patients:

- Current or ex-smokers, over the age of 35, who have a chronic cough.
- Patients whose occupations may expose them to respiratory irritants, such as dust, fumes and noxious gases.
- Patients presenting with undiagnosed respiratory symptoms such as cough with or without sputum, shortness of breath on exertion.

All eligible patients should be referred to the appropriate competent person, ensuring patients are advised to stop taking medication which may prevent spirometry being performed, as appropriate to the individual patient.

▪ **Diagnosis**

- An appropriate review of patient's health, including checks for potential contra-indications, that the patient is safe to undergo the test and meets the criteria
- Clear instructions forwarded to patients who will be attending for spirometry testing e.g. inhaler advice, clinically stable, loose clothing, what the test involves and length of time to carry out the test
- Interpretation of the results
- Results of patients diagnosed with COPD and/or Asthma are classified and recorded (including scanning of hard copies where generated) as mild, moderate, severe or very severe
- Referred to clinician for appropriate action if required e.g. prescribed and administered medication, where and as appropriate
- For patients who smoke, onward referrals to the smoking cessation service should also be offered at the point of diagnosis.

3.2.4 Reversibility Testing

- For COPD patients, routine spirometric reversibility testing is not necessary as a part of the diagnostic process or to plan initial therapy with bronchodilators or corticosteroids.
- For Asthma patients, spirometry may be used to demonstrate reversibility in symptomatic patients with demonstrated airflow obstruction. A bronchodilator reversibility test can be performed with inhaled or nebulised short acting beta agonist and if the obstruction reverses then asthma is confirmed.

3.2.5 Training / Workforce / Staffing

Staff undertaking spirometry shall be appropriately trained and competent to do so.

From 2021 there will be a requirement for staff undertaking spirometry to be accredited with the Association for Respiratory Technology and Physiology (ARTP) and be included on The National Register of Certified Professionals and Operators, and either hold an:

- ARTP Full certificate in spirometry (if performing and interpreting results of spirometry OR
- ARTP Foundation Certificate in spirometry (if performing spirometry but not required to interpret results)

Re-accreditation will be required every three years.

In the meantime, by signing up to the LCS practices agree that relevant staff will work towards ARTP accreditation by March 2021 and maintain an appropriate level of training and competence in the meantime.

3.2.6 Equipment

Staff undertaking diagnostic spirometry as part of the LCS shall use a spirometer which meets ISO standard 26782, producing a graphical display of results and producing either a hard copy or permanent record which can be stored in the patient's notes.

3.2.7 Data Collection

- Production of an up-to-date register of patients having initial spirometry tests, those being monitored every 12 – 15 months and those requiring reversibility. This is to be used for audit purposes.
- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, problems with testing and follow-up arrangements. If the patient is not registered with the practice providing the service, the providing practice

must ensure that the patient's registered practice is given all appropriate clinical details for inclusion into the patient's notes

3.2.8 Tariffs and Codes

Patients included and being claimed as part of this service shall be coded appropriately. Please refer to the Read Codes included in the Supporting Documents Folder for the codes that should be used for recording patient activity for this scheme. Frequency of data extraction shall be completed on a monthly basis.

Please see Schedule 3 Part A for the Local Prices. Local prices include the interpretation of results, equipment and software costs (including maintenance and licence costs) and training costs.

3.2.9 Key Performance Indicators

Please see Schedule 4 Part C and Schedule 6 Part A for details of these requirements.

3.2.10 Equal Opportunities

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation;
- The service provider must be able to provide access to foreign language interpreter if necessary.

3.2.11 Clinical Governance

The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- An appointed Clinical Governance Lead;
- Development and implementation of Clinical Governance policies;
- Adherence to the Serious Untoward Incident reporting and investigation process;
- Compliance with Infection Control policies;
- Compliance with NHS complaints procedure and processes.

The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the General Data Protection Regulations (GDPR) (2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles.

3.2.12 Annual Review

All practices providing this service shall conduct an annual review to include:

- A review of the register of patients
- Evidence that those staff accredited with the Association for Respiratory Technology and Physiology (ARTP) are included on The National Register of Certified Professionals and Operators, and plans are in place for remaining relevant staff to be accredited by 2021.
- Length of appointments
- Complications

- Staff training records in place and up to date
- Onward referrals

3.3 Population covered

Patients registered with a Shropshire CCG registered GP Practice.

3.4 Any acceptance and exclusion criteria and thresholds

Patients should not undergo spirometry when the test may be harmful due to other medical conditions.

3.5 Interdependence with other services/providers

- Community Services
- Secondary Care Services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- The NICE Clinical Guideline for COPD
- The NICE Quality Standard for COPD
- The NICE Clinical Guideline for Asthma
- The NICE Quality Standard for Asthma

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

None identified.

4.3 Applicable local standards

None identified.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not Applicable.

6. Location of Provider Premises

The Provider's Premises are located at the GP Practice.