

# A Personal Perspective on using the Plan-on-a-Page tool to support the development of FeNO services



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## Background

Asthma affects 5–10% of the population in many developed countries including the United Kingdom (UK) and is associated with a large socioeconomic burden. 'Asthma' is a vague term that describes a group of clinical symptoms with reversible expiratory airflow limitation and/ or bronchial hyper-responsiveness.<sup>1,2</sup> In allergic asthma, the underlying cause in up to 80% of children and approximately 50% of adults<sup>3,4,5</sup> airway inflammation results from the activation of mast cells and antigen-specific TH2 cells, resulting in the production of cytokines (IL-13) causing epithelial inducible nitric oxide synthase (iNOS) expression to be upregulated a process which results in higher levels of fractional exhaled nitric oxide (FeNO). This FeNO level can be measured in the patient's breath using a variety of various commercially available FeNO machines, which can be easily used within the primary care setting.

In November 2024 NICE, in collaboration the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN), released guidance NG245. It stated that the results of FeNO testing should be used, where possible, to confirm eosinophilic airway inflammation to support an asthma diagnosis in people aged 17 years and older<sup>6</sup> particularly in those patients with diagnostic uncertainty and/ or a diagnosis of mild asthma<sup>7</sup>.

Integrated Care Boards (ICBs) and Health Boards in the UK are responsible for commissioning asthma services within their geographic area, which includes diagnosing, monitoring and managing asthma in adults, young people, and children<sup>8</sup>. Making an accurate diagnosis of asthma in young people is vital so they can be prescribed an appropriate steroid inhaler, reducing both morbidity (disease progression, preventing exacerbations, hospital admissions) and mortality. In an environment where ICBS are financially challenged and required to make savings before commissioning new services, they are being asked to carry out a cost-utility analysis and an opportunity-cost analysis whilst considering clinical effectiveness in terms of patient outcomes. Therefore, the need for respiratory champions to be able to articulate clearly to the commissioners the need for FeNO is essential in getting a FeNO commissioned service to the frontline staff in the Primary Care Network (PCN). This paper is an approach/quick guide for respiratory champions who are considering asking a ICB to commission FeNO as a service.

## Plan-on-a-Page

Plan-on-a-Page is a concept first utilised by Clinical Commissioning Groups (CCG's) to implement simply decision making when considering whether to commission a service or not. It involves 11 steps for the respiratory clinician which, if followed, will give them confidence to articulate the need for a FeNO service and lead to a successful bid.

<b>1. Project Description</b> Objective Background Outline of the project Rationale/evidence base Scope and exclusions Interdependencies		<b>3. Timelines and key milestones</b> <table border="1"> <thead> <tr> <th>Milestone</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td>Patient engagement</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>IT enabler</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data interpretation</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Milestone	May	Jun	Jul	Aug	Sep	Oct	Patient engagement							IT enabler							Data interpretation														<b>7. Activity assumptions</b>  		
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## 1. Project description

This usually is a quick synopsis of the objective, background, outline of the project, rationale and evidence base for the project. It also gives the scope of the project and the target population the service is intended for. A brief description of the interdependencies can be useful. The respiratory champion should be aware that being able to articulate this clearly in 1-2 minutes is key in getting the attention of the commissioners. I often refer to this as the elevator pitch which if done well gets you the business card of the person you are trying to engage with.

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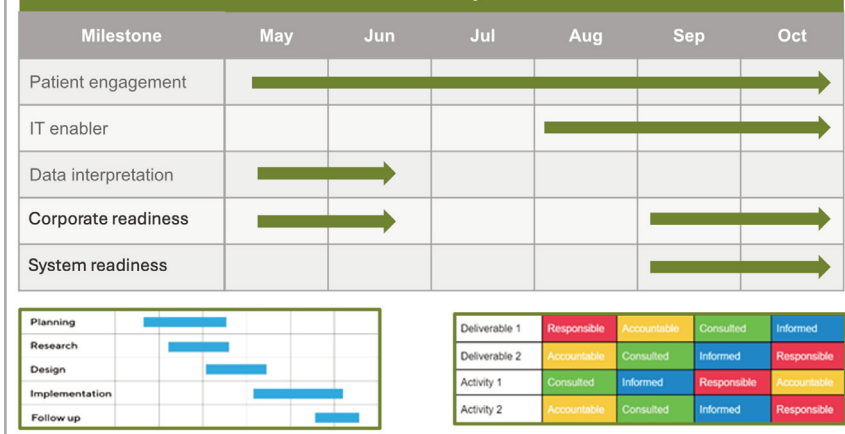
## 2. Project Governance

Understanding the governance structures which need addressing in your FeNO project is important. You as the clinical lead will need support and having the right team members around is key. Bear in mind that some of your colleagues may cover several roles depending on their experience and that this list is not exhaustive.

## 3. Timelines and Key Milestones

As project lead it is important for you to consider the timelines involved and what key milestones

## 3. Timelines and key milestones



need to be met for successful delivery of the FeNO project. This may include areas such as patient engagement, Information Technology, data interpretation, corporate readiness etc. To achieve these milestones, each will need its own action plan and team member allocation (it should not always be you who is responsible!). This list is not exhaustive, and you may have particular milestones unique to you.

## 4. Key Risks

Any key risks which may hinder the successful delivery of the FeNO project must be identified. These risks may be strategic, internal, external, financial etc. Identifying these risks early allows you to address and mitigate them before presenting your FeNO Plan-on-a-Page to the commissioners. Producing a risk register is useful, particularly when identifying risks unique to you, and this can be reviewed on a regular basis to see how the risk mitigation is going.

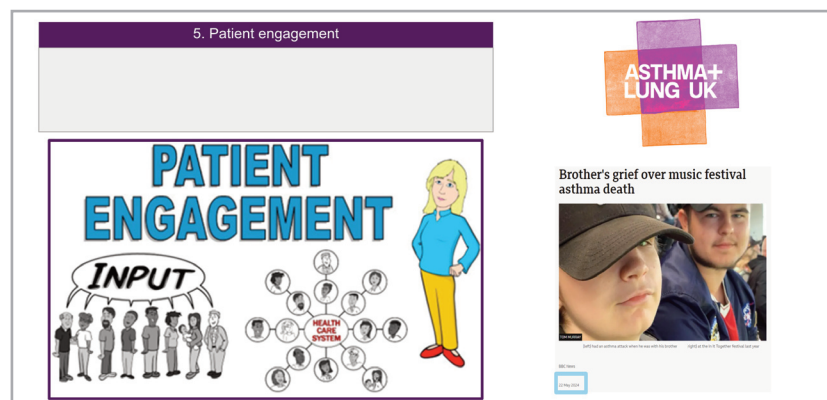
## Data

From my experience data is either your friend or foe. It is really important to understand what data you need to support your FeNO project. This is key, if you do not know what you are asking from the data, the data you receive often does not answer the original request. The NHS holds vast amount of data so identifying and being clear on what

you need is important. If you have the use of a business intelligence team, then make sure you engage with them early so they can guide you both in terms of what data you need and if that data is available.

## 5. Patient Engagement

Patient engagement early on the project is essential to successful delivery of your FeNO project. In my experience, when presenting to the commissioners, being able to articulate your project from a patient's perspective has a greater impact on their decision making than the



intricacies of the project itself. Explaining that the appropriate use of FeNO can prevent a patient asthma death or reduce hospital admissions by putting them on the right treatment can really influence the commissioners.

## 6. Impact assessments

Prior to any project which you are thinking of taking to commissioners, you should consider the impact assessments. These include the Quality Impact Assessment, Equality Impact assessment and the Privacy Impact Assessment. This will avoid project delays and increase the likelihood of success by ensuring good governance and due diligence which pays off once you have submitted your Plan-on-a-Page.

## 7. Activity Assumptions

Commissioners need to know who your target patient groups are so they can get a feel of how many FeNO tests will be carried out with the financial year. Having these

	Number of patients		
Primary Care Network	50,000		
Asthma Prevalance	6000	12% Prevalance	Telephone Triage
Controlled Asthma Prevalance	3000	ACT Score 21-25 (50%)	Telephone Triage 60pts/week
Not well controlled Asthma Prevalance	1800	ACT Score 16 -20 (30%)	F2F Consultation 36pts/week
Poorly controlled Asthma	1200	ACT Score <16% (20%)	F2F Consultation 24pts/week

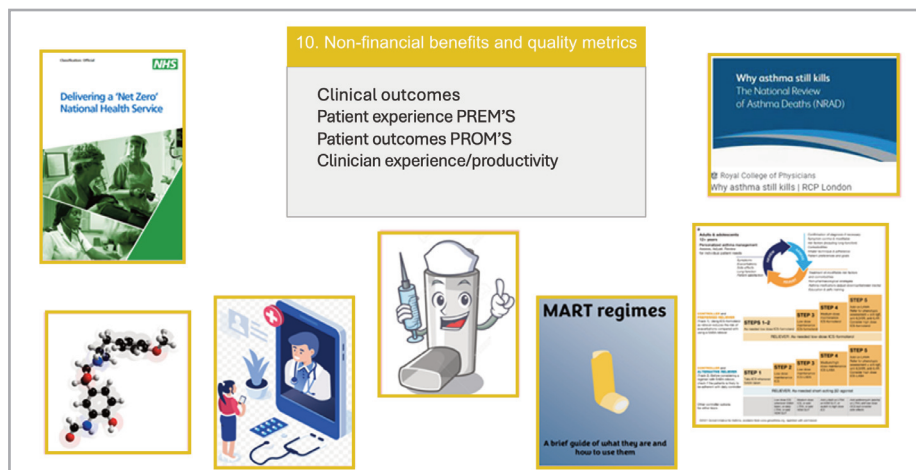
figures strengthens your case, as the commissioners will have a true understanding of the costs associated with the project and be assured that there will no surprises. Here are my indicative figures for a PCN sized around 50,000 patients. Feel free to scale these figures depending on the size of your PCN/area.

## 8. Finance Overview and Assumptions

Commissioners are aware that any new service they commission will cost money, however, what they want to know is, if they approve the service, what will be the return on investment (ROI). It is important to be honest here about the outlay of the costs e.g. Purchasing the FeNO machine and test kits, nurse time to do it in clinic etc. BUT it is equally important to discuss the financial benefits such as reduction in system activity in terms of primary care, 111 and A/E attendances. In my experience the financial benefits to the commissioner usually exceed the cost of the new service. A term often used by commissioners is opportunity costs which is really saying "If I spend the money on your project, then I either need to disinvest in another service or not invest in a new service" (i.e. there is only one pot of money). In short, does your FeNO project offer more ROI than other projects who will be competing for that same pot of gold?

## 9. Potential Route to Market/Contractual Route

It is important for the project lead to understand how the service is



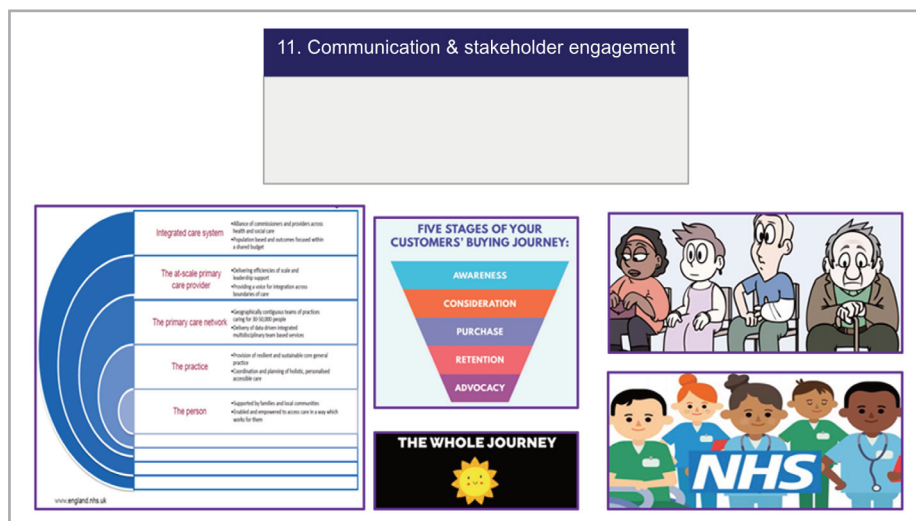
going to be delivered. In England, I believe the best way is to commission the service through the PCN which lends itself to economies of scale and allows practices to share clinical resources collectively. In an ideal world the FeNO service would be offered as a Locally Enhanced Service (LES) to all PCNs and even better if neighbouring PCNs work together to scale the service further.

## 10. Non-financial Benefits and Quality Metrics

There is often a misconception that all commissioners care about is the money. In my experience, although this is a consideration, the commissioners would like to be aware of the non-financial benefits of the project and this can often make your project stand out to similar projects competing for the same money. Consider how it will help meet other targets (net zero NHS, health inequalities and preventing asthma deaths). Important here is how FeNO can improve the asthma patient journey, for example, the use of teleconsultation, utilising AIR/ MART therapy so only having to give one inhaler to the patient and demonstrating to the patient they have inflammation in the airways, so they adhere to treatment.

## 11. Communication and Stakeholder Engagement

I cannot stress enough the importance of communication and stakeholder engagement including the patient. Knowing the environment you work in and who in that environment can assist



you to get our project over the line is essential. The most neglected stakeholders are the clinicians who will be delivering the FeNO service as they will feel this adds to their existing work burden. Ensuring they know that implementing FeNO will make their life easier is key (i.e. reducing the number of patients who require spirometry, earlier diagnosis within the clinic reducing unnecessary follow ups etc. Using FeNO as a point of care test allows for a one stop shop for asthma diagnosis.

Plan-on-a-Page provides a template to use when approaching commissioners to introduce a FeNO service. It is a guide only and asthma champions should use it at their discretion, taking elements from it or using it in its entirety. During my time as lead of the West Essex CCG Respiratory Oversight Group, using it enabled me to commission respiratory services such as digital technology to stratify COPD patients using the GOLD guidelines.

Good luck in getting your project over the line and feel free to contact the PCRS service development committee to guide you in your journey to get FeNO commissioned.

### References

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**For more information and guidance on FeNO: Plan-on-a-page, please see our on-demand webinar delivered in April 2025. A set of slides providing example Plan-on-a-page sections, as well as a editable template Plan-on-a-Page are available at: <https://www.pcrs-uk.org/resource/current/personal-perspective-using-plan-page-tool-support-development-feno-services>**

