

Delivering a post pandemic spirometry diagnostic catch up program in South-East Hampshire

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Background

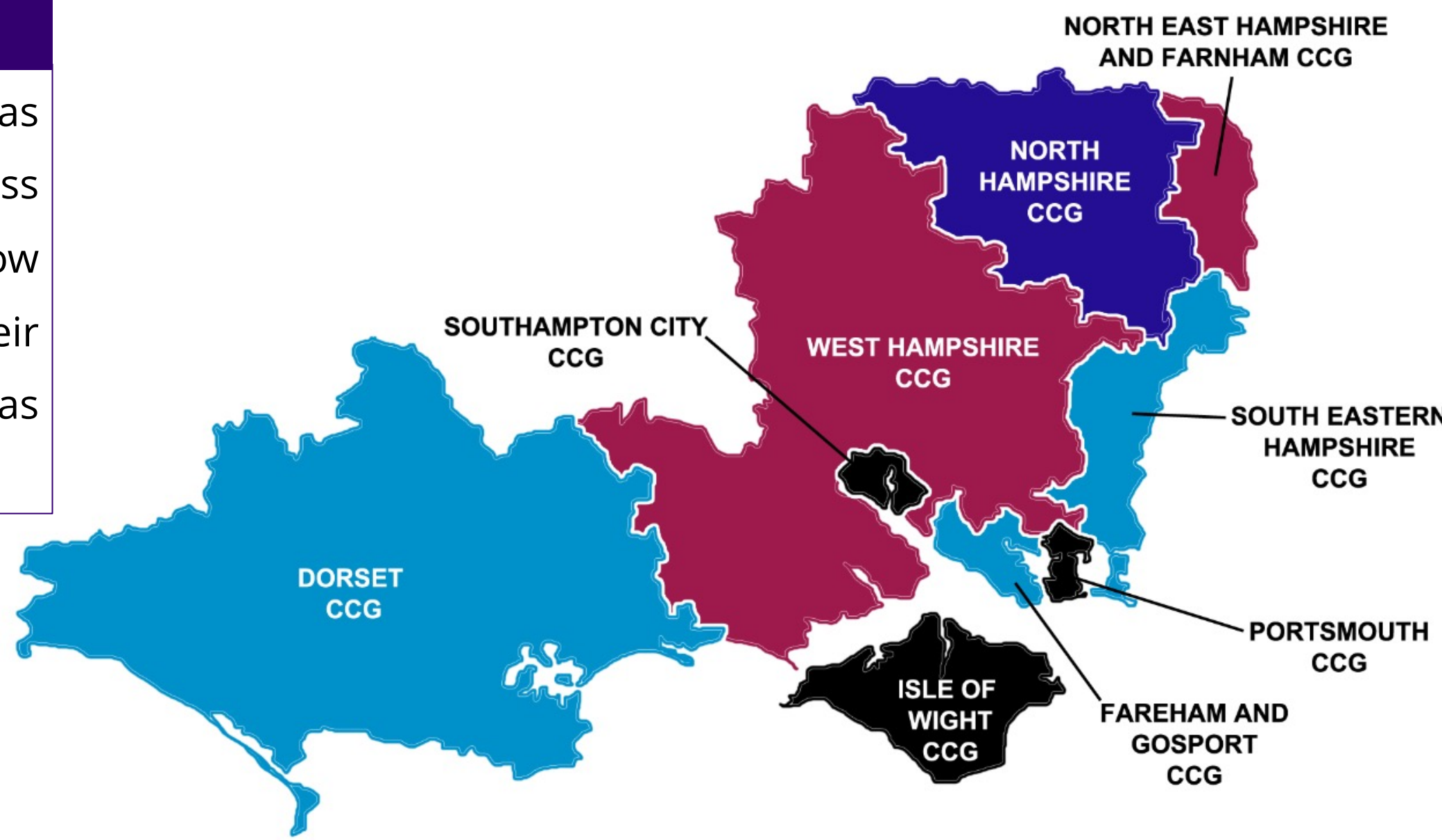
Spirometry is a valuable diagnostic tool, however due to the covid pandemic was temporarily halted. In some areas services have not yet fully resumed. To help address spirometry waiting lists, Fareham and Gosport CCG and South East Hampshire CCG (now part of Hampshire and the Isle of Wight Integrated Care Board) identified funds from their budget for a temporary service to be delivered in 36 practices across 7 PCNs. The aim was to address waiting lists and help practices restart their own spirometry services.

Creating the Service

The CCGs commissioned Partnering Health Ltd (<https://phlgroup.co.uk>) to deliver a mobile spirometry service to GP practices. PHL work closely with the NHS to deliver innovative solutions to support NHS services in the local community and beyond. The cost per test was estimated and practices were allocated a proportion of tests depending on their list size.

Initial set-up steps:

- Development of patient pathways, Standard Operating Procedures and quality control measures
- Contracts between PHL and GP Practices were agreed and signed
- Sourcing of equipment and consumables
- Identification of vehicles capable of hosting the service
- Hiring of ARTP trained clinicians and administration team
- GP practices were advised to prioritise patients for spirometry

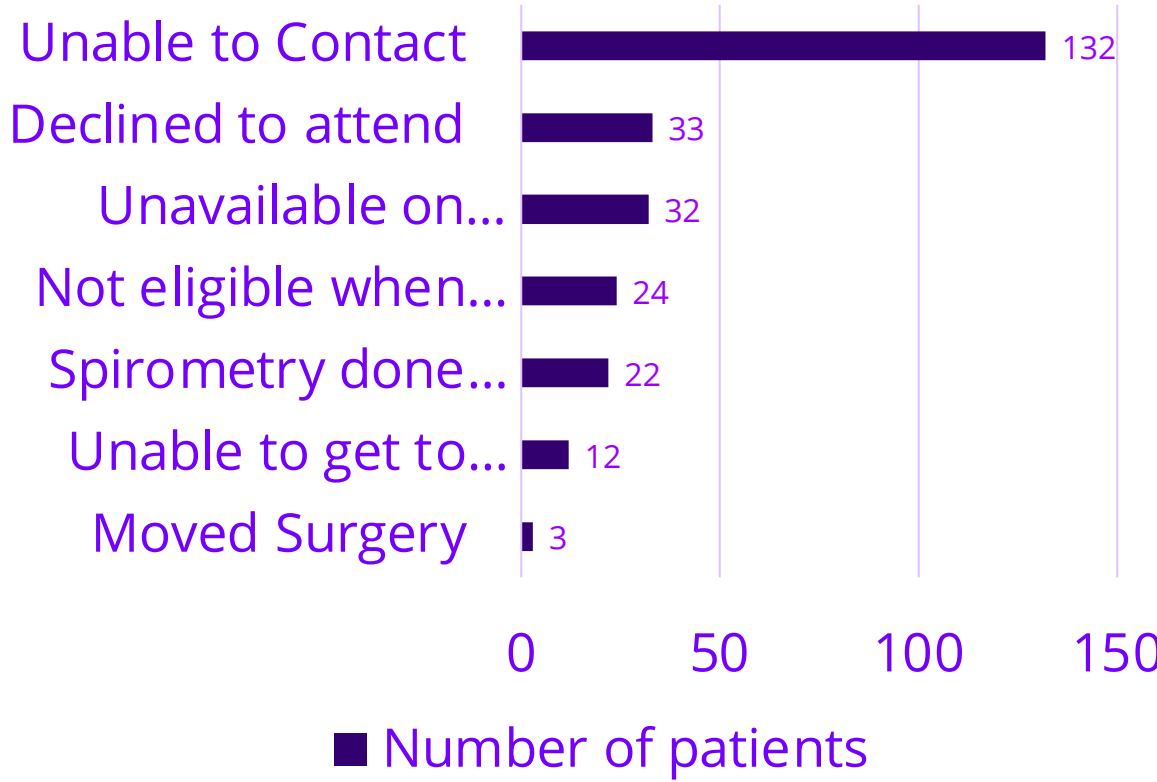


Organising clinics and appointments

Patient lists were forwarded to the PHL admin team who booked and screened patients for contraindications to spirometry.

So far, approximately 1,100 patients have been contacted and 842 (76.5%) have been booked into past and future appointments (see Figure 1.). 258 (23.4%) were uncontactable (132, 51.2%). Other reasons for not booking included: declining the test (33, 3.0%) and no availability on the clinic day (32, 3.9%).

Figure 1. Reasons for why appointment not offered



Spirometry waiting list increased c/o Covid 19

CCG propose spirometry service with PHL

Contracts set up between PHL and GP practices

Patient lists are forwarded to PHL. Clinics are set up and patients booked

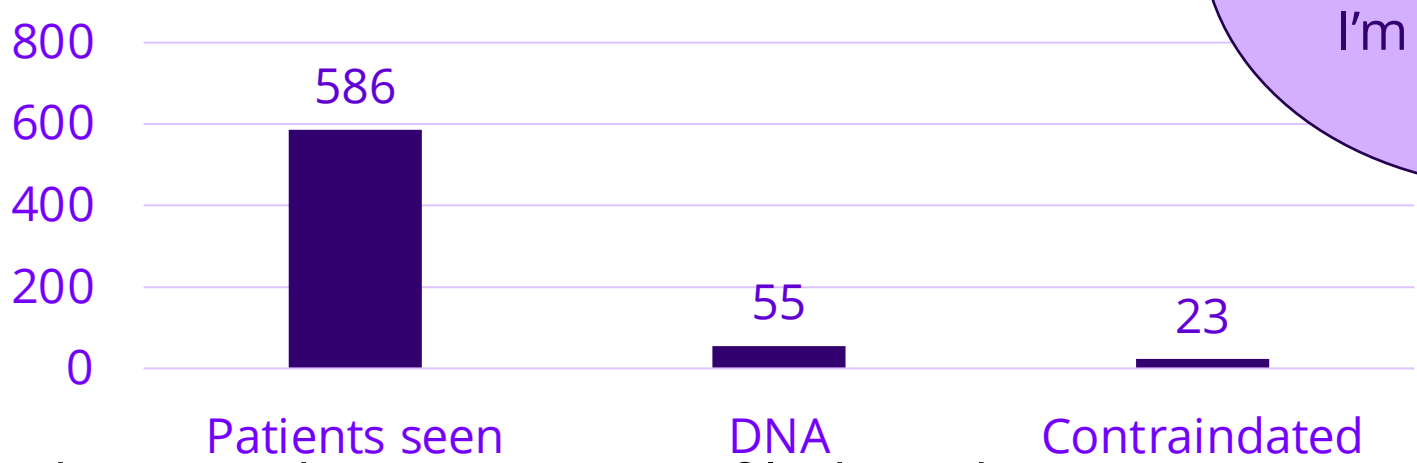
Patient attends for Spirometry appointment. Test performed and receives review

Spirometry reports and advice are added to EMIS consult or sent via discharge summary

Spirometry Clinics

Because of cost and availability, a vehicle was not used in the service. Instead practices were able to accommodate clinics. The spirometry nurses travelled to the clinics with equipment and consumables. So far, 586 tests have been completed. Patients also received a respiratory review, including history taking, inhaler technique checks and smoking cessation advice for example. 55 patients did not attend and for 23 spirometry was contraindicated at their appointment (see Figure 2.).

Figure 2. Patient attendance in spirometry clinics



Findings and reports were filed in the patient notes and recommendations were shared with the patient and clinical team. Many practices did not have a clinician able to interpret spirometry, so this was completed by the clinician performing the test.

Key outcomes

Patients:

- Patients on waiting lists benefitted from having access to spirometry testing, to confirm/deny a suspected diagnosis and to assess deterioration of existing disease.
- Many direct referrals to the stop smoking service have been made, and recommendations for onward referrals have been proposed.
- Feedback from patients has been excellent.

Arrived nervous, left feeling relaxed, cared for, informed. I'm glad I came today



The service and treatment were superb, thank you.

GP Practices:

- Waiting lists have been reduced
- QOF targets have been addressed
- Training and updates were also provided to practice staff if requested. This helped build confidence in restarting services.

Challenges

- Recruiting trained clinical staff has been challenging and delayed the start of the service.
- Additional expense and time was incurred due to covid-19 infection control procedures.
- Coordinating patient lists and clinics has proved challenging across multiple organisations.
- Spirometry equipment needed to be updated.
- Spirometry was not offered to children initially, but now clinicians are undertaking ARTP training and accreditation so that we are able to offer this service.

Conclusions

The spirometry service was successful in providing access to testing for patients and helped relieve some of the pressure on GP practices in the area who have experienced an increased demand for services since the pandemic. The service is likely to continue for an agreed period of time and PHL will look to support respiratory services in primary care in the future.