

Dear all,

We are receiving a lot of enquiries regarding spirometry restarting which I understand. I thought it might be a good idea to inform you of the current situation which is formed from my own opinions formed from National approaches and from the various respiratory meetings I attend, including those at CCG level.

Advice remains the same:

- **Start spirometry**, if you feel your practice has the correct set up, capacity, training, experience and follow the previously circulated guidance to advise your SOP. In doing so, arranging your own formal training and national registration of those involved.
- **Don't start spirometry** if you feel you cannot fulfil the requirement above.
- **Do not refer to secondary care for spirometry**

### Considerations

- Investigation hubs are being set up we speak but will take time to come online. They however will have appropriately trained and registered staff.
- FeNo testing will become available soon which will be helpful and new regional guidance will be circulated soon.
- Spirometry educational updates/workshops may not helpful as the national registration is now in force.
- Financial incentive such as QOF form a very small proportion of a practices income so should not be a huge incentive to restart spirometry.
- GP practices were never paid for spirometry activity and the long periods of time to undertake this activity has been used for other patient interventions.
- The need for spirometry in asthma is not needed as Dr A, Mezie-Gow co-chair of NICE asthma guidelines and BMJ stated:

" NICE's advice is to use current diagnostic approaches from the British Thoracic Society's guidance until the capacity is in place"

(BMJ 2018, 360)

- Use your clinical judgement and other objective markers to help diagnose and keep a register of those who may need spirometry in the future. If you want education regarding diagnosing asthma and COPD without spirometry please let me know.

I hope this helps and of course if I hear of any changes I will let you know.

Kind Regards

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