

FAQs for Spiro & FeNO

Q: Are consumables for FENO included in the costings?
A: The payment takes into account all costs of delivery including consumables
Q: Where do the CDC's fit in with the respiratory diagnosis?
A: CDCs were intended to be an option for primary care to refer to for many diagnostics, including respiratory tests like spirometry and FeNO. However, the capacity and accessibility to primary care has not been adequate nor consistent across the system. So, whilst CDCs may offer an option in some areas, and the access may improve in the future, we are creating an opportunity for GP surgeries to deliver these diagnostics themselves.
Q: Will secondary care accept Spiro/FeNO completed in primary care, rather than repeat them, as is the case now which adds delays to the process?
A: By including secondary care in the quality assurance process, we expect to avoid this happening
Q: Can clarity be provided on the difference between this LES and the LTC LES - is the difference around 'identifying/screening' v new diagnosis - will there not be cross over?
A: This diagnostic LES is the payment mechanism for doing the diagnostic tests, whereas the LTC LES covers undertaking the annual reviews/post exacerbation reviews and modifying treatment and having a practice lead, plus MDT etc
Q: Is respiratory LES replacing Morecambe Bay Respiratory Network (MBRN)?
A: The respiratory elements of LES and the LTC LES are not intended to replace the MBRN level of care. We are still in discussions to make sure this works for MBRN practices
Q: I thought suspected needed to be added before the tests?
A: Suspected doesn't have to be coded at all but can be should the clinician carrying out the test want to check before adding an actual diagnosis code.