

Local Enhanced Service Specification:

Respiratory Diagnostic Bundle (Spirometry & FeNO)

Service Specification No.	
Service	Respiratory Diagnostic Bundle (Spirometry and FeNO)
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1 st April 2026 – 31 st March 2027
Date of Review	To be reviewed annually

<p>1. Population Needs and Background</p> <p>NHS Lancashire and South Cumbria ICB covers 195 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.</p> <p>The scope of this specification will cover all 195 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.</p> <p>The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population that we serve.</p> <p>1.1 National/local context and evidence base</p> <p>Reduction of chronic respiratory disease is one of the ‘plus 5’ priorities of the Core20PLUS work that is a priority for LSC ICB.</p> <p>Timely and accurate diagnosis is a priority. Without this people with conditions such as asthma and chronic obstructive pulmonary disease (COPD) cannot access the correct care and treatment that they need to improve symptoms and prevent acute exacerbations or manage their long-term condition. A delayed diagnosis may limit a person’s quality and even length of life. The correct diagnosis and treatment are key to keep people with lung conditions well and out of hospital.</p> <p>In addition, timely and accurate diagnosis is also better for the NHS, both at a general practice local level and for the system. Inappropriate treatments may be harmful and add unnecessary additional costs to the NHS. The need for timely and accurate diagnosis is recognised and promoted in the NHS Long Term Plan.</p> <p>NHS England has recently (Sept 2024) published a set of standards to set out best practice in commissioning spirometry services to support systems to deliver equitable access to quality assured spirometry testing for their population across all ages. See link below which provides an outlined of best practice standards for practices: NHS England » Commissioning standards for spirometry</p>
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Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN), NICE guideline reference number:NG245, published: 27 November 2024

[Recommendations | Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\) | Guidance | NICE](#)

See link below which provides an outlined of Feno standards for practices:

[NHS Accelerated Access Collaborative » Fractional Exhaled Nitric Oxide \(FeNO\) Catalogue](#) (May 2024)

1.2 Local Context

Local Context: Local Development Aims and the Wider Breathlessness Pathway

Access to Spirometry and Fractional Exhaled Nitric Oxide (FeNO) is limited across Lancashire and South Cumbria. A limited number of primary care practices provide these tests, and many patients are referred to secondary care/CDCs as an alternative or provided a diagnosis without the diagnostic test. In the last 12 months 35% of patients added to L&SC Asthma register received a spirometry to confirm diagnosis, with less receiving a FeNO. 33% of patients added to the L&SC COPD register had received a spirometry to confirm diagnosis.

This Breathlessness pathway programme is focused on improving the breathlessness model of care for patients in Lancashire and South Cumbria. This would be an integrated journey of improvement between Lancashire and South Cumbria Trusts, Primary Care, Commissioning and NHS England to design and implement a breathlessness service that would provide timely and accurate diagnosis for COPD and Asthma patients, enabling the correct care and treatment to improve symptoms and prevent acute or long-term conditions. A delayed diagnosis may limit a person's quality and even length of life. The correct diagnosis and treatment are key to keep people with lung conditions well and out of hospital.

ICB funding has been provided to GP practices across L&SC to deliver specific quality improvements and better patient outcomes. One of the aims of the Quality Contract is to take a collaborative approach to creating a localised respiratory training and quality assurance framework.

The local training programme has focussed on the requirement to ensure that sufficient numbers of primary care colleagues are trained to ARTP-equivalent standards, in the delivery and interpretation of Spirometry and FeNO testing for both adults and children. Additionally, there is a requirement to provide the appropriate framework for the quality assurance of this diagnostic testing to ensure that all patients in L&SC have local practice or PCN based access to quality assured respiratory diagnostic tests.

The quality assurance function is undertaken by Respiratory Physiologists via the Acute Trusts in Lancashire and South Cumbria. It is currently anticipated that there will be approximately 375 primary care colleagues on the local register that will be used as the basis for selecting a 5% audit to be undertaken across the Acute Provider organisations. Further details on the quality assurance process and timescales will be shared with providers during 2026/27.

2. Scope & Service Standards

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

Spirometry and FeNO diagnostic provision

The service will provide equitable, high quality, Spirometry and FeNO testing for patients presenting to Primary Care where this a clinical suspicion of either Asthma or COPD or where a diagnosis of Asthma or COPD need to be excluded or confirmed.

- Directly Contract with Primary Care for delivery of Spirometry diagnostics.
- Directly Contract with Primary Care for delivery of FeNO diagnostics.
- Directly Contract with Primary Care for the delivery of a quality assurance process in conjunction with secondary care.
- Ensure services are available for patients to access appropriate respiratory diagnostic testing throughout 2025/26.
- Equitable access to services for all patients across Lancashire and South Cumbria

2.3 Aim

The aim of the service is to provide equitable and timely access to high quality respiratory diagnostic services by providing 'Spirometry and FeNO' testing and interpretation service delivered by Primary Care across Lancashire and South Cumbria.

The high-level objectives of the Service are:

- to provide timely, accessible testing.
- to ensure the high quality and accuracy of testing and interpretation inc.

quality assurance process.

- to support capacity to meet the increased demand from COPD and Asthma exacerbations, provide optimised care and offer preventative measures to increase wellness, supporting patients to be cared for in the community, and reducing avoidable hospital admissions.

Service Elements

- Directly contract with Primary Care to continue delivery of spirometry diagnostics and interpretation by the practice/PCN.
- Directly contract with Primary Care to deliver FeNO Testing for diagnostic and interpretation by the practice/PCN.
- Directly Contract with Primary Care for the delivery of a quality assurance process in conjunction with secondary care.

2.4 Population covered

The Service is designed to meet the needs of those who have a registered GP in Lancashire and South Cumbria and who are deemed to be at risk and display the symptoms suggestive of COPD or asthma, these may be new patients who have not already received a diagnosis confirmed by quality-assured spirometry or FeNO via their practice/PCN diagnostic arrangements.

2.5 Any acceptance and exclusion criteria and thresholds

This Local Enhanced Service is applicable to patients' receiving spirometry and FeNO testing and interpretation for diagnostic purposes only.

Exclusion Criteria:

- People under the age of 6 (spirometry).
- People under the age of 6 (FeNO).
- People not registered with a Lancashire and South Cumbria GP.

Interdependence with other services/providers

- Lancashire and South Cumbria Acute Hospital Trusts and Community Diagnostic Clinics.
- Practices are encouraged to utilise other practices within their Primary Care Network to source diagnostic and interpretation provision rather than referring to GHFT or the Community Diagnostic Hub.
- Community Teams.

<p>2.5 Applicable national standards (e.g. NICE) NICE Guideline NG115 NICE Guideline NG 245</p> <ul style="list-style-type: none"> • Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges) A Guide to Performing Quality Assured Diagnostic Spirometry <p>• Applicable local standards The service will adhere to all relevant local policies, procedures and guidelines, including use of Lancashire and South Cumbria pathways.</p> <p>NHS England » Commissioning standards for spirometry</p> <p>NHS England » National infection prevention and control manual (NIPCM) for England</p> <p>National and local guidance is continuously reviewed and updated, and providers should ensure that they are using the correct guidance at any given time.</p>
<p>3. Applicable quality requirements and CQUIN goals</p>
<p>3.1 Applicable Quality Requirements</p>
<p>4 Location of Provider Premises</p> <p>Service delivery must be from the premises identified within the providers NHS Contract or where the service has been sub-contracted, the premises must be in clinically suitable premises for delivery of the services as set out in the specification.</p>
<p>5 Finance</p> <p>Cost per Case based on Lancashire and South Cumbria wide activity</p> <p>FeNO: £28.00 per test including consumable costs Spirometry: £56.88 per test including consumable costs Costs based on NHS England standard costings guidance</p> <p>FeNO:</p> <ul style="list-style-type: none"> • Consumables are included within the cost per case. • Overheads are also included in the cost per case. • Online training will be provided ad hoc as needed (recurrently). • Access to peer support and specialist advice. <p>Spirometry:</p> <ul style="list-style-type: none"> • Consumables are included in cost per case.

- Admin, backfill and overheads are also included in the cost per case.
- The ICB is able to support and facilitate accredited training throughout the year to ensure that members of Primary Care feel competent and confident in using the devices to support diagnosis.
- Access to peer support and specialist advice.

The provider will need to submit monthly claims stating the number of reviews provided to patients under this specification.

The overarching Local Enhanced Service (LES) claims process, timescales, and parameters for practices to submit claims for LES activity is within a 3 month period after the activity has been completed and to ensure that this is included within contractual agreements.

The provider must email lscicb.localenhancedservices@nhs.net by the 10th of every month. Forms must be submitted within 3 months of the activity taking place. Please note that claims submitted to the Enhanced Service Contract Team after the 3 month period will not be approved for payment.

If you have any questions, please contact the Contract Team lscicb.localenhancedservices@nhs.net or your local primary care team.

Fraud Policy

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

6 Contract and Monitoring Arrangements

All Enhanced Services are subject to Post Payment Verification.

<u>Quality requirement</u>	<u>Threshold</u>	<u>Method of Measurement</u>
General		
Rate of new diagnosis of Asthma		Quarterly
Rate of new diagnosis of COPD		Quarterly
Number of FeNO Tests performed	n/a	Quarterly
Number of Spirometry Tests performed	n/a	Quarterly

The ICB will fund a maximum of one diagnostic FeNO test per patient per year, and one diagnostic spirometry per patient per year.

New patients eligible for payment via this diagnostic LES are:

- Those without a prior diagnosis of asthma who have a FeNO test.
- Eligible patients will not have had any previous asthma diagnosis or coding at the time of their first FeNO test during 2026/27.
- FeNO testing must be recorded using the specific FeNO code as per the data guide in the data guide in appendix 1.
- If asthma is suspected before access to diagnostic FeNO, the code for suspected asthma from the data guide in appendix 1 must be applied. Payment will not be made if a diagnosis code is applied before FeNO is undertaken.
- Those without a prior diagnosis of Asthma or COPD who have a spirometry test.
- Eligible patients will not hold any of the Asthma or COPD diagnosis codes detailed in Appendix 1 at the time of their first spirometry test of 26/27.
- Spirometry testing must be recorded using one of the appropriate spirometry as per the Data Guide in appendix 1.

These scenarios must be coded appropriately as per Data Guide in Appendix 1 and will be subject to review should these criteria not be met. This LES supports testing and interpretation being undertaken appropriately in a diagnostic capacity only.

The ICB will conduct spot-checking of these records throughout the year, ensuring that diagnostic testing is being reported and claimed according to the guidelines above.

As a minimum, this will include a monthly return showing activity and activity should be recorded using the appropriate SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality (codes, guides, searches, templates and data extraction) can be found in the Data Guide in Appendix 1. Any changes to data or coding throughout the contractual year will be shared with practices via the Data Quality Team and the GP intranet.

APPENDIX 1 – RESPIRATORY DIAGNOSTICS LES - DATA QUALITY GUIDANCE

CLAIM CODES

Code	Description
For all activity	
162883003	Brief examination of respiratory system (needs to be coded on the same day as the Spirometry / Feno Test)
FENO Testing	
444642008	Measurement of expired nitric oxide or
1201788001	Fractional concentration of nitric oxide in exhaled breath
Spirometry Testing	
314979004	Spirometry reversibility or
767906009	Post bronchodilator spirometry or
127783003	Spirometry

GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

ML DQ Respiratory Diagnostics LES Guide

For activating the template launcher: **LSC ICB LES Protocol Guide**

TEMPLATES

The page for the Respiratory Diagnostic LES is available as part of the **ML ICB Local Enhanced Services** template and is available through your shared folder in Resource Publisher. Emails will be sent when the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

SEARCHES

All searches for the Respiratory Diagnostic LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches

are managed by the Data Quality Team and emails will be sent from the Data Quality Team regarding the location and when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

DATA EXTRACTS

All data is extracted based on left/deceased patients and the codes above being added to the patients record within the specified timeframe.

CONSULTATION TYPES

All searches are based on a face to face, home visit or Enterprise consultation types.

All other consultation types will appear in the ACTION searches as CHECK consultation type and these should be reviewed. If you find any activity in the Action/Check Consultation Type searches that should count towards claims, add a new consultation to the patient's record (on the same date as the excluded one) using an acceptable consultation type and the correct claim code(s). This keeps the original consultation unchanged and ensures the patient appears in the claims searches.

DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: <https://sunrise-saas.com/mlcsu/SContacts/>

For any urgent queries please ring: **0300 555 0212**