

Primary Care Respiratory Diagnostics

Interim guidance during reopening of services

Introduction

As a result of the COVID-19 pandemic, the respiratory diagnostic services across SEL had to suspend their services and the majority remained closed to new referrals. We know that this has given primary care colleagues vast challenges and acknowledge the fantastic work done in managing this cohort of patients. This is an update on how primary care can start referring back to diagnostic respiratory services, whilst ensuring we are able to manage demand as we restore services.

Asthma QOF update 2021/2022 QOF

1. New diagnoses from April 2021 require **quality assured spirometry** PLUS one of the following:

a. **FeNO**

or

b. **Peak expiratory flow monitoring using diary (SNOMED 401011001)**

In the event that spirometry is not available, the following code can be used:

“QOF (Quality and Outcomes Framework) diagnostic spirometry service not available”
SNOMED code [1109901000000102](#)

The SEL Respiratory network advises that this code is used for the majority of new suspected Asthma diagnoses since from April 2021 until lung function diagnostic services have fully resumed. Please use the categories below to manage the diagnostic process in Asthma.

The diagnosis of Asthma relies heavily on history. Please take time to ask all the pertinent questions that help to determine the likelihood of a patient having Asthma. The [BTS/SIGN guidance for Asthma management 2019](#) advocates a treatment trial with low dose inhaled corticosteroids in patients that have a high probability of Asthma. This could be extended further to the group that has a moderate risk of asthma and who are quite symptomatic. The recommendation is as follows:

High probably of Asthma:

- treatment trial as per [BTS/SIGN guidance 2019](#)
- use [peak flow monitoring](#) and patient reported symptoms as guide to treatment efficacy

Moderate probably of Asthma:

- in patients with infrequent symptoms, use peak flow monitoring alone to determine likelihood of asthma
- in patients with *frequent* and *burdensome* symptoms but still not in the high probability category, use peak flow monitoring plus a treatment trial to determine likelihood of asthma

In all cases, use [RightBreathe](#) to aid with the following:

- to determine which inhaled corticosteroids can be used as a low dose treatment trial
- to find alternatives if the first choice formulary options are out of stock
- to provide video links on AccuRx (or equivalent) for the device inhaler technique +/- how to use a spacer
- pending further changes to COVID-19 rates of infection and the behaviour of new variants, we anticipate that lung function diagnostics will begin to resume services in Autumn 2021. Please ensure that formal testing is carried out either with FeNO or spirometry with reversibility

COPD

The diagnosis of COPD also relies heavily on the history. Spirometry is used to confirm what is likely to have been determined clinically in the history. In the absence of being able to carry out spirometry in the context of COVID-19, the following are practical recommendations:

- Obtain a chest x-ray
- Use the [SEL COPD guideline](#) to determine the likelihood of COPD. If a clinical diagnosis is made, this *must* be followed up with quality assured spirometry once diagnostic services have resumed.
- If you make a clinical diagnosis and the patient has a significant burden of symptoms, do not withhold therapy just because spirometry has not been carried out yet. Use the SEL COPD pathway to guide initial management steps.
- Use RightBreathe to help select alternative inhalers where stock availability is an issue and to provide inhaler technique video links via AccuRx for commencement or changes to inhalers.

Use [Consultant Connect](#) to ask for advice in patients that have troublesome symptoms but don't fit Asthma or COPD profiles, or in patients that have failed a treatment trial and remain symptomatic.

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