

# Spirometry in primary care- GPC Statement

Spirometry is an important part of the diagnostic and monitoring pathways for respiratory disease. There have been longstanding concerns about the local differences that are found with respect to its commissioning, and in 2016 NHS England released [training standards](#) which will make the provision of spirometry more onerous.<sup>1</sup>

The fact that spirometry appears as an item within QOF does not define it as part of General Medical Services.

In many areas spirometry is delivered through a Local Enhanced Service, and in these areas the commissioners have the right to define what training requirements are needed for the provider to fulfil the contract. The price of the contract should be set at a level that provides the practice with income once the costs of staffing, training, equipment and infrastructure are paid. **Where these are not met practices are under no obligation to provide the enhanced service and the responsibility for provision reverts to the commissioning organisation.**

**In areas where spirometry is not commissioned through an enhanced service, it nonetheless remains the responsibility of commissioners to ensure that such diagnostic services are available to patients, particularly in the light of the new [NICE asthma guidelines](#)<sup>2</sup>.**

Where practices are not specifically commissioned for spirometry but wish to do so for clinical, convenience or professional reasons, the responsibility for ensuring that staff involved in the process are appropriately trained rests with the partners, who will need to be aware of the recommendations of NHS England. Even though there is no such thing as 'mandatory training' with respect to spirometry, it may be that bodies such as the CQC will look for equivalence with the NHS England recommendations in any training that GPs provide for their staff, however CQC has made it clear that it does not make any recommendations on mandatory training itself.

The provision of services to patients that are outside contractual requirements must remain a decision for individual practices. We would encourage practices to regularly review all the activities that they undertake as part of their responsibilities to ensure their practices maintain stability and are able to continue to provide safe contracted services to their registered patients.

Should practices decide to cease providing specific services which are non-contractual they must give sufficient notice to their local commissioners to allow alternative arrangements to be put in place. There is no formal definition of the length of notice and this is likely to depend on the nature of the service and local arrangements, but practices should be mindful of professional obligations when making their decision.

The BMA also has guidance which confirms that **there are no mandatory requirements for performing spirometry** on the [specific training requests for clinical staff page](#).

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<sup>1</sup> NHS England et al (2016). *Improving the Quality of Diagnostic Spirometry in Adults: The National Register of Certified Professionals and Operators*. [www.pcc-cic.org.uk/sites/default/files/articles/attachments/improving\\_the\\_quality\\_of\\_diagnostic\\_spirometry\\_in\\_adults\\_the\\_national\\_register\\_of\\_certified\\_professionals\\_and\\_operators.pdf](http://www.pcc-cic.org.uk/sites/default/files/articles/attachments/improving_the_quality_of_diagnostic_spirometry_in_adults_the_national_register_of_certified_professionals_and_operators.pdf)

<sup>2</sup> NICE guideline [NG80] Nov 2017. Asthma: diagnosis, monitoring and chronic asthma management. [www.nice.org.uk/guidance/ng80](http://www.nice.org.uk/guidance/ng80)