



Direct GP access to
Spirometry +/-
Reversibility testing

Frequently Asked
Questions

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1.0 Background

GPs will have direct access to spirometry via public hospitals for the full adult population, regardless of their GMS status. Direct GP access to spirometry will enhance the diagnosis and management of individuals with Chronic Obstructive Pulmonary Disease (COPD) or asthma in primary care.

Building on the work already underway in the community to augment GP direct access to radiology, echocardiography and NTproBNP testing, the spirometry service will be made available to you by your CHO, in partnership with a local public hospital in your area.

The rollout of GP direct access to spirometry continues work to address the challenges that GPs face in accessing chronic disease diagnostics; challenges which have been further compounded by COVID-19. This initiative acknowledges the crucial role to be played by GPs in the shift from providing care in acute settings to the community. It also supports the long-term objective to expand primary care services under the 2017 Sláintecare Report, the 2019 GP Agreement and the Winter 2020/2021 Plan.

This roll out of direct access to diagnostics will support the GP to optimise patient management in the community where possible and when indicated to refer to the specialist teams in the ambulatory care hubs.

The aim of this document is to address the common questions that GPs may have as to how to appropriately access spirometry service for their patients.

Further information can be found at:

<https://www.hse.ie/eng/about/who/cspd/icp/chronic-disease/a-guide-for-referral-of-patients-to-the-chronic-disease-ambulatory-care-hub-services.pdf>

2.0 Background FAQs

2.1 What is Spirometry?

Spirometry is a physiological test that assesses lung function by measuring the volume of air that the patient can expel from the lungs after a maximal inspiration. The primary signal measured in spirometry may be volume or flow. Spirometry is invaluable as a test of general respiratory health in the same way that blood pressure provides important information about general cardiovascular health.

The indices derived from this forced exhaled manoeuvre such as The Forced Expiratory Volume in the first second of maximal expiration after a maximal inspiration (FEV1), have become the most accurate and reliable way of supporting a diagnosis of COPD.

2.2 What is Spirometry with reversibility?

Reversibility is bronchodilator responsiveness. It is the extent to which expiratory airflow limitation is resolved by the administration of a rapid-acting bronchodilator. It is determined by performing spirometry before and after administering a short-acting beta2 agonist, within the same session. It is not mandatory but is used to distinguish between COPD and asthma.

Reversibility testing needs to be interpreted in the light of the patient's clinical history and examination.

2.3 Why perform Spirometry?

GPs are in an ideal position to be able to detect respiratory disease in its early stages and use this access to spirometry to confirm the diagnosis.

It will enable the general practitioner to:

- Differentiate between COPD and asthma
- Exclude COPD or asthma as a diagnosis.
- Determine the efficacy of asthma treatment
- Correctly stage and provide an index of severity of patients with COPD.
- Monitor disease progression.

Management of respiratory disease is largely carried out in primary care and much can now be done to improve symptoms and quality of life, and to reduce the frequency and impact of exacerbations (GOLD 2010).

2.4 What are the clinical indications for referring a patient for a GP direct access spirometry test?

The Spirometry Service +/-Reversibility Testing national referral criteria for GP direct access Spirometry service are as follows:

GP Referral:

- One appointment to include spirometry +/- reversibility test may be done if an adult presents to the GP with new onset of symptoms or signs which require a diagnostic work up for COPD/asthma.
- One appointment to include spirometry +/- reversibility test will be facilitated per Chronic Disease Management Programme GP registration visit for COPD and asthma, **where clinically indicated** e.g. to confirm previous clinical diagnosis or to clarify previous uncertain original spirometry-based diagnosis.

2.5 Who should not have spirometry performed?

Spirometry is not recommended in the following patient cohorts:

1. Screening for COPD/asthma in a low risk population. In a low risk population, lower pre-test probability renders spirometry sub-optimal for screening purposes.

The following are absolute contraindications

2. AAA >6cm
3. Myocardial Infarction within previous week
4. Pulmonary embolism
5. Severe hypertension (SBP > 200mmHg, DBP >120mmHg)
6. History of Valsalva –induced syncope.

The following are relative contraindications

7. Recent (<4 weeks) surgery to abdomen, thorax, ENT, eye, brain or vascular surgery
8. Recent (<2 weeks) pneumothorax
9. Dementia/confusion

Other considerations – Infection control

10. Active or suspected transmissible respiratory or systemic infection (e.g. tuberculosis)
11. Conditions predisposing to transmission of infection (e.g. haemoptysis)
12. Significant secretions
13. Oral lesions or oral bleeding

2.6 Where does the clinical governance lie when a patient has been referred for spirometry +/-reversibility testing?

Similar to other tests, the GP retains responsibility for the follow up of the test result and for the management of the patient.

3.0 Referral FAQs

3.1 What patients are eligible for direct GP access Spirometry +/- Reversibility Testing?

The Spirometry+/- reversibility service is available to all adults (Patients aged >16 years) regardless of their GMS status (public or private patient) who also fulfil one or more of the following criteria:

Diagnosis

One appointment to include spirometry +/- reversibility test may be done if an adult presents to the GP with new onset of symptoms or signs which require a diagnostic work up for COPD/asthma.

Confirmatory spirometry

One appointment to include spirometry +/- reversibility test will be facilitated per Chronic Disease Management Programme GP registration visit for COPD and asthma, **where clinically indicated** e.g. to confirm previous clinical diagnosis or to clarify previous uncertain original spirometry-based diagnosis.

Please note that tests referred to the GP direct access spirometry +/- reversibility testing diagnostic service outside of these criteria will not be accepted. The referral indication must be clearly stated on the referral form. If no information is provided the test will not be done.

Note this service is for assessment of COPD and Asthma only. All other respiratory conditions requiring investigation should continue to be referred via established pathways.

3.2 Are there clinical guidelines to support my decision-making when considering whether to undertake spirometry for a patient?

The GP structured Chronic Disease Management software will prompt you where spirometry may be indicated.

For COPD please refer to the [End to End COPD Model of Care](#) and the [GP Quick Reference Summary for COPD](#) to guide your decision making in relation to spirometry.

For asthma please refer to the [End to End Asthma Model of Care](#) and the [GP Quick Reference Summary for Asthma](#) to guide your decision making in relation to spirometry.

In addition, please consider whether the patient meets the referral criteria as stated in question 2.4.

3.3 How do I request spirometry for my patients?

Additional resources, including equipment and staffing are been secured for the provision of a direct access spirometry service for GPs. GPs will be contacted by their CHO/nearest hospital providing the service to confirm commencement of the service and to provide instruction as to how to access their local Spirometry service. Referrals will be made using the standardised Chronic Disease Healthlink Referral which is currently in development.

3.4 Is there a limit to the number of spirometry requests that a can order in a week/month?

No, there is no limit to the number of spirometry tests that can be ordered by your practice. However, there are clear referral criteria that must be fulfilled for each test request. The GP must state the indication for the test as it relates to the referral criteria, on the referral form. If no information is given on the test request form, the spirometry test will not be done and the referral returned to the GP. Repeat spirometry tests are not recommended outside of the above referral criteria. If you are concerned about a patient, please contact your local respiratory service for further advice.

4.0 Results FAQs

4.1 What is the turnaround time for spirometry?

The turnaround time will vary depending on your geographical location and hospital. The average turnaround time for routine spirometry will be 8 weeks.

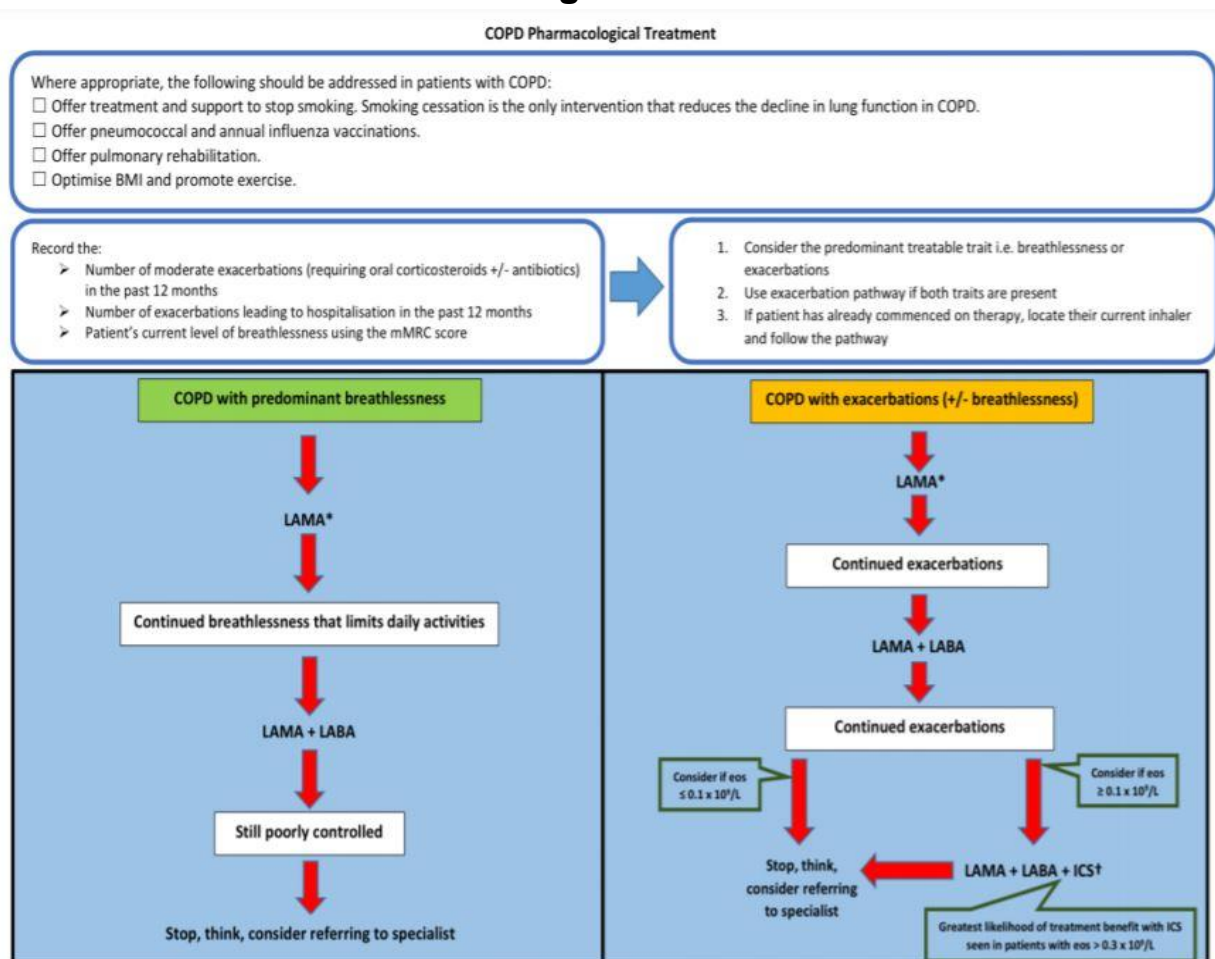
4.2 How will I receive the spirometry result?

You will receive the result for this test via Health link or via a hard copy in the post, similar to how you receive your other results.

4.3 The spirometry result has come back as abnormal. What should I do next?

The GP caring for the patient is responsible for arranging any follow up that a patient requires. For confirmed diagnosis of COPD in primary care, please see algorithm and information below (Figure 1) for further information. Please refer to the [GP Quick Reference Summary for Chronic Obstructive Pulmonary Disease](#) and [GP Asthma - Diagnosis, Assessment and Management in General Practice Quick Reference Guide](#) the [End to End COPD Model of Care](#) and the [End to End Asthma Model of Care](#) for more detailed information.

Figure 1



Other useful links

[GOLD guidelines for COPD](#) and the [GINA guidelines for asthma](#) are available for further reading.



Flow Chart: Patient pathway Direct GP Access Spirometry +/- Reversibility Service



The Spirometry+/- reversibility service is available to all adults (Patients aged >16 years) regardless of their GMS status (public or private patient) who also fulfil one or more of the criteria below.

DIAGNOSIS

One appointment to include spirometry +/- reversibility testing may be arranged to confirm diagnosis if adult patient presents to GP practice with new onset symptoms suggestive of COPD or Asthma

OR

Confirmatory Spirometry

One appointment to include spirometry +/- reversibility testing will be facilitated per CDM Programme GP registration visit for COPD or Asthma, *but only if specifically clinically indicated to* A) confirm previous clinical diagnosis *where spirometry not previously performed* or B) to clarify previous *uncertain* original spirometry-based diagnosis

GP assessment shows patient fulfils criteria, GP feels spirometry +/- reversibility is clinically indicated for further investigation of suspected/previously diagnosed COPD/asthma

GP Refers: GP refers patient to the direct GP access spirometry service in line with local protocol.

Physiologist reviews & accepts the referral.

Diagnostic Administrative Staff arrange appointment and contacts the patients.

Diagnostic Administrative Staff provide patient information leaflet to the patient with the appointment letter.

Physiologist performs respiratory / history questionnaire assessment:

- CAT & mMRC or ACT questionnaires completed as appropriate
- Check for contraindications

Physiologist performs spirometry +/- reversibility as appropriate according to ATS/ERS 2019 guidelines

Physiologist interpretation/clinical decision/further referrals

- **Physiologist** reviews and reports results & sends the report to GP as per local protocol.
- **Physiologist** liaises with the Consultant and/or HCPs regarding onward referral to other services provided by the ambulatory care hub and/or PFT Laboratory if clinically indicated.

Patient does not consent to Spirometry

Patient does not attend appointment x 1 / or cancels x 2

Diagnostic Administrative Staff documents & returns referral letter to GP

Diagnostic Administrative Staff documents & returns referral letter outlining DNA x1 or cancelled x2 to GP

Physiology manager or delegate returns the required metrics to the Office of the ECC on a monthly basis