

## SCHEDULE 2 – THE SERVICES

<b>Service</b>	<b>Fractional exhaled Nitric Oxide (FeNO) Testing - Local Enhanced Service (LES)</b>
<b>Commissioner Lead</b>	Coventry and Warwickshire Integrated Care Board (ICB)
<b>Provider Lead</b>	Coventry and Warwickshire General Practices
<b>Period</b>	1st December 2025 – 31 <sup>st</sup> March 2028
<b>Date of Review</b>	December 2026

### 1. Population Need

#### 1.1 National/Local Context and Evidence Base

Respiratory disease affects one in five people and is the third biggest cause of death in England. Despite national recognition regarding the need to improve mortality rates, hospital admissions for lung disease continue to rise and remain a major factor in the annual winter pressures faced by the NHS.

In the United Kingdom (UK), it is estimated that over 7.2 million people currently have a diagnosis of asthma and the condition accounts for 2-3% of all primary care consultations each year. It impacts on everyday life such as education and work and leads to 60,000 hospital admissions and 200,000 bed days in the UK per year. Importantly, asthma attacks also kill three people in the UK each day and every 10 seconds someone has a potentially life-threatening asthma attack. However, many of these severe attacks and deaths could be avoided by taking simple measures to improve care.

At a local level, Coventry and Warwickshire Integrated Care Board (ICB) has the lowest prevalence rates for asthma when compared to other regional ICBs and is also in the highest quartile nationally for emergency hospital admissions for adult asthma (aged 19 and over).

Based upon 2023/24 Quality and Outcomes Framework (QOF) asthma registers, we know that we have circa 6,262 patients living in Coventry and Warwickshire with undiagnosed asthma when we compare these figures to prevalence rates across other ICBs in the Midlands region. This suggests that there is more we can do in terms of improving patient access to asthma diagnostic tests to enable earlier and more accurate diagnosis.

#### 1.2. Ten Year NHS Plan

In July 2025, the Government built upon previously existing arrangements embedded within the NHS Long Term Plan (2019) by reprioritising respiratory health in their revised 10-year NHS Plan (July, 2025). The strategy refresh places a key focus upon improving the diagnosis, treatment, and management of asthma and other respiratory diseases in England by improving existing access to diagnostics and supporting services to become more joined up and coordinated in the care that they provide.

#### 1.3. Fractional Exhaled Nitric Oxide (FeNO) Testing

In November 2024, The National Institute for Health and Care Excellence (NICE) in collaboration with the British Thoracic Society (BTS) and Scottish Intercollegiate Guidelines Network (SIGN), published new collaborative guidelines for the diagnosis, monitoring and management of chronic asthma. The new guidelines outlined the testing of fractional exhaled nitric oxide (FeNO) level in adults and children over 5 years of age as the new first line diagnostic test for a diagnosis of chronic asthma.

Airway inflammation is a core indicator suggesting asthma and other lung diseases. The production of nitric oxide is often found to be higher amongst patients with inflammatory conditions, such as eosinophilic (allergy-induced, type 2 inflammation) asthma.

Current conventional evaluation methods for respiratory conditions, such as peak flow and spirometry, only measure lung function and bronchoconstriction. They do not assess airway inflammation. The measurement of FeNO, is a simple point of care objective test which can be used to support the diagnosis and management of respiratory conditions including asthma, but also to differentiate between asthma subtypes as well as Chronic Obstructive Pulmonary Disease (COPD), Asthma-COPD Overlap Syndrome and other interstitial lung diseases that are not assessed by other means, such as lung function tests.

FeNO is recommended by NICE as an option to help diagnose asthma in adults and children by identifying people who are likely to respond to treatment with inhaled corticosteroids. FeNO testing can also help to address the over/under or misdiagnosis of asthma when the results are incorporated into an asthma diagnostic and management pathway and can facilitate early detection of non-adherence to asthma medication.

The ambition for delivery is that the Fractional exhaled Nitric Oxide (FeNO) testing Local Enhanced Service (LES) will be provided by practices and Primary Care Networks (PCNs) working together to increase their capacity to deliver a quality assured diagnostic FeNO service within a primary care setting and closer to the patient's home.

To realise this ambition locally, the specification outlines a Local Enhanced Service (LES) offer for Coventry and Warwickshire General Practice (GP) teams to deliver a FeNO testing service to their registered patient population at a practice level or through working together delivering services via a PCN or other place-based service arrangement.

Service delivery will help to increase patient access to this service and will also enhance the current capacity of existing respiratory diagnostics delivered by the community and specialist teams and the local Community Diagnostic Centres (CDCs).

In the longer term, this will also help to improve the accuracy of QOF respiratory disease registers against predicted prevalence levels and the number of people accurately diagnosed at an early stage of their disease.

The benefits of FeNO testing include:

- Being non-invasive, quick and easy to perform.
- Increasing the accuracy and speed for diagnosing asthma.
- Demonstrating a patient's response to inhaled corticosteroid treatment, enabling the correct prescription of medication and safer/monitored adjustments.
- Demonstrating patient compliance.
- Aiding identification of patients who do/do not require on-going treatment.
- Evidence of being a more reliable lung function test for asthma when compared to peak flow recording and spirometry.
- Supporting a definition between allergic, type 2 (eosinophilic) and non-allergic asthma.
- Improving misdiagnosis rates for asthma and leading to more appropriate referral to secondary care.
- Using FeNO for dose adjustments and monitoring purposes could result in a reduction in inappropriate inhaler prescribing.

For the purposes of this service specification, diagnostic FeNO is a lung function test used for the following reasons:

- To detect the presence of airway inflammation
- To differentiate between asthma sub types, COPD and other interstitial lung disease
- To confirm the findings of other investigations
- Part of diagnosis following full history and appropriate examination

The specification covers all relevant enhanced aspects of clinical care which are considered beyond the scope of essential services and not covered by the core GMS Contract or Quality Outcomes Framework (QOF) for Coventry and Warwickshire GP teams to undertake this work.

No part of the specification by commission, omission or implication defines or redefines essential or additional services. The service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age.

## 2. Outcomes

### 2.1. NHS Outcomes Framework Domains and Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	√
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	√
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	√
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	√

### 2.2. Local Defined Outcomes

The local enhanced service will provide an equitable, high quality FeNO diagnostic offer to patients presenting to general practice teams with a clinical suspicion of Asthma or where a diagnosis of Asthma needs to be excluded. It is anticipated that this will help to reduce the existing gap between the recorded and expected prevalence of Asthma for Coventry and Warwickshire ICB, as well as help to increase the existing number of appropriately trained ICB practice staff who can offer a FeNO testing service.

Service delivery will also support the following outcomes:

- Local accessible quality diagnostic respiratory care
- Earlier diagnosis and early intervention therapies
- Reduced waiting times for respiratory diagnostics
- Improved clinical outcomes and fewer complications.
- Reduced need to utilise other services (including unplanned care services)
- Improved patient experience and reduced health inequalities by improving access to FeNO diagnostics out in a general practice setting.
- Provision of up-to-date, evidence-based and accessible information to support patients taking personal responsibility when making decisions about their own healthcare and wellbeing.
- Reduced impact of complex unmanaged health
- Reducing existing gap between actual and expected asthma prevalence rates
- Cleansing of Asthma GP registers

- Improved primary care respiratory knowledge, clinical expertise and ongoing education
- Reduced impact on primary, community and secondary care capacity
- Reduced escalating secondary care expenditure

### 3. Scope

#### 3.1. Scope of Service

The scope of the service includes the following actions;

##### 3.1.1. Adults and Young People (aged 16 years and over)

- Accurate patient history taking and physical clinical examination
- Delivery of a quality assured diagnostic FeNO test. This should be performed by an accredited health professional who has successfully completed the national Accelerated Access Collaborative (AAC) FeNO programme. This is available online through the NHS Learning Hub (<https://learninghub.nhs.uk/catalogue/feno>)
- Review of other investigation results (where these may be applicable) and bringing details together to help inform a diagnosis.
- Diagnose asthma if the eosinophil count is above the laboratory reference range or the FeNO level is 50 ppb or more (BTS/NICE/SIGN, 2024)
- Development of a personalised treatment and management plan for ongoing care. This should be undertaken in discussion with the patient
- Sign-posting to appropriate services and resources
- If asthma is not confirmed by eosinophil or FeNO level, refer patient for Bronchodilator Reversibility (BDR) with Spirometry (pre- and post-bronchodilator) to demonstrate variable airflow limitation.
- A significant improvement in FEV<sub>1</sub> ( $\geq 12\%$  and  $\geq 200$  mL) after a short-acting bronchodilator supports an asthma diagnosis.
- Post-bronchodilator spirometry alone is insufficient for asthma diagnosis, as it cannot confirm reversibility without a pre-bronchodilator baseline.

##### 3.1.2. Children (aged 5 years to 16 years)

- Accurate patient history taking and physical clinical examination
- Delivery of a quality assured diagnostic FeNO test. This should be performed by an accredited health professional who has successfully completed the national Accelerated Access Collaborative (AAC) FeNO programme. This is available online through the NHS Learning Hub (<https://learninghub.nhs.uk/catalogue/feno>)
- Review of other investigation results (where these may be applicable) and bringing details together to help inform a diagnosis.
- Diagnose asthma if the eosinophil count is above the laboratory reference range or the FeNO level is 35 ppb or more (BTS/NICE/SIGN, 2024)
- Development of a personalised treatment and management plan for ongoing care. This should be undertaken in discussion with the patient (and guardian)
- Sign-posting to appropriate services and resources
- If asthma is not confirmed by eosinophil or FeNO level, refer patient for Bronchodilator Reversibility (BDR) with Spirometry\*
- Post-bronchodilator spirometry alone is insufficient for asthma diagnosis, as it cannot confirm reversibility without a pre-bronchodilator baseline.
- If there is still doubt about the diagnosis, refer to a paediatric specialist for a second opinion, including consideration of a bronchial challenge test. [BTS/NICE/SIGN 2024]

\*Children between the ages of 5 years to 8 years who have an inconclusive result should not be referred for spirometry as they may not be able to perform the test consistently and these ages are not covered by the spirometry LES. In this situation, the patient should be referred to a paediatric specialist to confirm or exclude a diagnosis of asthma.

### **3.2. Aims and Objectives**

The ambition is to provide Coventry and Warwickshire patients with timely access to high quality respiratory diagnostic services. This in part will be realised by the provision of a general practice led FeNO testing and interpretation service that can be delivered closer to home.

The aims of the service are to:

- Provide high quality care that is safe, effective and patient centred.
- Deliver FeNO diagnostics as effectively and efficiently as possible.
- Reduce the number of patients receiving care in an acute or urgent care setting for undiagnosed respiratory conditions by maximising the appropriate provision of respiratory diagnostic services within a general practice or community setting.

The objectives of the service are to:

- Assure the quality and accuracy of testing and interpretation
- Improve access to FeNO diagnostic services in a general practice or community setting.
- Deliver an effective and personalised diagnostic FeNO service in a safe environment.
- Co-ordinate care so that patients experience appropriate care in a seamless and timely manner.
- Improve diagnostic rates and support patients to actively manage their own respiratory condition.
- Improve outcomes through the delivery of care that is evidence based according to local and national guidance.
- Ensure the efficient use of resources and avoidance of unnecessary appointments or use of other services.
- Reduce attendance at A&E/UCCs for Asthma by diagnosing patients quickly and helping them to manage their condition.
- Provide appropriate patient education so that patients may make informed choices and fully participate in their care and improve concordance.
- Promote the use of individualised care management plans for patients.
- Prevent unnecessary referrals and admissions to specialist services, hospital or nursing homes.
- Complete onward referrals where necessary, in clinically appropriate timeframes.

### **3.3. Service Description/Pathway**

#### **3.3.1. General Requirements**

The provider will work to ensure that they can deliver the service for patients during practice opening hours at their registered premises. Services may also be provided at premises other than the practice's usual registered practice e.g. at premises used for Extended Access clinics.

The service provider should also ensure that they have the following general service requirements in place to support delivery:

- Access to trained and qualified staff to deliver the service who are aware of (and follow) national guidance relating to the safe diagnosing of respiratory conditions.

- Ongoing access to appropriate room space for procedures during clinic times to meet privacy and dignity requirements.
- A process in place to record the details of each procedure in the patient's clinical record. This should be actioned using the relevant standard clinical template that the ICB has provided for the service intervention to facilitate consistency in recording and to support the automation of reporting activity for quarterly payment and ongoing service monitoring.

### **3.3.2. Respiratory Hub Approach**

Practices and their Primary Care Network may wish to consider how best to deliver this service. For some PCNs and their constituent practices, a local 'respiratory hub' type approach might suit the needs of the practices and their population. Through this process, practices may choose to work with other constituent GP practices across their place geography to sub-contract some elements of this service (e.g. PCN or GP Federation). Alternatively, a practice-based offer may be more suitable.

Through any of these configurations, the service provider who holds the contract will remain responsible for quality assuring the service that registered patients are referred into. Activity reporting will also remain the responsibility of the contract holder.

Subject to prior approval by the ICB Contracts Team within one month of any application being made, providers may sub-contract elements of service delivery to another provider that they are a member or constituent of (e.g. PCN or GP Federation). In the delivery of this approach, practices will be required to demonstrate that sub-contractors have robust processes in place to ensure the smooth referral and management of all registered patients.

### **3.3.3. Care Pathway**

The provider will work to deliver the following service requirements:

- Ensure the patient receives appropriate advice in advance of the spirometry test being undertaken.

This should include the following preparation advice\*:

- not to smoke for at least 1 hour before the test
- not to eat a large meal for at least 2 hours before the test
- not to drink hot drinks, caffeine and alcohol for at least 1 hour before the test
- not to exercise vigorously before the test
- avoid eating nitrate-rich foods, such as green leafy vegetables for at least 3 hours before the test
- to wear loose clothing for the test

*\*Details are further outlined in Appendix 2 of this service specification.*

Following the test being undertaken, the service provider should action the following;

- Advise patient of results and next steps
- Provide clinically appropriate treatment in line with national guidance
- Provide the patient with information/signposting to any relevant communication/social support services, including the promotion of self-care, where appropriate.
- Using the appropriate ICB clinical template, record details of the contact and the patient's management and treatment plan in their clinical record.

- Where any follow up review may be required for the treatment and/or reassessment of -the patient, record any changes on to the patient record.

If the patient requires more than one appointment, the service provider should develop a mutually agreed treatment and management plan. Details should be recorded onto the patient's clinical record. If the service is part of a sub-contracting arrangement, details of this plan should be shared with the patient' registered practice within two working days of the patient consultation.

### 3.4. Resources Required

#### 3.4.1. FeNO Testing: Staffing Skill Mix

- 10 Mins Nurse Time (this appointment could also be with an Advance Nurse Practitioner/ Health Care Assistant subject to their successful completion of the FeNO training programme)
- 1 Min of GP Time to support ongoing clinical dialogue

### 3.5. Infection Control

Service providers must ensure that latest national infection control and prevention guidance is adhered to.

This includes the following current guidance.

- Infection Prevention Society Guidance – National Guidance for England  
<https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>
- Healthcare associated infections- Prevention and Control in Primary and Community Care (NICE) [CG139] <https://www.nice.org.uk/guidance/cg139>
- Infection Prevention and Control Quality Standards – NICE [QS61]  
[www.nice.org.uk/guidance/qs61](http://www.nice.org.uk/guidance/qs61)
- Health and Social Care Act 2008: code of practice on the prevention and control of infections – Department of health and Social Care [www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance](http://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance)
- National Standards of Healthcare Cleanliness  
<https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness/>

FeNO testing is not considered to be an aerosol generating procedure (AGP). However, a FeNO - associated cough has the potential to generate aerosol droplets necessitating a mitigation strategy which may include:

- All tests performed must use a single use antibacterial antiviral filter.
- The FeNO machine must be cleaned between patients per manufacturer's COVID specific instructions.
- Between every patient, the outer casing of the machine should be cleaned using alcohol wipes
- If available, use a room with mechanical air circulation or ventilate as able (e.g. open windows)

Any patient safety incidents relating to the service should be reported using the local patient safety incident reporting process.

### **3.6. Access**

The service must be offered during core hours as a minimum requirement.

Providers should work to ensure that they have appropriate alternative arrangements in place to cover periods of extended staff sickness or extended annual leave. This could be through putting in place temporary sub-contracting arrangements. All changes to the clinical provider pathway, irrespective of whether they are temporary or longer-term arrangements should be agreed in advance with the ICB Contracts Team.

### **3.7. Minimum Reporting and Data Collection Requirements**

Practices must ensure that all appointment slots delivered under this Local Enhanced Service are mapped correctly in line with the national Network Contract DES – Standardised GP Appointment Categories guidance, available here: NHSE Slot Mapping Guidance (2021/22):

[www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/](http://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/)

Any appointments delivered as part of extended access provision must be mapped to the “Extended Access Provision” service setting to ensure accurate national reporting.

A detailed support article, including a video walkthrough on how to carry out slot mapping, is available at: Primary Care IT – Mapping Appointment Slots - [https://support.primarycareit.co.uk/portal/en-gb/kb/articles/mapping-appointment-slots#Mapping\\_new\\_Slot\\_Types](https://support.primarycareit.co.uk/portal/en-gb/kb/articles/mapping-appointment-slots#Mapping_new_Slot_Types)

Failure to correctly map appointment slots may impact data reporting and contractual compliance.

For each contact, the provider must record the type of intervention on to the patient’s clinical record. This should be actioned using the appropriate clinical coding listed in Section 6 of this service specification.

Using the ICB clinical template that has been provided for the service, providers must submit a quarterly minimum data set to the ICB Contract and Finance Teams to support payment.

Details should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of adults and young people aged 16 years of age and over who receive a FeNO test to support diagnosis
- The total number of children between 5 years of age and 15 years of age who receive a FeNO test to support diagnosis
- The total number of contacts for FeNO testing in the quarter being claimed
- The total number of contacts for FeNO testing seen in Extended Access Clinics

### **3.8. Equipment and Consumables**

The cost of equipment is excluded from this LES and included within a separate scheme. The ongoing costs for the annual calibration of equipment and all consumables, including mouthpiece & filter are included in the tariff set for each service contact.

### **3.9. Inclusion Criteria**

The service should be provided to patients over 5 years of age who are registered with a general practice across Coventry and Warwickshire ICB.

If a child is unable to perform objective tests when they are aged between 5-8 years of age, the service provider should retry performing the test every 6 to 12 months until satisfactory results are obtained (BTS/NICE/SIGN, 2024).

Refer for specialist assessment if the child's asthma is not responding to treatment. Refer to a specialist respiratory paediatrician any preschool child with an admission to hospital, or 2 or more admissions to an emergency department, with wheeze in a 12-month period (BTS/NICE/SIGN, 2024).

### **3.10. Exclusion Criteria**

- Children under the age of 5 years.

### **3.11. Workforce**

The provider must ensure the following:

- The service has a named lead who is an appropriately qualified health care professional.
- All staff are appropriately competent, qualified and trained to deliver the specified level of service/intervention.
- All staff delivering the service are trained on all appropriate policies relating the delivery of the FeNO diagnostic service.
- Staff have access to re-fresher training as required to maintain clinical competence in delivering the specified service.
- Staff are CPR trained (adults and paediatrics) when they start to provide the service and should attend annual refresher training thereafter.
- Staff delivering the service must have undergone the relevant DBS check before delivering the service.

### **3.12. Clinical Governance**

The provider should ensure that there are robust governance processes in place to support delivery. All standards of communication should adhere to Caldicott and Data Protection guidelines.

In the context of all appropriate data protection and confidentiality requirements being in place, the service provider should comply with any commissioner requests for clinical audit of the service being delivered.

### **3.13. Interdependencies with Other Service Providers**

The Provider will link with other specialist and primary care services, as clinically indicated.

The Provider will work as part of a health system approach to support the diagnosis of respiratory conditions, such as asthma or COPD. This should include close partnership working with the following teams or departments:

- Integrated Respiratory Team to include SWFT and UHCWFT Acute and Community Respiratory Teams
- Local Community Diagnostic Centres (CDCs) via the diagnostic complex breathlessness pathway.
- District nurses providing respiratory care for house-bound patients
- Place based GPs and Practice Nurses managing a patient's long-term condition where care is delivered through a sub-contracting process and the patient is not registered to the practice providing the diagnostic service.

## 4. Applicable Service Standards

### 4.1. National Standards

The service provider will be required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

The provider should continually review the evidence base for areas of good practice and innovation.

The following is a list of key relevant information. However, this list should not be seen to be exhaustive.

- NICE Clinical Guideline NG245, 'Asthma: diagnosis, monitoring and chronic asthma management', Nov 2024 <https://www.nice.org.uk/guidance/ng245>
- NICE Clinical Knowledge Summary, 'Asthma', May 2025 <https://cks.nice.org.uk/topics/asthma/>
- BTS-SIGN158 - British guideline on the management of asthma - A national clinical guideline (2019) <https://www.sign.ac.uk/media/1773/sign158-updated.pdf>
- NICE guidance for Asthma: diagnosis, monitoring and management <https://www.nice.org.uk/guidance/ng80/chapter/Recommendations#initial-clinical-assessment>

### 4.2. Applicable Standards set out in Guidance and/or issued by a Competent Body (e.g. Royal Colleges)

- British Thoracic Society (BTS) Guideline on the Management of Asthma <https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>
- Asthma UK (2018) Severe Asthma Report – available at <https://www.asthma.org.uk/support-us/campaigns/publications/difficult-and-severe-asthma-report/>
- Government UK. (2025), 'Fit for the Future; 10 Year Health Plan for England', - available at <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future#:~:text=The%2010%20Year%20Health%20Plan,analogue%20to%20digital>
- Mukherjee et al. (2016) The epidemiology, healthcare and societal burden and costs of asthma in the UK and its member nations: analyses of standalone and linked national databases - Available at <https://pubmed.ncbi.nlm.nih.gov/27568881/>
- NHS Learning Hub – E-Learning at <https://www.e-lfh.org.uk/programmes/feno-in-asthma/>

### 4.3. Local Standards

The service provider should adhere to all relevant local policies, procedures and guidelines, including use of Coventry and Warwickshire respiratory pathways.

The service provider is responsible for ensuring the following;

- Premises used are registered with the Care Quality Commission (CQC) and the service is provided in a suitable setting.
- Equipment meets all criteria set out in national and local guidance and is maintained in line with manufacturer's guidance.
- Training meets all relevant criteria set out in national and local guidance.
- Serious Incidents within this service are reported to Coventry and Warwickshire ICB
- Infection Control Guidance

- Privacy and Dignity Guidance
- Health and Safety standards are met.
- Information Governance Standards are met.
- Safeguarding Adults, Children and Looked After Children Guidance is adhered to, including statutory training.

The Service Provider is accountable and responsible for:

- Ensuring that the service has clear written protocols in place describing how the service it will be delivered by the practice.

This should include the following arrangements:

- Clear statements of roles and responsibilities of clinical and administrative staff.
  - Arrangements for booking appointments.
  - processes for patient information / communication.
- Appropriate computer-assisted decision-making equipment is used and arrangements are in place for internal and external quality assurance.
  - Ensuring the quality of care is audited at least annually, including assessment of patient experience via a patient satisfaction survey.
  - Ensuring necessary infection prevention processes are in place, including safe disposal of sharps, etc.
  - Having back up arrangements in place for staff and equipment.
  - Ensuring staff working within the service have the necessary registration, skills, knowledge, and competencies for the role they are undertaking.
  - Ensuring staff work within their clinical competency.

Individual practitioners are accountable and responsible for:

- Ensuring skills, knowledge and clinical competencies relevant to their role and responsibilities in the service are acquired and maintained.
- Adherence to relevant professional guidance as issued by the General Medical Council (*Good Medical Practice, 2024*) or the Nursing and Midwifery Council (*The Code: Standards of Conduct, Performance and Ethics for Nursing and Midwifery, 2018*).

#### **4.4. Incidents and Untoward Events**

Providers will notify the ICB through the Learning from Patient Safety Events (LFPSE) reporting process (or any future agreed reporting tool) of any incident or near miss in connection to service delivery.

Details must be reported within 72 hours of the information becoming known to the practitioner.

#### **4.5. Accreditation and Training**

The service provider must ensure that practitioners work within their clinical competency and are appropriately trained and accredited to deliver a FeNO testing service.

The national Accelerated Access Collaborative (AAC) Fractional exhaled Nitric Oxide (FeNO) programme aims to improve asthma care across England by increasing the use of FeNO testing, especially in primary care to aid better asthma diagnosis and management.

The accredited training programme to deliver this service is available on the NHS Learning Hub. Details can be accessed using the following link; <https://learninghub.nhs.uk/catalogue/feno>

The 2 free e-learning modules take 1 hour to complete in total and are designed to enhance awareness of FeNO testing and to ensure health care professionals are provided with the knowledge and skills required for the optimal use of the test to support the diagnosis and management of asthma.

#### **4.5.1. Module 1**

Module 1 provides an introduction to FeNO, including a broad overview of asthma and the diagnostic jigsaw. The module develops the learner's understanding of what FeNO is and how it can be used to support the diagnosis and management of asthma. The e-learning approach is reinforced by the real-world experiences of patients and HCPs. Key messages about how to perform testing and consideration of the language to use when talking about FeNO with patients are included.

#### **4.5.2. Module 2**

Module 2 focuses on the interpretation of FeNO and provides an enhanced description of what FeNO is and how it can be used in the diagnosis of asthma followed by worked case examples covering a spectrum of clinical scenarios.

Accreditation to deliver the service requires full participation and completion of both modules.

Colleagues from the Coventry and Warwickshire Training Hub (<https://www.cwtraininghub.co.uk/>) will be able to guide you in terms of current FeNO training opportunities that may be available for general practice teams to access.

Additional funding support for training and equipment is available through an alternative Local Enhanced Service Scheme, which will run up until 31<sup>st</sup> March 2026.

### **4.6. Business Continuity Planning**

Good business continuity planning ensures response and recovery arrangements are in place and regularly reviewed so that services to patients can continue in the event of any disruption.

If the provider becomes aware of any immediate or future impact on service delivery, they must engage with the Contracts Team in the ICB at the earliest opportunity to allow joint consideration of what mitigations can be put in place and allow conversations/planning across the wider system. Those options could include consideration of sub-contracting arrangements to another provider subject to the prior approval of the ICB.

## **5. Applicable Quality Requirements**

The service provider must comply with all the National Quality Requirements as set out in the NHS Standard Contract. The ICB reserves the right to audit either service quality or financial claims if it deems this to be appropriate to do so.

The service provider should also adhere to the following quality requirements:

- Significant Event incidents related to this service should be reported through the LFPSE process and learning shared within the practice.
- All serious incidents related to this service must be reported to Coventry and Warwickshire ICB through the LFPSE reporting process
- The provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.

- Where appropriate, patient satisfaction feedback about the service should be offered to patients accessing this service and quality improvements should be made as an outcome of this feedback.

### 5.1. Internal Quality Control

The service provider should have processes in place to effectively monitor the quality of the service being provided.

## 6. Coding Records, Data Quality and Audit

### 6.1. Clinical Templates and Service Reporting

Providers must ensure that they use the clinical templates that have been provided by the ICB for the service. This will help to ensure that they have systems in place for accurately capturing and reporting quarterly datasets to the ICB Contracts and Finance Teams for payment.

### 6.2. Coding

Section 6.2.1. below describes the codes that qualify for payment under the scheme. The default position for this service is that the activity data will be collated and submitted to the ICB for payment by the contracted service provider. Where practices work together to provide one or more elements of the service, data collection mechanisms will need to be agreed with the ICB.

The activity data submitted will be used to calculate payment. Adequate records must be maintained by the service provider and any other partner they choose to subcontract with to provide an audit trail for post payment verification purposes.

#### 6.2.1. List of Codes for Data Collection:

Practices are required to use the following SNOMED CT codes outlined in Table 1 below to confirm that a patient has received a respiratory diagnostic FeNO test.

**Table 1: List of Clinical Codes for Data Collection**

Description	Clinical Codes
Fractionated concentration of nitric oxide in exhaled breath	1201788001
Measurement of expired nitric oxide	444642008

### 6.3. Annual Audit Requirement

Service providers are required to provide an annual quality assurance self-declaration that all staff are FeNO trained and accredited to deliver the service. Information can be submitted on behalf of the Practice by the PCN or Federation, or by the Practice itself.

The annual self -declaration should be submitted to the ICB Contracts Team by the **30<sup>th</sup> April** each year.

### 6.4. Records

Adequate records must be maintained to provide an audit trail for post payment verification purposes.

## 7. Payments and Claiming

### 7.1. Payments

Providers will be remunerated as follows:

Intervention	Method and Frequency of Payment	Funding
FeNO test undertaken and reported	cost per contact paid in the quarter being claimed (to include test and reporting)	£22.11

Payments will be made based upon the number of FeNO tests undertaken in quarterly activity submissions. The number of tests is defined as completion of the FeNO test and full interpretation.

**Only one FeNO test can be claimed per patient in the eligible contract year.** The exception to this position is if a child is unable to perform objective tests when they are aged between 5-8 years of age. The service provider should retry performing the test every 6 to 12 months until satisfactory results are obtained (BTS/NICE/SIGN, 2024).

The ICB reserves the right to audit service quality or financial claims if it deems this to be appropriate.

Prices are inclusive of all consumables and the annual calibration of the FeNO machine.

Practices whose claims are at variance with expectations may be asked to submit additional evidence to support past or future claims. Coventry and Warwickshire ICB reserves the right to check practice held information at any time to support post-payment verification.

The ICB will uplift the LES annually in line with the annual uplift provided by the Department of Health and Social Care (DHSC).

### 7.2. Data Submissions and Practice Claims for Payment

Practices will be required to submit the data sets for activity being claimed by the **5<sup>th</sup> working day** of the following quarter.

Quarterly Activity Data Sets should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of adults and young people aged 16 years of age and over who receive a FeNO test to support diagnosis
- The total number of children between 5 years of age and 15 years of age who receive a FeNO test to support diagnosis
- The total number of contacts for FeNO testing in the quarter being claimed
- The total number of contacts for FeNO testing seen in Extended Access Clinics

#### 7.2.1. Annual Audit

Service providers are required to provide an annual quality assurance self-declaration that all staff are FeNO trained and accredited to deliver the service.

The annual self -declaration should be submitted to the ICB Contracts Team by the **30<sup>th</sup> April** each year.

### **7.3. Late or Inaccurate Claims**

Where a practice is aware of any delay or inaccuracy in claims it should notify the primary care contracting team without undue delay.

- Past overpayments will be recovered over a reasonable timeframe in agreement with the practice.
- Past underpayments (which must be supported by appropriate evidence) where claims are delayed by less than 6 months or fall within the same financial year (April-March), will be honoured. Delayed claims falling outside this timeframe will be managed on a discretionary basis.

## **8. Contract Termination**

### **8.1. Termination**

Unless otherwise notified, this LES terminates on 31<sup>st</sup> March 2028.

The service may be terminated by either Coventry and Warwickshire ICB or the Contractor through the service by giving three months' notice.

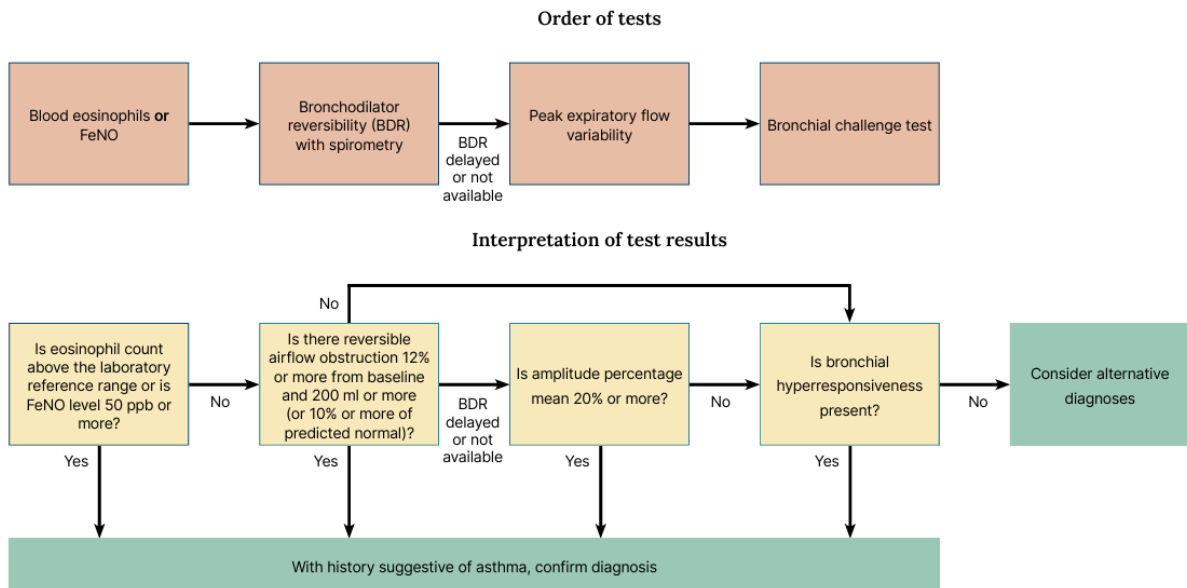
Coventry and Warwickshire ICB may require the contractor to suspend the provision of the service immediately if it has reasonable grounds for believing that patient health or safety is at risk as a result of continuing provision of this service.

The LES may be subject to review by Coventry and Warwickshire ICB at any time during the term of the service.

## Appendix 1: Objective Tests for Diagnosing Asthma in Adults and Young People

### Algorithm A: Objective tests for diagnosing asthma in adults and young people (aged over 16 years) with a history suggesting asthma

BTS, NICE and SIGN guideline on asthma

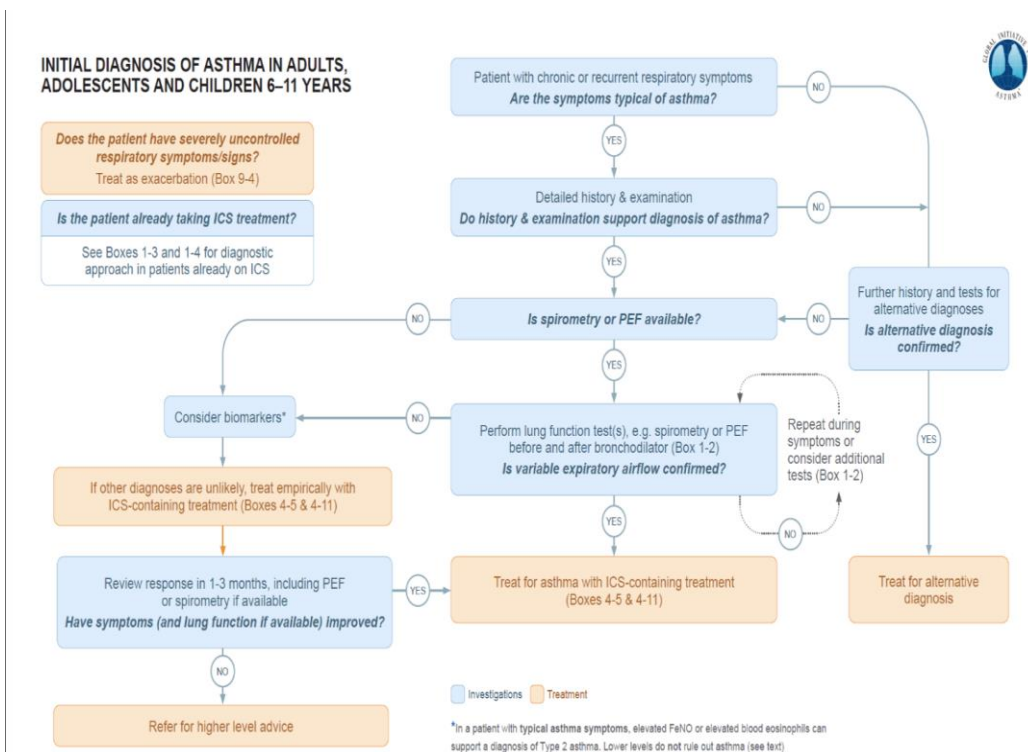


**NICE** National Institute for Health and Care Excellence



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## Appendix 2: Initial Diagnosis of Asthma in Adults, Adolescents and Children 6-11 Years





# Fractional exhaled nitric oxide (FeNO)

Your asthma inflammation test explained



## WHAT IS IT?

Fractional exhaled nitric oxide (FeNO) is a test used to diagnose asthma by measuring your breath. The test is simple and easy to do and, alongside other diagnostic tests, can tell you and your asthma team what type of asthma you have.

## WHY IS IT IMPORTANT?

FeNO is useful to help you build a better understanding of your asthma and to manage it with the support of your asthma team. The FeNO test measures inflammation in your airways. If the inflammation is not treated it can cause life threatening asthma attacks.

### By knowing what kind of asthma you have, you can:

- > Understand your medication better
- > Recognise when your medicines are working well
- > Avoid life threatening asthma attacks.

## HOW THE TEST IS DONE

The FeNO test is safe and easy to do for adults and children.

You will take a big breath in and then gently breath out through the filtered mouthpiece into a small portable device for approximately 10 seconds. The test is much easier to do than other asthma tests such as spirometry or peak flow. The device shows the reading on its screen.

## HOW TO PREPARE FOR THE TEST

Ahead of the test, there are a few things that you should try to avoid to ensure that the test is effective:

- > Leave in plenty of time and avoid exerting yourself at least **1 hour** prior to your appointment
- > Avoid smoking at least **1 hour** before your test
- > Hot drinks, caffeine and alcohol should be avoided for at least **1 hour** before your test
- > Avoid nitrate rich foods such as green leafy vegetables (i.e. celery, leek, beetroot, lettuce and spinach) at least **3 hours** before test.

You can take your regular medications as normal before the test. Ensure that the clinician is aware of any medication that has been taken beforehand or if any of the activities above have taken place prior to the test.

