

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on:	12th November 2025
Agenda Item:	11
Title:	Spirometry Mid-Pilot Report
Summary: Midway update on progress of Spirometry Report.	
Author:	Dr Emily Broadis
Action required: For information to the Integration Joint Board.	
Route to meeting: Via South Ayrshire Health and Social Care Partnership DMT.	
Directions:	Implications:
1. No Directions Required <input checked="" type="checkbox"/>	Financial <input checked="" type="checkbox"/>
2. Directions to NHS Ayrshire & Arran <input type="checkbox"/>	HR <input type="checkbox"/>
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal <input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities <input checked="" type="checkbox"/>
	Sustainability <input type="checkbox"/>
	Policy <input type="checkbox"/>
	ICT <input type="checkbox"/>

SPIROMETRY MID-PILOY REPORT

1. PURPOSE OF REPORT

- 1.1 To update the IJB on progress of the HSCP/Public Health community spirometry project.

2. RECOMMENDATION

- 2.1 That IJB members acknowledge progress and support development of a community spirometry service on completion of the pilot to continue to benefit citizens of South Ayrshire

3. BACKGROUND INFORMATION

- 3.1 Spirometry is the gold standard test to diagnose chronic obstructive pulmonary disease (COPD). Prior to January 2025 access to spirometry in South Ayrshire was patchy. Some GP practices provided this investigation but not all, including some of those providing care to our most deprived communities. The test was not easily available in secondary care. As a consequence, those with undiagnosed COPD were not benefitting from correct treatment and a cohort of patients had been diagnosed with COPD without spirometry leading to the possibility of misdiagnosis, incorrect treatment and another cause for symptoms being overlooked. Our pilot has now provided access to spirometry for all residents in South Ayrshire with symptoms suggestive of COPD or a previous diagnosis without spirometry.

4. REPORT

- 4.1 See Appendix 11a Spirometry mid-pilot evaluation.

5. Strategic context

- 5.1 Equality of access to investigation and availability of testing in a community setting.

6. Implications

6.1 Financial Implications

- 6.1.1 Funding for the pilot provided by improvement and innovation fund, business case for permanent service being prepared.

6.2 Human Resource Implications

- 6.2.1 Additional work within Girvan Community Hospital admin team who have absorbed administration of the pilot within their existing staffing levels. Tests carried out by GP nursing/healthcare support worker on sessional basis.

6.3 Legal Implications

- 6.3.1 N/A

6.4 Equalities implications

6.4.1 EQIA completed.

6.5 Sustainability implications

6.5.1 N/A

6.6 Clinical/professional assessment

6.6.1 we have provided a quality assured service with good feedback from both patients and referring clinicians.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Pilot developed by HSCP clinical director and portfolio manager working in conjunction with NHS public health consultant, project managers and NHS quality improvement staff. Wide consultation via expert reference group containing respiratory consultant, respiratory community nurse specialists, NHS management and work reported to DMT and respiratory MCN.

8. RISK ASSESSMENT

8.1 Process and premises risk assessed. Staff training updated and quality assured. SOP's in place,

APPENDICES

Appendix – 11a. Spirometry mid-pilot evaluation

BACKGROUND PAPERS

N/A

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