

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board	
Held on:	10th June 2026	
Agenda Item:	13	
Title:	Spirometry Service Business Case	
Summary:		
<p>The South Ayrshire HSCP/NHS public health community spirometry pilot is entering its final few months. One of the key aims of the pilot was to develop a permanent community spirometry service and the outline business case for this is discussed below.</p>		
Author:	Dr Philip Hulme	
Action required:		
IJB to approve proposals for a permanent community spirometry service and further development of the business plan following conclusion of pilot.		
Route to meeting: SAHSCP DMT		
Directions:	Implications:	
1. No Directions Required <input type="checkbox"/>	Financial	X
2. Directions to NHS Ayrshire & Arran <input checked="" type="checkbox"/>	HR	X
3. Directions to South Ayrshire Council <input type="checkbox"/>	Legal	<input type="checkbox"/>
4. Directions to both SAC & NHS <input type="checkbox"/>	Equalities	X
	Sustainability	<input type="checkbox"/>
	Policy	<input type="checkbox"/>
	ICT	<input type="checkbox"/>

SPIROMETRY SERVICE BUSINESS CASE

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present an Outline Business Case (OBC) for the development of a Community Spirometry Service for South Ayrshire, and to seek IJB approval to progress to a full business case and implementation planning.

2. RECOMMENDATION

- 2.1 Approve the preferred option for a centrally delivered community spirometry service for South Ayrshire.
- 2.2 Agree that a full business case is developed, including detailed financial modelling, workforce planning, and equalities assessment.
- 2.3 Support phased implementation, subject to funding approval and workforce availability.

3. BACKGROUND INFORMATION

- 3.1 The South Ayrshire HSCP and NHS public health community spirometry pilot has been ongoing since Jan 2025. The pilot has been a success with nearly 300 individuals in South Ayrshire having undergone spirometry and around 1/3 of those tests confirming airflow obstruction (end April 2026). The pilot was originally scheduled for 18 months. Due to lower than anticipated referral rates it can now continue until October 2026 with current I&I funding.
- 3.2 One of the aims of the pilot was to use it to develop a community spirometry service with recurring funding. I have developed this outline business case to progress this and I hope to gain IJB approval for ongoing development and funding of this in South Ayrshire.
- 3.3 The 295 tests performed so far, to end of April have cost £18407 giving an ongoing cost per test of £63. In addition to this there was a one-off cost of £6000 for purchase of 3 spirometers. Accommodation has been provided at no cost within NHS A&A premises with a small cost to Fullarton and Templehill practice for the use of their rooms and admin has been provided by Girvan Community Hospital within their existing staffing compliment.

4. REPORT

4.1 Local Context

- 4.1.1 South Ayrshire has higher than average prevalence of COPD.

4.1.2 There is increased pressure on secondary care respiratory services who do not accept referrals from GP's for spirometry.

4.1.3 Pre-pilot variable access to quality assured spirometry across GP practice with resultant diagnostic delay.

4.2 Case for Change (pre-pilot situation)

4.2.1 Current issues

- inconsistent spirometry quality and availability
- workforce capacity pressures in general practice
- increased referral to secondary care
- delayed diagnosis leading to poorer outcomes and higher costs eg prescribing, acute admissions

4.2.2 Impact of No Change

- diagnostic delay and inappropriate treatment will continue
- pressure on acute and outpatient services will increase
- inequality in access will persist

4.3 Outline options appraisal

4.3.1 Do Nothing

Continue pre-pilot arrangements. No cost but ongoing service gaps and inefficiency.

4.3.2 Enhance Practice-Based Spirometry

Support individual practices to provide spirometry. Workforce risk and variability remain.

4.3.3 Centralised Community Spirometry Service (Preferred Option)

Fund a dedicated, quality assured community service with a single referral pathway and improved resilience and standardisation.

4.4 Preferred Option: Community Spirometry Service

4.4.1 Service Scope

- Diagnostic spirometry (pre- and post-bronchodilator)
- ARTP-accredited testing and interpretation
- Structured reporting to GPs
- Potential future expansion (e.g. disease monitoring)

4.4.2 Service Delivery Model

- Community-based delivery in health centres or hubs

- Delivered by trained clinical staff (e.g. respiratory nurses, physiologists, AHPs)
- Hosted by NHS Ayrshire & Arran with HSCP commissioning
- Strong clinical governance and audit processes

4.4.3 Referral Pathway

- Electronic referral from GP practices
- Clear inclusion and exclusion criteria
- Timely results to support treatment decisions

5. STRATEGIC CONTEXT

5.1 The proposal aligns with:

- South Ayrshire HSCP Strategic Plan priorities on prevention, primary care sustainability, and care closer to home
- Principles of Caring for Ayrshire
- NHS Scotland priorities for long-term conditions management
- Realistic Medicine principles
- National respiratory improvement priorities, including early diagnosis and reducing unscheduled care

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 Indicative costs include

- Staffing (clinical and admin)
- Equipment and consumables
- Training and accreditation
- Estates and IT support

Estimated Annual Cost £20000 - £25000 subject to full business case

6.1.2 Value and Savings

- Reduction in secondary care respiratory outpatient referrals

- Reduction in avoidable COPD admission - unscheduled admissions with undiagnosed COPD are recognised as likely to have prolonged hospital stays
- Improved prescribing efficiency - reduction in inappropriate prescribing for those with diagnosis other than COPD
- Long term cost avoidance – earlier diagnosis of alternative diagnosis if COPD ruled out by spirometry thus reducing morbidity, reduced risk of progressing to level of disease needing care.

6.2 Human Resource Implications

- Reduces workload and clinical risk in general practice
- Reduced pressures on secondary care staff
- Supports development of skilled community respiratory roles
- Enhances multidisciplinary working
- Recruitment and retention risks will be addressed through phased implementation

6.3 Legal Implications

- fulfils legal duty under NHS (Scotland) Act 1978 for NHS board to:
 - Provide comprehensive health service
 - Secure improvement in physical and mental health
 - Provide services to meet reasonable requirements
- complies with Public Health etc. (Scotland) Act 2008, NHS boards must:
 - Protect and improve public health
 - Plan and cooperate with partners appropriately
- reduces risk of litigation. Spirometry is a basic diagnostic standard, failure to provide reasonable access could be scrutinised.

6.4 Equalities implications

- Improved access for rural and deprived communities
- Reduced need for travel to acute hospital sites
- Earlier diagnosis in high-risk groups, including people from deprived areas

6.5 Sustainability implications

6.51 N/A

6.6 Clinical/professional assessment

6.6.1 All clinicians involved in the pilot have been positive about its success including consultant respiratory physicians, respiratory nurse specialists, clinical physiologists, myself and Dr Emily Broadis my colleague in NHS public health who has been key to proving the value of the pilot. We all feel a community spirometry service would be beneficial to the citizens of South Ayrshire and later to Ayrshire and Arran as a whole.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 The pilot has been undertaken and guided by a steering group who have reported to and taken advice from an expert reference group. The pilot has also reported to SA HSCP DMT and IJB with the mid pilot evaluation. Continuous feedback has been sought both from individuals referred to the pilot, referrers and clinicians carrying out the tests and modification made to processes/referral forms as need became apparent.

8. RISK ASSESSMENT

8.1 Full risk assessment of premises and procedures were undertaken prior to the start of the pilot.

APPENDICES

N/A

BACKGROUND PAPERS

N/A

REPORT AUTHOR AND PERSON TO CONTACT

Philip Hulme, Clinical Director SA HSCP
Phil.hulme@aapct.scot.nhs.uk