

During the COVID-19 pandemic the majority of spirometry and pulmonary function testing services across Scotland were halted.

Differing models of service provision exist across the regional health boards: most spirometry is done in primary care, full pulmonary function testing is done exclusively in secondary care environments. Though these services have restarted in most secondary care settings there is still a very limited provision of spirometry in primary care settings in the community.

Spirometry is a key component of the diagnosis and management of airways diseases, notably asthma and COPD (Chronic Obstructive Pulmonary Disease). It is of upmost importance that spirometry services restart across Scotland in a safe manner to enable accurate diagnosis of airways diseases. There is a significant backlog of cases from the past 17 months during which time access to spirometry has been limited. In the absence of spirometry provision, there are risks of people being over- and under-treated for suspected COPD.

Spirometry has never been classified as an aerosol generating procedure (AGP). As part of the ongoing literature reviews for the National IPC Manual by NSS, National ARHAI undertake monthly rapid reviews to ensure the manual content provides the most up-to-date evidence. Outputs of these reviews inform UK-wide IPC Policy and inform the decisions around the extant AGP list which is decided by the UK New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and establish whether additional procedures require to be included. [View a nationally agreed list of AGPs.](#)

Review of the available literature shows that spirometry is **not** classified, by definition, as an AGP. This means that health boards and HSCPs can re-introduce spirometry utilising the IPC guidance contained with the [Scottish COVID-19 Addendum](#). [View the Community IPC COVID-19 Addendum.](#)

There exists [guidance on restarting spirometry services](#) from the British Thoracic Society, Primary Care Respiratory Society, Association of Respiratory Nurse Specialists, and Association for Respiratory Technology and Physiology.

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