Fractional exhaled Nitric Oxide (FeNO) – Models of Care #5: Portsmouth City Hub (Wessex AHSN)

Organisations in England and Northern Ireland who have used, planned to use or commissioned FeNO for Asthma diagnosis and management have shared their real world experiences. A number of example care models and pathways were shared and one of them is described here.

Population	56,125 patients (1 PCN, 2 practices, 8 surgeries)
Staffing	Multi-agency initiative led by the respiratory specialist nurse, a health care assistant, respiratory practice nurses (on rotation), physiotherapist, IAPT and wellbeing services (with weekly attendance at the MDT from a respiratory consultant).
Frequency	2 days per week
Setting	• The hub consisted of 4-6 rooms in a GP surgery for the pilot, seeing 8/9 people every day (6 on the MDT day)
Service	• Long term conditions hub for people with Type 2 diabetes and chronic respiratory disease (COPD and asthma). The hub was co-located with community heart failure services • The respiratory service followed MISSION protocols seeing people with diagnostic doubt (within past 12 months), issues with compliance or to monitor changes in response to treatment (2+ exacerbations in previous 12 months)
Established	January – March 2020 (planned as 18-month pilot)
Investigations	• FeNO and spirometry done by the ARTP certified HCA (suspected asthma or diagnostic doubt). Appropriate questionnaires completed as directed from triage. 30–45 minutes
Management	• Followed by 30 minutes with nurse with full history (on detailed template) to discuss management, inhaler technique and medication review with amends as required (nurse prescriber) • All patients then offered IAPT or wellbeing appointment
Oversight	MDT clinic weekly attended by 1 of 4 consultants (2 asthma and 2 COPD specialists).
Follow-up	Lead respiratory nurse provided a telephone or face-to-face follow up, onward secondary care referral or back to GP for routine care.
Funding	Funded through the Portsmouth Alliance (primary and secondary care, community health and council). Two years to plan and establish governance, standard operating procedures, etc. Honorary contracts established and clarity agreed on management and accountability. Staff 'loaned' by practices on rotation. Logic model and business case in full report.
Driver for change	• Lead nurse was the first MISSION asthma nurse for the city • Portsmouth Blueprint for Heath and Care included a focus on improving the management of LTCs • By improving holistic management earlier in a patient's pathway, costs later in the pathway will be avoided
Outcomes	• Only ran 2 months.