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## An Audit of a Respiratory Clinic in an Inner City Practice

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**Introduction** This inner city practice has a high prevalence of smoking and a decision was made to develop the asthma clinic which had been nurse-led into a respiratory clinic attended by doctor and nurse with spirometry at the heart of each consultation

**Methods** The audit involved a review of computer records of all patients seen in the first year of the clinic

**Results** One hundred and fourteen patients were seen with 50% of these being reviewed at a subsequent date. There was a DNA rate of 4.8 patients per clinic. Thirty-two patients were children and were audited separately. 71% of adult patients were smokers. 84% had inhaler technique checks documented and 84% were using spacer devices.

Influenza vaccination was administered in 79% of those in whom it was indicated, but this proportion was only 59% in the case of pneumococcal vaccination

The diagnosis was modified after spirometry in 54% of cases. Medication was rationalised in most cases with, in particular, 2 patients with COPD having their steroids discontinued after evaluation. The use of aminophylline, oral  $\beta$ - $\alpha$ -agonists and nebulisers was also addressed and reduced where possible

Cost effectiveness improved with a 14% reduction in prescribing costs for respiratory conditions during the period.

**Conclusion** It is possible to improve diagnosis and treatment of respiratory conditions using spirometry in a clinic setting

**Funding** None

**Conflict of interest** none declared