



Abstract S9 Figure 1 Modelling net cost saving of establishing a weaning unit by varying capacity from 1 to 8 beds.

Conclusion PMV patients use 25% of ICU bed-days in our region. Establishing a 3-bed weaning unit could lead to a reduction of 800 ICU bed-days, a net annual cost saving of £340 000, and acceptable occupancy (70%) and refusal (30%) rates. Establishing such a unit would be feasible in our health board region.

S10 IS IT COST-EFFECTIVE TO REPLACE NURSES WITH LAY ASTHMA EDUCATORS IN PRIMARY CARE?

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Introduction Regular review of those with asthma and support for self-management is promoted in guidelines and encouraged by the Quality Outcomes Framework. Reasons for non-implementation include lack of time and training. A large randomised controlled trial in primary care suggested that need for unscheduled health care was similar if patients were reviewed and offered self management support by a trained lay educator compared to practice nurses.¹

Methods A cost-effectiveness analysis was undertaken using the trial data. The cost of delivery for the intervention incorporated training and consultations. The measure of effectiveness was frequency of unscheduled healthcare which has also been costed.

Results One year intention to treat data (n=418) showed that 29% (61/205) of patients in the nurse group required unscheduled healthcare (177 events) compared with 30.5% (65/213) in the lay group (178 events), that is, there was no statistical difference in effect between the groups. Assigning a cost to this measure of effectiveness (unscheduled healthcare) provides £161 for nurses and £135 for lay trainers, that is, no significant difference (mean £26, (95% CI -95.61, 146.69, p=0.679)). With regards to the costs of delivery, there was no significant difference between the two arms (mean difference £-1.61 (95% CI -6.01, 2.77, p=0.4704)). While the training costs for the lay trainers were greater than nurses (£35 vs £18, respectively, per patient, p<0.001), the consultation costs for lay trainers were lower than for nurses (£8 per patient vs £24, p<0.001). The total costs, consisting of delivery and the measured outcome (unscheduled healthcare), were £203 per patient for the nurse arm vs £179 for lay trainers (mean difference £24, (95% CI -97.15, 144.99, p=0.698)).

Conclusion There was no significant difference in cost of delivery or in the effectiveness of the intervention between the two arms in this trial. It may be inappropriate to conclude that the intervention is not worthwhile as contracting lay trainers full-time rather than part-time would have made full use of the cost of their training, reducing the cost per patient and improving efficiency.

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REFERENCES

1. Partridge MR, Caress AL, Brown C, *et al.* Can lay people deliver asthma self-management education as effectively as primary care based practice nurses? *Thorax* 2008;**63**:778–83.

S11 THE SOUTH EAST ESSEX (SEE) MODEL OF INTEGRATED COPD CARE AND QUIP (QUALITY INNOVATION AND PRODUCTIVITY) IMPROVEMENTS

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The coalition Government has announced there should be £20 billion saving over the next financial cycle in the health budget, and the QUIP (Quality, Innovation and Productivity) agenda is at the heart of this. The SEE model is an ongoing project of integrating COPD care across primary and secondary providers. A robust local network is at the centre of the project which includes increased Consultant community care (real and virtual), education of staff at the University of Essex, Hospital at Home, improved communication, increased community rehabilitation, community spirometry, improved pathways, self-management plans, oxygen alert cards, dedicated oxygen service and involvement of Breathe Easy. We have reviewed our data to see if productivity has improved in line with the QUIP agenda.

Results (See Abstract S11 Table 1) Oxygen provision has been reviewed in a three-step process starting with the highest tariffs and extending to all patients on oxygen resulting in £250 000 saving per year.

Abstract S11 Table 1

Summary of reduction in emergency COPD admissions, bed days and cost			
Financial year	07/08	08/09	09/10
Number COPD admissions	909	841	740
Number COPD bed days	6969	5925	5327
Cost as per 2009/10 PbR	£2141259	£2067171	£1781052
Reduced new (NP) to follow-up (FU) ratios in respiratory outpatients. Indicates higher proportion of follow-up occurring in the community.			
Financial year	07/08	08/09	09/10
NP/FU ratio	2.95	2.9	2.7

Conclusion Integrated services for COPD can bring care closer to home produce reduced admissions, reduced NP/FU ratios and saving on oxygen. Integrated services have achieved savings of at least £650 000 per annum and this is line with the QUIP agenda.

S12 PRE-CLINIC TELEPHONE CONSULTATIONS: A COSTING STUDY

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Study of the taking of a patients' history by telephone prior to clinic attendance and co-ordinating investigations for new respiratory patients showed a reduction in hospital attendances with no