Abstract P58 Table 1 Outcomes for 1242 patients with tuberculosis diagnosed at a London teaching hospital 2000 to 2010

Outcomew			Grouped Outcome		
	n	%		n	%
Completed - Non-Pulmonary	564	45			
Completed - Pulmonary	462	37			
Completed - Pulmonary with culture conversion	59	5	Complete	1085	87
Died - TB cause	10	1			
Died - TB contributed	18	1			
Died - TB incidental	15	1			
Died - TB influence unknown	13	1	Died	56	5
Lost to follow-up	44	4	Lost to follow-up	44	4
On treatment - initially planned	1	0			
On treatment - interrupted	1	0	On treatment	2	0
Transferred Out - LTBR*Clinic	40	3			
Transferred Out - Non LTBR Clinic	10	1			
Transferred Out - Overseas	5	0	Transferred out	55	4
Total	1242	100		1242	100

*London TB Register.

An enhanced level of case management (ECM) is recommended by NICE for those deemed 'hard to reach' and should be provided where risk/needs assessment demonstrates that the patient has clinically and/or socially complex needs. NICE recommends one TB nurse for every 20 such cases so knowledge of their numbers is integral to workforce planning.

The Aim of this project was to identify and quantify those qualifying for ECM in an inner city TB cohort.

Methodology All 170 cases notified with TB in Central Manchester were retrospectively identified from department records for 01/2010 to 12/2010. Data were collected using a standard proforma from clinic letters and TB specialist nurses documentations. Standard case management was defined as per the RCN document 'Tuberculosis case management and cohort review'.

Only 60/170 (35%) were identified as standard management cases in which 7/60 (11%) had other co-morbidities and 4/60 (6%) had a language barrier. 14/60 (23%) were excluded for diverse reasons (e.g. death before diagnosis).

Results 96/170 (56%) were identified as ECM cases which subdivided according to their requirements into either:

1. Medical needs, which comprised 12.5% (12/96) of cases including patients with dual pathology and recurrent hospital admissions.
2. Nursing needs which comprised 12.5% (12/96) of cases in which majority (8/12) of these did not attend clinics as required and the rest (4/12) had anti-TB treatment side effects demanding more home visits.
3. Both medical as well as nursing needs were present in 75% (72/96). In which 52% were paediatric, 11% had resistant organism, 6% were HIV +ve, 4% of patients declined treatment, 3% were on DOT, 3% had complications due to TB infection and 21% of cases had prolonged treatment due to CNS/bone involvement, interaction with other non TB treatment, immune compromised patients and overlap with others (HIV patients, Drug resistant organism, patients on DOT had prolonged treatment).

Conclusions The reasons for ECM are many and diverse and often multiple. In our practise more than half of patients could be classified as requiring such management. This has implications for TB nurse manpower planning.

P61 BTS MDRTB CLINICAL ADVICE SERVICE

doi:10.1136/thoraxjnl-2012-202678.202

[1]D Cullen, [2]JP Watson, [3]PDO Davies. *[1]British Thoracic Society, London, UK; [2]Leeds General Infirmary, Leeds, UK; [3]Liverpool Heart and Chest Hospital NHS Foundation Trust, Liverpool, UK*

Developing an initiative begun by Professor Peter Davies and colleagues in Liverpool in 2008, the BTS has now significantly increased the functionality of this Service to offer an opportunity for genuine on line dialogue between experts and service users on all aspects of the management of patients with MDRTB.

Fully operational since July 2011–64 discrete case queries were received in the first year of operation, of which 41 were confirmed as MDRTB; 4 XDRTB; 7 Isoniazid mono-resistant and 1 related to a mycobacterium infection. The remaining 11 cases discussed were never confirmed as MDRTB or were general requests for advice.

This represents a 45% increase in case discussion since the BTS unveiled the new Service and the initial post is now regularly being followed by further requests for help as new difficulties in case management emerge.

The BTS MDRTB Clinical Advice Forum is accessible via a link on the home page of the BTS website OR directly at the url below: http://forums.brit-thoracic.org.uk/

After an on line registration is approved by the forum administrator, users are prompted to provide anonymised case details according to a pre-set questionnaire template. There is also a free text box and an opportunity to post X-ray and CT images.

Lung cancer awareness, early diagnosis and staging

P62 EARLY RESULTS OF A NATIONAL LUNG CANCER AWARENESS CAMPAIGN

doi:10.1136/thoraxjnl-2012-202678.203

J Maguire, V Kelly, M Ledson, C Smyth, A McIver, M Walshaw. *Liverpool Heart and Chest Hospital, Liverpool, United Kingdom*