Impact of new home oxygen service on respiratory units

Long term oxygen therapy (LTOT) is recommended in guidelines on COPD and in other conditions with chronic hypoxia. Previous studies have shown that supplemental oxygen in patients with COPD improves exercise capacity. In February 2006 the provision of home oxygen therapy in England and Wales changed significantly to include the prescription of ambulatory oxygen for the first time. The British Thoracic Society (BTS) Working Group on Home Oxygen Services has produced guidelines providing recommendations on how assessments for LTOT, ambulatory oxygen, and follow up of patients should be performed. Estimates are given for the amount of time the assessments will take. We have used this guideline to establish the number of individuals in our district referred for LTOT and meeting grade 1 (low activity mainly house-bound) or grade 2 (active and leave the house regularly) oxygen requirements and so calculate the impact that the new service will have on a hospital serving a population of 300 000. Southend Hospital serves a district with a population of 325 000.

The number of patients on LTOT in March 2004 in the district was ascertained from the list kept by the local oxygen provider. All patients referred for LTOT assessments from the beginning of March 2004 to the end of February 2005 were recorded prospectively. Further information was collected from all those referred from the end of November 2004 to the end of July 2005 who had completed their assessment and met the criteria for LTOT.

The BTS Working Group estimates that, in the first year, it will take 7.5 hours to assess and follow up patients for LTOT and 4.5 hours to assess each patient for ambulatory oxygen. Each subsequent year will require 3 hours for follow up. They estimate that 1 Whole Time Equivalent (WTE) is therefore 698 hours.

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REFERENCES