Conclusions Between 2003 and 2008, 27% of patients at our cardiothoracic centre for lung cancer underwent a futile thoracotomy. High SUVmax, the presence of lymphovascular invasion and tumour size ≥3 cm are predictors of FT. Future, prospective studies employing adjuvant chemotherapy in these patient groups are warranted.

Organisation of respiratory care

P223 ONE BLOOD GAS IS NOT ENOUGH TO ASSESS A PATIENT FOR LTOT—HOW TO KISS GOODBYE TO CIRCA £10 MILLION IN ENGLAND

doi:10.1136/thx.2010.151068.24

[1]C Loutsios, [2]G Logan, [2]C Deeming, [1]D Powrie, [1]A Davison. *[1]Southend University Hospital, Southend on Sea, UK; [2]South East Essex PCT, Southend on Sea, UK*

It is recommended in the recent NICE Clinical Guidelines on COPD (June 2010) that stable patients should be offered LTOT if the PaO_2 <7.3 kPa or >7.3 and <8 kPa with associated features; assessment should be made by measuring arterial blood gases on two occasions at least 3 weeks apart in confirmed stable COPD with optimum management. This was the criteria for entry in the MRC and NOTT LTOT trials. This is currently our practice. It has also been recently suggested as part of the COPD National Strategy that only one measurement of blood gases may be necessary. The annual spend on tariffs including LTOT in England in 2006 was £35 500 000. 38 patients were started on LTOT by the South East Essex Oxygen Service in 1 year from March 2009. In addition 11 stable COPD patients had a blood gas measurement in respiratory outpatients and had a PaO_2 <7.3 kPa (Mean 6.79 SD 0.4) and when repeated by the oxygen team was above 7.3 kPa. These patients therefore did not meet the criteria for LTOT. One patient subsequently did meet the criteria within the year. This suggests that at least an extra 28% of patients would have been prescribed LTOT if only one initial blood gas below 7.3 kPa was used to assess for eligibility for LTOT. This could produce an extra spend of approximately £10 million on LTOT if extrapolated across the whole of England. These results suggest that there is considerable variability in PaO_2 in hypoxic patients over time. These results also support the current NICE Clinical Guideline which recommends two measurements of arterial blood gases at least 3 weeks apart should be made before prescribing oxygen. This was the evidence base for starting LTOT in randomised controlled trials.

P224 SCREENING OF CORONARY CARE INPATIENTS WITH SPIROMETRY TO DETECT EARLY OBSTRUCTIVE AIRWAYS DEFECTS

doi:10.1136/thx.2010.151068.25

W Alwan, N Stolagiewicz, N Raison, R Saha, P Murray. *St Peter's Hospital, Chertsey, UK*

Introduction and objectives COPD is the most common chronic lung disease in the developed world yet many patients do not present until they have advanced disease. Screening to identify those with early obstructive airways defects with spirometry may enable earlier treatment and enrolment in smoking cessation programs. Widespread spirometric screening for COPD in the general population is unlikely to be cost-effective. Cardiology inpatients often share similar risk factors to those with COPD; smoking in particular. We hypothesised that screening patients admitted to our coronary care unit would be an effective way of identifying patients at increased risk of developing COPD by using spirometry to detect early obstructive airways defects.

Methods Patients admitted to a coronary care unit at a district general hospital were selected for spirometric assessment. Medically unstable individuals, deemed as those with a modified early warning (MEWS) score of 2 or more were excluded. Forced volume capacity (FVC) and Forced expiratory volume in one second (FEV_1) were calculated using a Vitalograph alpha spirometer. The GOLD (Global initiative for Chronic Obstructive Lung Disease) criteria were used to categorise patients according to COPD severity. Those who were found to have airway obstruction were offered repeat testing following discharge.

Results 20 patients were in the initial study population. Four patients were excluded—three because of poor technique and one who had pre-existing COPD. No other patients had any formal diagnosis of respiratory disease. Of the 16 patients, 10 (62.5%) had objective airways obstruction; 6 (37.5%) patients had GOLD stage I, 3 (18.8%) patients GOLD stage II and 1 (6.3%) patient had GOLD stage 3 disease. Of these 10 patients, seven were smokers or ex-smokers. Amongst patients with known ischaemic heart disease, 69.2% had a degree of airways obstruction, whilst 77.8% of patients with a history of smoking had an obstructive picture on spirometry.

Conclusion Coronary care unit inpatients represent an effective target population to screen for potential obstructive airways disease. Identifying patients with ischaemic heart disease and/or a smoking history will allow patients to be risk-stratified further and increase the sensitivity of spirometry. Our study compares favourably with other methods of identifying high risk groups for screening.

Abstract P224 Table 1 A table to show various proportion of patients found to have airway obstruction on spirometry

GOLD stage	All patients (n=16)	Patients with IHD (n=13)	Current & ex smokers (n=9)
Normal	6	4	2
1	6	5	4
2	3	3	2
3	1	1	1
Percentage of patients with obstrctive disease	62.5%	69.2%	77.8%
Percentage of patients with normal spirometry	37.5%	30.8%	22.2%

P225 FIRST NATIONAL SURVEY OF THE RESPIRATORY PHYSIOTHERAPY WORKFORCE

doi:10.1136/thx.2010.151068.26

[1]C Mikelsons, [2]M Buxton. *[1]Royal Free Hospital, London, UK; [2]NWLH Trust & Brent PCT, London, UK*

In 2008, the RCP/BTS COPD Audit reviewed the multidisciplinary workforce provided by acute Trusts in managing the care of patients with COPD: the results showed that nationally, the median number of respiratory specialist physiotherapists employed in each hospital was 1 (Abstract P225 Table 1), highlighting that the understanding of the number and speciality level of this workforce is poorly recognised by other professionals. In conjunction with the BTS, and to complement the recently published BTS/ACPRC Physiotherapy Guidelines on the Spontaneously Breathing Adult Medical Patient (2009), a survey of the respiratory physiotherapy workforce was carried out in October 2009. An electronic