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 (£2 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.

REFERENCES