Benefits The system has allowed improved communication between members of the team. The template has served as a management checklist ensuring that important components of COPD care are not forgotten. The system has been used to identify patients with very severe disease for discussion at a severe disease MDT and been associated with a 5% reduction in outpatient attendances.

Methods Two COPD outcome measures from INHALE (www.inhaile@nhs.uk), emergency bed days for COPD admissions per 1000 PCT population for 2010–11, and % emergency re-admissions within 28 days for 2010–11, have been ranked from 1–13 for all PCTs in the EoE. A questionnaire has been developed by the EoE. Respiratory Team to assess respiratory service provision. This was completed by all the respiratory networks in the 13 PCTs in April 2012. The presence of 4 services in the PCTs ranked in the top 6 have been compared to their presence in the bottom 7 PCTs. 11 PCTs have one local hospital.

Results All COPD admissions were under the care of the respiratory team in 50% of hospital ranked in the top 6, compared with 43% of those ranked in the bottom 7. A discharge bundle was in place in 55% of hospitals in the top 6, compared with 57% in the bottom 7. An early discharge scheme was in place in 66% of those in the top 6, compared with 57% in the bottom 7. An integrated care pathway existed in 53% of those in the top 6, compared with 100% in the bottom 7.

Conclusion We had expected to find a relationship but these results suggest that the existence of various services cannot be used as a surrogate for outcome measures. It would be expected that the existence of these services would improve the outcomes. The services were present in April 2012 but may have been introduced after or during 2010–11 when outcomes were measured. Auditing is also necessary to show that services are effective. Outcomes may also have improved in some areas after the introduction of services but those PCTs may still be ranked below others. In future trend analysis will be more useful than simple ranking.

Discussion This demonstrates that service redesign can deliver rapid improvements in the quality of care with significant cost savings potential.