questionnaires for 106 respiratory outpatients (**RO**), 100 respiratory inpatients (**RI**, 38% male) and 102 urology inpatients (**UI**, 67% male) to answer 18 questions of the CSQ¹ on 5 point categorical scales for how important they value aspects of the consultation (very important – not at all important) & how well that aspect was achieved (strongly agree – strongly disagree) in a teaching hospital over 10 weeks. Median (range) age was 68(26–91) years and 64 (20–90) years respectively and length of stay was 7 (1–93) and 4 (1–90) days respectively for **RI** and **UI** respectively.

Anonymised questionnaires on the tablet PC were completed in median (range) 264 (142–775) secs. Outcome score correlated with importance in for **RI** and **UI** (Pearson correlation coefficient, PCC, 0.90 and 0.81 respectively) but not for **RO** (PCC 0.56)

Questions were clustered into General satisfaction (3Q), Professional care (6Q), Depth of relationship (6Q) and Length of consultation (3Q) domains. Fig.1 shows for each domain and each patient type, percentage of total possible scores and importance evaluated. Scores for all three patient categories were higher for general satisfaction and professional care than for depth of relationship and length of consultation. Depth of relationship was regarded as least important by all three patient categories.

We conclude patients value clinicians checking questions with them and being told about their treatment most and suggest doctors place more emphasis on this and on depth of relationship with patients. New technology allows preferences to be ascertained and analysed rapidly and accurately in a time constrained health service.

Reference Kinnersley P et. al. (1996) A comparison of methods for measuring patient satisfaction with consultations in Primary Care, Family Practise, 13, 41–52.

Abstract P26 Figure 1

P27 QUIPP ACHIEVEMENT ASSOCIATED WITH THE CREATION OF AN ACCURATE HOME OXYGEN REGISTER AND REMOVAL OF INAPPROPRIATE SHORT BURST OXYGEN THERAPY

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R Fielding, C Gelder, J Shakespeare. University Hospitals Coventry and Warwickshire, Coventry, England

Introduction The Department of Health have identified that the provision of home oxygen is an area where there are significant

potentials for both quality improvements and efficiency savings. As part of a programme of work which has included renegotiation of the SHA's home oxygen supply contract, each PCT in the West Midlands has been encouraged to set up a Home Oxygen Assessment and Review service and supported to establish an accurate home oxygen register. Here we report the benefits to one PCT of establishing an accurate home oxygen register and removal of inappropriate short burst oxygen therapy.

Methods A home oxygen register was created by importing billing information into Open Exeter and uploading a list of deducted patients which were checked manually. Patients on short burst oxygen therapy were contacted and clinical need evaluated. Where appropriate these patients were reviewed by the HOS-AR team. The project commenced in July 2011 and was funded by a profit sharing agreement between the local PCT and acute Trust.

Results In 2010/11 Coventry Primary Care Trust (population ~350,000) spent approximately £730,000 on home oxygen therapy (excluding VAT). In July 2011 there were 966 people on the home oxygen register. Removing duplicate entries (67), deceased patients (21) and individuals who had moved to another area (16) reduced the register by 104 with an associated saving of £69588 over a nine month period. Removal of inappropriate short burst oxygen resulted in a monthly saving of approximately £4,000. Thus an annualised total saving of approximately £150,000 was achieved which equates to 20% of original spend.

Discussion This demonstrates that significant savings can be achieved rapidly simply by the creation of an accurate home oxygen register and removal of inappropriate short burst oxygen.

P28 A SUCCESSFUL AMBULATORY PATHWAY FOR ELECTIVE CT GUIDED LUNG BIOPSY WHICH REDUCES BED DAYS IS CO-DEPENDANT ON ADEQUATE DISCHARGE PLANNING INCLUDING A PATHWAY FOR MANAGING PATIENTS WITH SMALL PNEUMOTHORACES

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M Tufail, T Hussain, E Hadley. Barking, Havering and Redbridge NHS Trust, Ilford, Essex, UK

Introduction and Objectives CT guided lung biopsy is a cost effective and reliable method to diagnose lung malignancy. The procedure has a low morbidity and mortality although pneumothorax complicates up to 61% of all lung biopsies.¹ Patients were previously admitted for this procedure but the lack of beds and the resources prompted the conversion to an out-patient service.² The aim of this study was to look at how a new policy for day-case CT guided biopsy of the lung affected bed-days, in particular those patients with a post biopsy pneumothorax.

Methods We collected data on CT guided lung biopsies, its complications and bed days per biopsy during 2008 when procedure was performed as inpatient and compared it with the findings when procedure was performed as day case between 2009 and 2011.

Results During 2008 we performed 35 CT guided lung biopsies as inpatients. Total bed days per biopsy were 2.31(81/35). With the introduction of a day case procedure in 2009 total bed days per biopsy were remarkably reduced to 0.12 (9/73). Post biopsy pneumothorax rate was 18.8% (13/73) over 3 years, but only one patient required treatment with a chest drain 7.7% (1/13). However 9/13 patients were admitted for observation irrespective of the symptoms and size of the pneumothorax.

Conclusion We present evidence that the implementation of a successful day-case CT biopsy pathway has dramatically reduced bed days per successful biopsy. We have demonstrated that a further pathway for the ambulatory management of post-biopsy complications would further reduce this figure by a factor of 10 from 0.12 to 0.014 days (1/73)[see table]. We recommend discharging suitably selected patients with small asymptomatic pneumothorax with an