

Abstract P28 Table 1 CT guided lung biopsies, complications and bed days per biopsy from 2008–2011

	Total no. of procedures	Total no. of complications	Admission rate for complications	Total bed days per biopsy	Projected bed days if ambulatory care for complications implemented
2008	35	4	4/4 (100%)	81/35 (2.31 days)	
2009–2011	73	13	9/13 (69%)	9/73 (0.12 days)	1/73 (0.014 days)

appropriate information leaflet. A CXR to confirm resolution of the pneumothorax could be done when the patient returns to clinic for their biopsy results.

#### References

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#### P29 ACUTE RESPIRATORY ASSESSMENT SERVICE (ARAS): A NEW NURSE-LED SERVICE MANAGING PATIENTS WITH ACUTE RESPIRATORY CONDITIONS IN SECONDARY AND PRIMARY CARE

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**Background** Acute respiratory disorders are a huge burden to acute medical services in any healthcare system. Our institution has two large teaching hospitals providing care to a population of over 600,000 people; a mixture of inner city and rural areas.

**Aim** A retrospective review of outcomes of a new nurse-led specialist respiratory assessment service supported by respiratory consultants for the management of acutely unwell respiratory patients.

**Methods** We developed the ARAS team consisting of 3 specialist respiratory nurses supervised by 2 consultant respiratory physicians. The ARAS team reviewed all acute respiratory admissions, twice daily, to the acute medical specialist unit. They assessed in-patients on medical wards and intensive care, and provided early community discharge reviews. The ARAS team worked with community-based respiratory, oxygen, dietician and smoking cessation services.

**Results** Over 9 months (November 2010 to July 2011), a total of 813 patients were managed through ARAS; 446 (54.9%) COPD, 77 (9.5%) asthma, 111 (13.7%) pneumonia, 90 (11.1%) lower respiratory tract infection (LRTI), and 89 (10.9%) with other respiratory conditions. More than half (52.4%) of the patients admitted were discharged within 96 hours. There were 254 (31.2%) patients who had supported discharges, of which 153 (60.2%) were discharged within 96 hours. Early supported discharges (<96 hours) were mainly for patients with COPD (124 (81.0%)) and asthma (23 (15.0%)). The 30-day readmissions were 122 (15% of total), of which 10.2% and <1% of all ARAS-reviewed patients had COPD and asthma, respectively.

**Conclusion** A dedicated specialist service provides high standard of care for patients with acute respiratory disorders and a link between the acute hospital and community services resulting in a reduced length of hospital stay with reasonably low re-admission rates in an area in the UK with high prevalence of respiratory disorders.

#### P30 FEASIBILITY OF A NEW OUT-PATIENT BREATHLESSNESS SUPPORT SERVICE

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**Background** Breathlessness is a common and devastating symptom affecting many patients with advanced malignant and non-malignant disease. Management comprises non-pharmacological and pharmacological interventions best delivered by a multidisciplinary group.

**Aim** To describe the feasibility of a study testing a newly established Breathlessness Support Service (BSS) at King's College Hospital, London.

**Methods** An innovative BSS with palliative care and respiratory medicine (consultant, nurse, physiotherapy, occupational therapy, and social work) input is offered since October 2010 to patients with refractory breathlessness due to advanced malignant and non-malignant disease. Patients are seen twice in the clinic and offered a home visit by physiotherapy and occupational therapy. The new service is evaluated in a phase 3 fast track randomised controlled trial (RCT) comparing immediate or delayed (after 6 weeks) access to BSS.

**Results** Between October 2010 and June 2012, 191 patients have been referred to our study, of which 88 patients have consented to partake in the study (48/88 male; median age 68 y (range 40–84 y); 62/88 carer present; COPD 45, Cancer 17, ILD 18, heart failure 6, Asthma 1, other 1). Of these 88 patients, 60 patients have completed the study (primary endpoint at 6 weeks), with 11 patients awaiting their 6 week assessment. The current attrition rate for the primary endpoint of the study (6 weeks) is approximately 19%, much less than 40% we originally anticipated. 40 have completed the 12 week follow up home visit (secondary endpoint), with 12 patients awaiting their 12 week assessment. The current attrition rate for the secondary end point is 34%, reflective of the complexity of retaining palliative care patients in a RCT. The BSS is well received by patients. Main organisational problems relate to transport to the BSS and patients being unwell to attend the second clinic visit.

**Conclusion** Referral to the study is similar to what we expected with the number of patients consenting (46%) to partake similar to that reported in the pulmonary rehabilitation literature. Once in the trial, attrition is low. Overall, the BSS seems to be feasible.

#### P31 DO LUNG CANCER PATIENTS GET A BETTER DEAL IF THEY PRESENT BY TWO WEEK WAIT PATHWAY?

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**Introduction** Introduction of one stop lung cancer [LC] clinics have shortened the patient journey of 2 week wait [2WW] referral