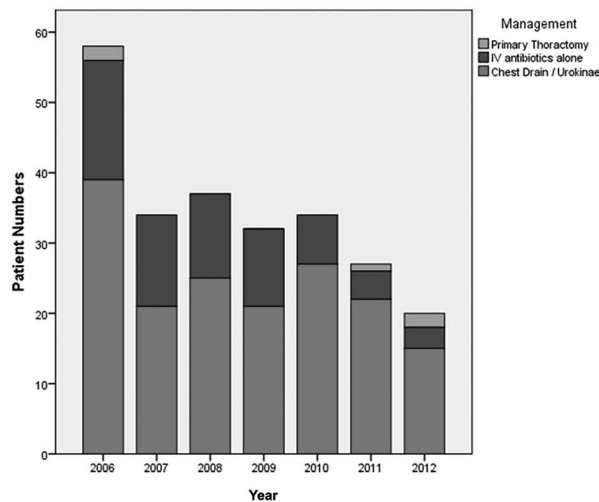


outcome supports timely management of children using an integrated care-pathway led by a multidisciplinary team. The vast majority of children may be safely managed without surgery.



Abstract S77 Figure 1. Number of inpatient admissions and primary management by year.

Managing pleural effusions

S78 EVALUATION OF AN AMBULATORY PLEURAL SERVICE: COSTS AND BENEFITS

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Background Outpatient management of undiagnosed pleural effusions is increasing. Payment for managing these patients is usually based on standard outpatient Healthcare Resource Group (HRG) codes. For 2013/14, a new Best Practice Tariff (BPT) of £1534 has been introduced to further disincentivize emergency inpatient management. We audited our service and examined what effects this tariff may have when applied.

Methods Our well-established tertiary pleural service serves a local population of around 540,000. New patients are seen in a weekly pleural clinic or in a daily respiratory admission avoidance (Hot) clinic, which had standard 2012/13 tariffs of £223 and £334 respectively. The service sees approximately 150 new effusion patients per year in clinic and 3 new patients per week in Hot. Around 50 medical thorascopies and 60 indwelling pleural catheter insertions are performed each year.

We audited randomly selected patients from our large, prospectively-maintained database. All audited patients were seen as new pleural effusion referrals between 2008 and 2012. Diagnosis was confirmed after a minimum of 12 months' follow-up.

Results 146 patients were audited. Median age 76 (range 21–93), 71% male. Final diagnoses were mesothelioma (n = 28, 19%), lung cancer (n = 10, 7%), breast cancer (n = 13, 9%), other cancer (n = 31, 21%), pleural infection (n = 15, 10%), benign pleuritis (n = 11, 8%) and other (n = 38, 26%). 92% of patients avoided direct admission following their initial clinic appointment.

115 patients (79%) underwent ultrasound-guided pleural aspiration at their initial appointment and 63 (43%) patients underwent subsequent pleural biopsy. For patients with malignancy, diagnostic sensitivity on first fluid cytology was 27% (adenocarcinoma n = 15, 80%; mesothelioma n = 21, 5%), and 93% (25/27) for medical thoracoscopy biopsy. Histological/cytological diagnosis took a median of 20 days (IQR 10–33) from presentation. There were no significant procedural complications noted (bleeding, pneumothorax, empyema). 97% (58/60) of patients surveyed rated the service as either very good or excellent.

Conclusions Ambulatory management of undiagnosed effusions is efficacious, avoids hospitalisation in the vast majority and is preferred by patients. The 2013/14 pleural effusion BPT promotes admission avoidance by encouraging appropriate outpatient management. Trust reimbursement for practising in this way should facilitate enough resource to enable new pleural services to be established where required.

S79 COMPARING THE QUALITY OF LIFE AND COST-EFFECTIVENESS OF INDWELLING PLEURAL CATHETER VS. TALC PLEURODESIS FOR MALIGNANT PLEURAL EFFUSIONS

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Abstract S78 Table 1. Estimates of income using old and new tariffs based on yearly patient numbers and audit data

Type of encounter	Number	2012 – 2013 tariff	2013 – 2014 BPT tariff	Notes
Outpatient/Hot new effusion	300	$[300 \times (223 + 334/2)] =$ $£83,550 \times 0.92 =$ $£76,866$	a. $[300 \times 0.70] \times 1534$ $= £322,140 \times 0.92$ $= £296,369$ b. $[(300 \times 0.3) \times (189 + 329/2)]$ $= £23,310 \times 0.92$ $= £21,445$ a+b = £317,814	Assumed 70% of patients undergo aspiration at first appointment (therefore eligible for BPT), and 8% need admission (therefore not billed as outpatients)
Subsequent aspiration	60	$60 \times 544 =$ £32,640	$18 \times 544 =$ £9,792	Assumed 20% go on to have aspiration later
IPC insertion	60	$60 \times 544 =$ £32,640	$60 \times 544 =$ £32,640	All IPCs inserted as day case
Medical thoracoscopy	50	$50 \times [(544 + 2153)/2]$ $=$ £67,425	$50 \times [(544 + 2153)/2] =$ £67,425	Assumed 50% of patients receive talc
12 MONTH TOTAL		£209,571	£427,671	Extra income £218,100

CODES & TARIFFS: Diagnostic thoracoscopy (T11.1, HRG DZ06Z, £544); Thoracoscopy with talc (T10.2, HRG DZ04B, £2153); IPC insertion (T12.4, HRG DZ06Z, £544); Aspiration (T12.3, HRG DZ06Z, £544); Respiratory o/p first attendance (WF01B, £223 in 12/13, £189 in 13/14); HOT clinic (locally agreed £334 in 12/13, £329 in 13/14). BPT aspirations must occur on elective list after initial assessment.