appropriate care settings to minimise unscheduled care and improve patient access and care.

REFERENCE

1 Royal College of Physicians. Why asthma still kills: the National Review of Asthma Deaths (NRAD). *Confidential Enquiry Report.* May 2014

P89 ATTENDANCE OF SECONDARY CARE RESPIRATORY OUTPATIENT APPOINTMENTS IN ILLICIT DRUG USERS WITH RECURRENT HOSPITAL ADMISSIONS WITH 'COPD' AT A CITY CENTRE TEACHING HOSPITAL

R Huang, AM Collins, N Williams, N Garner, T Perry, H Burhan. *Royal Respiratory Research (RRR), The Royal Liverpool and Broadgreen University Hospital Trust, Liverpool, UK*

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Introduction Non-attendance at outpatient appointments (OPA) costs the NHS an estimated £600 m a year, with over 94,000 missed (first) OPAs in England from 2013 to 2014.[1] We reviewed the arrangement and attendance of OPAs for illicit drug smokers, after hospital re-admission with an 'exacerbation of chronic obstructive pulmonary disease (COPD)'.

Methods All illicit drug smokers re-admitted between January 2009 and September 2011 with a presumptive diagnosis of 'exacerbation of COPD' were included. Planned respiratory OPAs were reviewed retrospectively from our COPD admission database to determine the number attended or unattended. Unattended OPAs were classified as (a) hospital cancellation (b) patient cancellation (c) patient did not attend (DNA) or (d) 'unknown'.

Results Of 89 patients, no OPA was arranged in 28 (31.5%). 334 respiratory appointments were made for 61 patients (mean = 5.5 per patient); of these, only 86 (25.7%) were attended (see Table).

Conclusion High recurrent admission rates suggests that these patients should all have specialist respiratory OPAs arranged at discharge, with the aim of preventing re-admission and improving their respiratory health. In our cohort we noted poor OPA attendance with a DNA rate of 52.0% compared with around 8.6% for first OPAs overall in England in 2012.[2] This suggests alternative approaches are needed in order to engage with these patients such as community based secondary care outreach services. We will now study the effects of an intensive community-based secondary care outreach services; involving smoking cessation, targeted pulmonary rehabilitation, specialist respiratory (consultant and nurse) involvement, vaccination, inhaler technique reviews, medication concordance checks/ prescription and health trainers.

REFERENCES

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Abstract P89 Table 1

Not attended (n = 248)		
Reason	Hospital cancelled	92 (37.1%)
	Patient cancelled	8 (3.2%)
	DNA	129 (52.0%)
	'Unknown'	19 (7.7%)

P90 CATCH – COMMUNITY ACCESS TO CT CHEST

[1]CS Moorcroft, [1]G Kamalatharen, [2]S Elliot, [3]A Walsham, [3]A Sharman, [3]SCO Taggart. *[1]Manchester Medical School, Manchester, UK; [2]Salford Clinical Commissioning Group, Salford, UK; [3]Salford Royal NHS Foundation Trust, Salford, UK*

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Introduction Rates of lung cancer diagnosis for two week wait (2WW) referrals are low although referrals are increasing. Many 2WW's are potentially exposed to unnecessary anxiety as the referral requires the G. P. to inform the patient of the possibility of cancer. CATCH (**C**ommunity **A**ccess **T**o CT **Ch**est) is a new protocol of care that has been developed by the Salford lung cancer team in collaboration with the Salford C. C. G. whereby abnormal "low risk" CXR reports are communicated to G. P.s with instructions for them to request a CT scan, which is then fast tracked allowing rapid performance and reporting of the scan with appropriate advice to the GP.

Methods A d-base was set up to capture the performance of CATCH from its introduction on 05.02.2014 to 05.07.2014. Demographic details were collected for dates of CXR, CXR report, CT request, CT report, relevant outcomes and 2WW activity for same time (2011–2014). Participating patients were interviewed by telephone using a structured questionnaire (supported by a postal questionnaire for non-responders).

Results 53 patients underwent an abnormal CXR with advice to enter into the CATCH protocol and of these 7 bypassed CATCH having been referred directly into the 2WW system by their G. P.s. For the 46 patients completing CATCH, seven (15%) urgent 2WW referrals were recommended. In the remaining 39 patients, 28 required no follow up, 9 non-urgent referral to the chest clinic and 2 repeat community CXRs. Timelines for performance of CT scans were acceptable (see Table) and detected cancer in 5/46 (10.9%) and were normal in 8/46 (17.4%). 23–26 patients interviewed to date rated the service overall as either very good or excellent. During same points in 2011, 2012, 2013 and 2014

2WW numbers were 69, 84, 89 and 81 respectively.

Conclusions Our provisional data support the role of CATCH as a new system of care for managing "low risk "CXR reports that might otherwise be referred into growing 2WW clinics. Thus far, the protocol moves at a rapid pace and has been well received by the patient (although we await the results of the postal survey in due course).

Abstract P90 Table 1 Mean time for various CATCH outcomes

CXR performed to CXR report	3.1 days
CXR report to CT request	5.1 days
CT request to CT appointment	5.8 days
CXR report to CT appointment	13.0 days

P91 DEVELOPMENT AND IMPLEMENTATION OF A STRUCTURED, ANNUAL 'COMPREHENSIVE RESPIRATORY ASSESSMENT' FOR INDIVIDUALS WITH ADVANCED COPD

N Toms, NJ Greening, R Free, JE Williams, RA Evans, MC Steiner. *Glenfield Hospital, Leicester, UK*

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Introduction Disease burden, polypharmacy, co-morbidities and complex social needs are significant in patients with advanced COPD and predict morbidity, mortality and health care