

European Respiratory Society Annual Congress 2012

Abstract Number: 139

Publication Number: P1303

Abstract Group: 12.2. Ethic and Economics

Keyword 1: Primary care **Keyword 2:** Chronic disease **Keyword 3:** Health policy

Title: Efficacy and safety of applying the British Thoracic Society (BTS) criteria to determine appropriateness of follow up in general respiratory clinics

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Body: Introduction: Respiratory physicians are under increasing pressure in England to discharge patients with chronic illnesses to primary care. The BTS statement on criteria for specialist referral, admission, discharge and follow-up for adults with respiratory disease (Thorax 2008; 63(Suppl 1):i1–i16.) remains the only available basis for this dialogue. Aim: To assess the impact of implementing BTS criteria for discharge on follow-up to new ratio (“new-to-follow up” ratio) in a general respiratory clinic (efficacy) and to assess readmission rates of those discharged as a measure of appropriateness of discharge. Methods: Retrospective analysis of “New-to-Follow up” ratios of one pilot general respiratory clinic in a large teaching hospital collected over a 2 week period in July 2010; repeat analysis undertaken (Oct-Dec 2010) after a BTS statement-guided clinic reform was implemented (Jul-Dec 2010) with a management plan in the clinic letter. Unscheduled hospital admission in 6 months following the date of the clinic discharge were compared with preceding 6 months. Results: Number of Follow-up-to-new ratio pre-reform was 5.0 (144/29); post-reform improved to 0.86 (111/129); clinic waiting time fell from 13 to 5 weeks. There was a significant drop in all-cause and respiratory-related admission rates for those who were reviewed and discharged.

Re-admission data

Admissions	Pre-Reform	Post-reform
Total	83	55
Respiratory	57	25
% of total	67	45

Conclusion: Patient-focussed, multidisciplinary approach to long-term respiratory conditions allows accurate diagnosis and appropriate discharge planning to take place using the BTS criteria.

