Cost effectiveness of providing nurse-led annual asthma reviews by telephone vs face to face: a randomised controlled trial in UK primary care **AB03PR**

Hilary Pinnock, Department of Primary Care and General Practice, University of Aberdeen *Prim Care Resp J* 2003; **12(2)**:62

Background: Telephone consultations offer an efficient and effective option for the routine review of adults with symptomatic asthma. [Pinnock *et al, BMJ* 2003;**326**:477-9]

Objective: To compare the cost-effectiveness of nurse-led reviews undertaken by telephone with face-to face reviews.

Methods: Cost effectiveness analysis based on a 3 month randomised controlled trial of telephone vs face-to-face reviews for adults with asthma in 4 UK general practices. Data on use of direct healthcare resources (primary / secondary care contacts and drug use) were obtained from the GP records

Results: 278 asthmatics were randomised to surgery (S: n=141) or telephone (T: n=137) review. 101 (74%) asthmatics in the telephone group were reviewed vs 68 (48%) in the surgery group (p<0.001). Telephone consultations were significantly shorter (mean duration T: 11.19 (SD 4.79) vs S: 21.87 (SD 6.85) minutes (p<0.001) Healthcare costs per patient over 3 months were similar (S: £59.22 (SD 66.00) vs T: £64.20 (SD 73.15) p=0.551) Total cost, based on unit costs for nurse clinic consultations in 2000/1 (www.pssru_library@ukc.ac.uk) plus the cost of telephone calls (www.BT.com) of providing 101 telephone and 68 face-to-face reviews was similar (T: £724.20 vs S: £697.60) but mean healthcare cost per consultation achieved was less in the telephone arm (T: £10.65 vs S: £6.91)

Conclusion: Telephone consultations enabled a greater proportion of asthma patients to be reviewed (risk difference=26%) with cost savings to the NHS. This mode of delivering care is, therefore, a dominant strategy which not only improves access but reduces cost per consultation

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A questionnaire survey of patient's views on telephone and surgery reviews for asthma in UK primary care **AB04PR**

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Background: Telephone consultations offer an efficient and effective option for the routine review of adults with symptomatic asthma. [Pinnock *et al, BMJ* 2003;**326**:477-9]

Objective: To identify patients' preferences for modes of delivering asthma care.

Methods: Semi-structured questionnaire survey of all 278 patients enrolled in a randomised controlled trial about their preference for future asthma reviews and reasons for their choice. Quantitative analyses were undertaken of categorical and continuous data and qualitative analysis of free text responses.

Results: Of the 209 respondents (75% response rate) 70 (33%) preferred telephone, 35 (17%) preferred surgery and 104 (50%) had no preference. The difference in responses amongst those randomised to the telephone arm and those in the surgery arm was not significant (chi2=5.03; p=0.08). Those preferring telephone reviews commonly cited convenience for people at work or with domestic commitments. Telephone consultations overcame mobility and transport problems and cost patients less in time and money. Concerns were occasionally expressed about problems with confidentiality, particularly when calls were taken at work and a few patients observed that the phone call caught them unprepared. Those preferring surgery consultations believed them to be more personal, facilitating a relaxed consultation and allowing a more in-depth assessment. Many respondents felt that, as their asthma was mild and well controlled, telephone reviews were ideal as they were quick and convenient. If they perceived a problem with their asthma they would make an appointment at the surgery.

Conclusion: Many adults appear to appreciate the convenience of telephone reviews. General practices should consider including a telephone option as part of their routine asthma service

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Management of COPD in Primary Care in Leicestershire **AB05PO**

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Introduction: Chronic Obstructive Airways Disease (COPD) is a common treatable condition suitable for primary care given certain prerequisites. These are disease specific registers, protocols and clinics and access to quality assured spirometry for accurate diagnosis and monitoring of disease progression.
Rationale : To determine proportion of practices with COPD registers, protocols and clinics and the resources to provide high quality spirometry.
Methods: A postal survey of the identified lead respiratory nurse and doctor in 147 Leicestershire practices. Reminders were sent after six weeks of non-response. Further telephone questionnaires were sent to non-responders after twelve weeks.