Evaluation of an ambulatory pleural service: costs and benefits

Sir,

Patients presenting with a pleural effusion often suffer extended and expensive hospital admissions (Yim et al, 1996). In 2013/14, a new Payment by Results Best Practice Tariff of £1534 was introduced in the UK for new pleural effusions, aiming to reduce the lengths of unnecessary stays by disincentivizing emergency admissions (Department of Health Payment by Results Team, 2013).

The authors' service at North Bristol NHS Trust sees new patients in a weekly pleural clinic or in a daily respiratory admission avoidance (Hot) clinic, which had standard (pre-Best Practice Tariff) tariffs in 2012/13 of £223 and £334 respectively.

In order to determine the impact of the new Best Practice Tariff on this service, the authors first audited 146 randomly selected patients from their large, prospectively-maintained database. All audited patients were seen as new pleural effusion referrals between 2008 and 2012. Diagnoses were confirmed by two consultants after at least 12 months. The authors initially evaluated the clinical demographics (*Figure 1*) and effectiveness of the service, and a theoretical assessment was then made as to the effects of the new Best Practice Tariff in comparison to previous billing.

According to these figures, 70% of patients would be eligible for the Best Practice Tariff at first presentation. Using appropriate figures (*Table 1*), it was calculated that an extra £219 715 per annum might be generated for the service by managing and coding patients in line with the new recommendations.

These findings are extremely encouraging and should act as an incentive for other pleural services in the UK to embrace this method of practice. Ambulatory care has the potential to avoid both unnecessary patient admissions, and generate incomes to establish, improve and consolidate pleural services.

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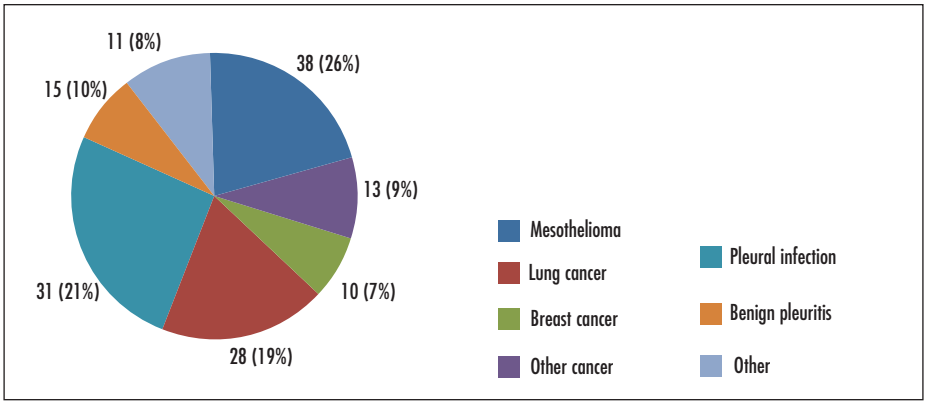
Figure 1. Prevalence of diagnoses among 146 audited patients. Mesothelioma, other lung cancers and pleural infection were the most common.



Department of Health Payment by Results Team (2013) *Payment by Results Guidance for 2013-14.* Department of Health, Leeds

Yim AP, Chan AT, Lee TW, Wan IY, Ho JK (1996) Thoracoscopic talc insufflation versus talc slurry for symptomatic malignant pleural effusion. *Ann Thorac Surg* **62**: 1655–8

Table 1. Calculations of estimated incomes generated using the old and new tariffs based on yearly patient numbers and audit data (amounts reimbursable will vary from year to year)

Type of encounter	Number	2012–13 tariff	2013–14 Best Practice Tariff	Notes
Outpatient/hot new effusion	300	[300*(223+334/2)] = £83 550*0.92= £76 866	a. [300*0.70)*1534] = £322 140*0.92 = £296 369 b. [(300*0.3)*(223+334/2)] = £25 065*.92 = £23 060 a+b = £319 429	Assumed 70% of patients undergo aspiration at first appointment (therefore eligible for Best Practice Tariff), and 8% need admission (therefore not billed as outpatients)
Subsequent aspiration	60	60*544= £32 640	18*544= £9792	Assumed 20% go on to have aspiration later
Indwelling pleural catheter insertion	60	60*544= £32 640	60*544= £32 640	All indwelling pleural catheters inserted as day case
Medical thoracoscopy	50	50*[(544+2153)/2]= £67 425	50*[(544+2153)/2] = £67 425	Assumed 50% of patients receive talc
12-month total		£209 571	£429 286	Extra income £219 715

Codes and tariffs: diagnostic thoracoscopy (T11.1, Healthcare Resource Groups DZ06Z, £544); thoracoscopy with talc (T10.2, Healthcare Resource Groups DZ04B, £2153); indwelling pleural catheter insertion (T12.4, Healthcare Resource Groups DZ06Z, £544); aspiration (T12.3, Healthcare Resource Groups DZ06Z, £544); respiratory outpatient first attendance (WF01B, £223); hot clinic (locally agreed £334). Best Practice Tariff aspirations must occur on elective list after initial assessment