

EuroQol five dimensions questionnaire (EQ5D), co-morbidities, body mass index (BMI), smoking history and alcohol intake. Disease specific tools were used where available and responses linked to clinical data. Individual level data will be available during clinic consultations, and collated data analyzed on national and health board levels to assess clinical effectiveness. The platform is currently being piloted in several sites across Wales.

RESULTS:

Initial baseline pilot data from hip replacement patients found that over 55 percent of responders were classed as overweight or obese, with over 80 percent carrying out less than the national guidelines for exercise.

The baseline scores for hip patients were; EQ-5D Index (Mean .29, median .29, range (-.59 -1)), EuroQol-visual analogue scales (EQ-VAS) (Mean 57.8, median 60, range (0:100)), and Oxford Hip Score (Mean 14.9, median 14, range (0:48)).

When compared to baseline scores collected by NHS England in 2015/16 (1), the average EQ5D Index and Oxford Hip Score collected in Wales was lower than that in England ($p < .05$).

CONCLUSIONS:

The program will provide a large dataset from patients across all of Wales with data on numerous chronic and acute conditions. The data collected will facilitate service improvements and will inform decision making as part of the prudent healthcare agenda.

REFERENCES:

1. NHS Digital. Provisional Patient Reported Outcome Measures (PROMs) in England – April 2015 to March 2016, August 2016 release [Accessed 9th September 2016]. Available at: <http://content.digital.nhs.uk/proms>

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PP059 National Survey Of Current United Kingdom Ambulance Service Transient Ischemic Attack Referral Pathways

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INTRODUCTION:

Patients presenting to emergency ambulance services with Transient Ischemic Attack (TIA) are usually conveyed to the Emergency Department (ED) with subsequent referral to specialist assessment at a TIA clinic within one week if at low risk of stroke. There is opportunity for paramedics to refer patients with TIA at low risk of recurrent stroke directly to a specialist TIA clinic, avoiding the transportation and care at the ED however evidence is lacking about current practice, safety and effectiveness of this intervention.

We aimed to describe current service developments across the United Kingdom (UK) for the pre-hospital emergency care of patients with TIA, to inform the development of an intervention for testing.

METHODS:

We surveyed all UK Ambulance Trusts ($n = 13$) by email, asking them to identify initiatives related to the management of TIA, and followed up services reporting an alternative TIA pathway by telephone to gather further details.

RESULTS:

Twelve ambulance services responded to our survey. Eight reported that they had not developed or implemented TIA referral pathways. Three reported currently using a TIA referral pathway; one had discontinued their pathway due to service reconfiguration. All (4/4) pathways used the FAST test and ABCD2 tool to screen patients, in line with national guidelines, and classified patients as low risk if the ABCD2 score was ≤ 3 . All indicated that eligible low-risk

TIA patients should be referred by paramedics to specialist care, 2/4 by telephone, and 2/4 by fax.

Although protocol compliance was audited in an initial pilot in one service, no formal evaluation of effectiveness was reported.

CONCLUSIONS:

Several UK ambulance services have introduced similar referral pathways for low risk TIA patients, avoiding transportation of patients to the ED. Existing initiatives can inform the development of an intervention for evaluation in a randomized trial.

PP060 Burden Of Nervous System Diseases On The Social Security System

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INTRODUCTION:

The aim of the study was to estimate the benefits provided and pension costs of patients with central nervous system (CNS) diseases and specifically for multiple sclerosis (MS), between 2009 and 2015 by age in the Italian regions.

METHODS:

The database of approved claims was analyzed and the mean cost per benefit of the National Institute of Social Security (INPS) determined for four types of social security benefits: incapacity pensions (for workers without work ability), disability pensions and disability benefits (for workers with reduced work ability) and attendance allowance (for people without work ability with physical and/or mental disability). From this data we estimated the total benefit provided and the total costs for CNS and MS, considering the regional distribution and age of the applicants. A probabilistic

model with a Monte Carlo simulation was developed in order to estimate the total benefits provided and costs.

RESULTS:

The model estimated for CNS diseases a total of incapacity pensions paid (thirteen grants for each beneficiary for every single year) from 2009 to 2015 of about 1.7 million (13,000 beneficiaries on average annually with a mean annual increase of 1 percent) corresponding to EUR1.1 billion (EUR165 million each year with a mean annual increase of 2 percent); a total of disability pensions paid of about 9.8 million (180,000 annual beneficiaries with a mean annual decrease of -10 percent) for a cost of EUR5.3 billion (EUR763 million each year with a mean annual decrease of -9 percent) and a total of disability benefits provided of about 2.7 million (30,000 annual beneficiaries with a mean annual increase of 5 percent) corresponding to EUR1.8 billion (EUR255 million every year with a mean annual increase of 7 percent). For the attendance allowance the model estimated a total of 8,900 beneficiaries in 2015 for a total cost of EUR57 million. The results of the regional analysis showed that the central and part of the southern regions (in particular the Sardinia region) reported the highest rates of benefits provided related to the resident population.

CONCLUSIONS:

The most important indirect costs in Italy from 2009 to 2015 were represented by disability pensions (64 percent of the total cost), followed by disability benefits (21 percent of total indirect cost).

PP061 Direct Cost Of Physiotherapeutic Devices Judicialization In Brazil

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