



Conference 2008

Abstracts

Retroperitoneal sarcoma surgery: An essential but expensive service

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Introduction:

Under “payment by results” (PbR), financial reimbursement for surgery uses Healthcare Resource Groups (HRGs). Retroperitoneal sarcoma (RPS) is a rare tumour, primarily treated surgically. There is a perception that PbR does not provide adequate remuneration for this activity.

Aims:

Our aim was to investigate the total hospital costs for the surgical treatment of RPS compared to the HRG-derived income generated by this activity under PbR.

Methods:

We calculated the total hospital costs for 12 consecutive patients undergoing resection of primary RPSs operated by a single consultant surgeon in the PbR era (August 2005 – September 2007). These were compared with the HRG-derived income for the finished consultant episode, together with any supplemental income.

Results:

Total expenditure (TE) for primary RPS surgery ranged from £4,714 to £30,071 (median £6,497). Length of stay ranged from 6-44 days (median 9 days). In 7 patients who required \leq 1-day stay in critical care the main costs incurred were theatre time (28-47% TE), and ward bed days (27-45% TE). In 5 patients who required $>$ 1-day stay in critical care this represented nearly half the total expenditure (29-63% TE). All cases were over HRG budget with a median net loss of income for the trust of £3,152 per case.

Conclusion:

Primary RPS surgery at our trust is not adequately financed under PbR. We suspect that this applies nationwide. This financial disincentive may hamper centralization of the RPS service, a declared aim of the Sarcoma Improving Outcomes Group (IOG), currently subject to review by the National Specialist Commissioning Advisory Group (NSCAG).