The UK NICE guideline recommends all COPD patients should have regular review but the quality of reviews is variable. We assessed 293 patients, mean 69.7 (SD 10.1) years, 163 (55.6%) male with a diagnosis of COPD, randomly selected from COPD databases in 16 practices with a computer guided consultation which has management algorithms based on NICE guidance.

We report a conservative economic analysis of those reviews standardised for a local population of 330000 people including 9000 COPD patients (2.7%). The 40 minute computer guided consultation including spirometry takes no longer than current reviews so incurs no extra costs. The reviews changed practice in 79% of patients and cost benefits of these recommendations can be estimated 236 had spirometry of which 45 (19%) had no obstruction i.e. did not have COPD and not providing planned COPD follow-up visits saves £21000 per annum.

Costing the actual drugs that can be discontinued for those with neither COPD nor asthma (presuming 8 scripts collected per year) would save a further £210k per year. Of 191 patients with confirmed COPD, the consultations prompted many interventions. Regarding medication 169 recommendations altered prescribing of inhalers (either addition or discontinuation), or inhaler dose/device. Switching the 17% of patients on high dose MDI prescriptions of inhaled ICS/LABA combinations to dry powder devices saves £313000 per year. Adding an ICS/LABA combination in 16% of patients with severe or very severe disease will reduce admissions with a net gain after drug costs of £100000 per annum. Referring 25% of patients suitable for pulmonary rehab should reduce admissions. Presuming rehab course costs £560 then there is a annual saving of £180k as well as quality of life benefits. In addition, 47% of the 55 current smokers were referred for smoking cessation support, 12 (6%) with resting hypoxia.