managed in primary care. Effective spirometry enables more accurate diagnosis, therefore reducing the chance of under or over treatment.

M17 IMPROVE ACCURACY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) DIAGNOSIS BY OFFERING QUALITY ASSURED SPIROMETRY

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Background and objective Spirometry is a commonly performed diagnostic test in the primary care with variable quality. Around a quarter of the spirometry done in the community is inaccurate and in up to one half of the cases referred to secondary care, diagnosis is changed when spirometry is repeated. We conducted this study to look at the impact of educational intervention in improving the accuracy of COPD.

Methods Seventeen practices across 2 regions in East of England participated in the study. Nurses from these practices underwent educational intervention in the form of attending a structured training to perform Spirometry. Spirometry data and confidence scores in performing and interpreting procedure were collected pre and post training.

Results Clinician's confidence in performing spirometry improved from 5.1 to 7.6 ($p = 0.001$) on a visual analogue scale post intervention. Confidence to interpret Spirometry improved from 4.3 to 6.5 ($p = 0.001$). Following intervention tracing improved in thirty nine percent of patients who had poor quality of tracing pre-intervention. Twenty two percent of patients had a change in diagnosis post intervention with medication changes in 33% of the patients.

Conclusions Educational intervention with a structured spirometry course improves the quality and accuracy of spirometry in the primary care. Study support quality assured spirometry for all healthcare providers who are involved in doing the procedure in primary care.

M18 KNOWLEDGE AND ATTITUDES OF SECONDARY CARE STAFF TOWARD GIVING ADVICE ON SMOKING, WEIGHT MANAGEMENT, ALCOHOL AND PHYSICAL ACTIVITY

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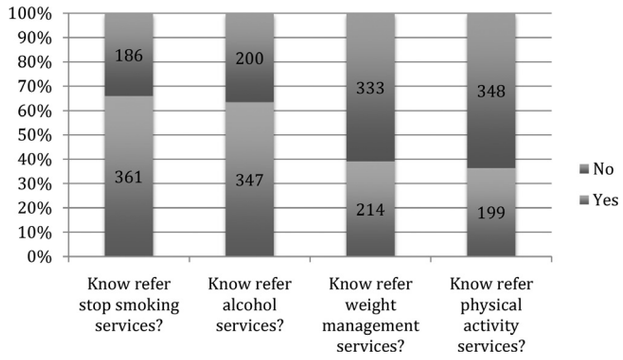
Introduction It is well recognised that adopting a healthier lifestyle leads to better health, improved survival and reduced NHS costs. There are numerous missed opportunities within secondary care to identify high-risk patients and intervene early to prevent illness. The aim of this study was to examine knowledge, attitude and perceived barriers of members of staff to provide healthy lifestyle advise such as Smoking cessation, Weight management, Alcohol consumption and Physical activity (SWAP) and referral to appropriate services.

Methods A questionnaire was distributed to all members of staff working at Sandwell and West Birmingham Hospitals NHS trust electronically and via paper copies.

Results A total of 558 responses were secured from a wide breadth of staff (doctors (23%), Nurses/midwives (36.2%), allied health professionals (11.3%), Pharmacists (1.8%), Admin (8.1%), Domestic/porters (4.1%), clinical support staff (13.8%). Most respondents saw it as their role to encourage people to adopt a healthy lifestyle. Staff had limited knowledge of local resources, however significantly higher knowledge scores were seen for stopping smoking verses weight management ($P < 0.001$) and physical activity ($P < 0.001$). Most respondents knew how to refer patients for smoking cessation (66%) and alcohol services (63%), which was significantly higher compared to weight management (39%) and physical activity (36%) services ($P < 001$). 56% participants had not given any life style advice within the previous week, 4% to at least 5 people and 3% to more than 10. 72% participants had not referred anyone to services. The top barriers identified included patient unreadiness to change, unclear referral pathways, lack of time and need for additional training. 82% of staff had no formal training.



Abstract M18 Figure 1

Conclusion It is encouraging that a large proportion of staff in secondary care see it as their role to give lifestyle advise, however the majority don't do it due to barriers including lack of time, knowledge and training. We have therefore devised an electronic training package that has gone live on our trust intranet page giving very brief advise on SWAP as well as providing an electronic referral system that will ensure a 'one click' referral system to the appropriate service. We plan to re audit in a few months time.

M19 THE COST OF HIGH DOSE CORTICOSTEROID PRESCRIBING IN LONDON – HOW MUCH IS TOO MUCH?

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Introduction A high dose ICS (HDICS) is defined as daily dose $\geq$ 1000 micrograms beclometasone dipropionate equivalent and is associated with an increased risk of side effects over their lower dose alternatives, but minimal increase in efficacy. In asthma, HDICS are reserved for severe disease, while in COPD, ICS are beneficial only in those with an FEV_1 <50% and frequent exacerbations, but there is evidence for overuse (White P *et al*. PLoS One 2013 8:e75221). Currently, HDICS (as combination inhalers), comprise 2 of the top 4 highest spend medicines in the NHS (NHSBSA Mar 2015), so the aim of this study was to