Abstract P199 Figure 1 Flow of patients through our COPD Hyperinflation service in 2015. MDT: multidisciplinary team; EBV: endobronchial valve; LVRS: Lung volume reducation surgery.* Endobronchial coil was offered as part of a clinical trial

REFERENCE

1 McNulty W, *et al*. *BMJ Open Respirat Res* 2014;**1**:e000023.

P200 LARGE SCALE IMPLEMENTATION OF COPD DISCHARGE BUNDLE

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Introduction COPD Discharge Bundles have been associated with reduction in 30 day re-admission rates.[1] Kent, Surrey, Sussex Respiratory Programme aims to improve respiratory care by spreading good practice and reducing variation. We monitor outcomes via our regional COPD Dashboard. In 2014 we decided to start a project to support acute hospital trusts to deliver a COPD discharge bundle

Methods We held twice yearly collaborative meetings with respiratory clinicians establishing region wide support for implementation of the bundle. By consensus working the teams agreed wording for a KSS bundle, based on the BTS bundle. A data dictionary and a data collection tool were created to standardise collection of data. Results are fed back to teams monthly via a bespoke reporting tool. Educational sessions on improving quality and delivery of the bundles are part of the collaborative meetings, e.g. 'train the trainers' inhaler technique.

Results 10 of 11 acute trusts in the region now deliver the COPD discharge bundle. 8 of those submit data to the regional reporting tool. Prior to the project only one trust in the region was systematically delivering the COPD discharge bundle.

At the start of the programme in October 2014, for the trusts reporting data, 222 patients per month (45% of HES recorded COPD admissions) were receiving at least some elements of the tool. By October 2015 the number had increased to 330 (66% of HES recorded COPD admissions).

The percentage of recorded patients documented as receiving each element of the bundle in KSS is shown in Table 1.

By October 2015, the percentage of AECOPD patients recorded as receiving every element of the discharge bundle had increased from a baseline of 4% to 25%. We aim to assess impact of bundle compliance on outcome measures. Data to Q4 2015/16 show a regional reducing 30 day readmission rate trend compared to prior to the project .

Conclusion With strong clinical networks and collaborative working it is possible to implement a more unified approach to delivery across a large geographical area.

Abstract P200 Table 1

	Oct 2014	Oct 2015
Inhaler technique checked	24%	49%*
Written Information given	9%	40%
Rescue Pack Prescribed	27%	40%
Referred for smoking cessation	59%	72%*
Referred for PR	27%	47%
Follow up arranged	27%	47%*

*significant at P = 0.05 level, paired t test on individual trust data.

REFERENCE

1 Hopkinson NS, *et al*. Designing and implementing a COPD care bundle. *Thorax* 2012;**67**(1):90–2.

P201 INTEGRATING PATIENT SUPPORT GROUPS INTO RESPIRATORY CARE PATHWAYS

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Strategy for change The British Lung Foundation wanted to test if integrating respiratory support groups into the local pathway produced a better understanding of health care services available and lung disease; increased medicine management and compliance; increased patient confidence and development of new skills. Did it also impact on control of health and demand on NHS services including unplanned hospital admissions?

Assessment The aim of this evaluation was two-fold:

1. A process evaluation: to look at the barriers and facilitators to integrating a support group into a respiratory care pathway.
2. An outcome, impact and economic evaluation: to measure impact on both physical and mental wellbeing and the benefits to NHS services, clinicians and commissioners

Methodology We employed validated questionnaires to measure physical, psychological and general wellbeing outcomes in participants. These were disseminated to control and test group at baseline and at 6 monthly intervals. Impact on NHS services was self-reported via telephone interviews with patients.

Effects of changes There was a self-reported 42% reduction in unplanned GP visits and a 57% reduction in unplanned hospital admissions compared to standard support groups.