People living with a lung condition who attended any type of support group had significantly greater quality of life at 6 months compared to control.

Those attending groups maintained quality of life throughout the study whereas quality of life decreased by more than 20% for patients in control group.

Those attending standard groups maintained self-efficacy whereas there was a decrease of 17% for those in control group.

For each pound invested in the integrated support groups there is a return of a minimum £3.43 and a maximum of £9.36.

For each pound invested in the integrated groups, there is a net gain of £8.01 in social return.

Lessons learnt Integrated respiratory patient support groups is a cost effective programme which has positive outcomes in terms of self-efficacy, health outcomes and wellbeing for attendees, providing cost savings and wider social benefits to local communities.

P202 OPTIMISING SERVICE DELIVERY IN ASTHMA AND COPD: CONSENSUS-DRIVEN RECOMMENDATIONS FOR FUTURE SERVICE DEVELOPMENT

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10.1136/thoraxjnl-2016-209333.345

Introduction and objectives Asthma and COPD present a significant resource impact to the NHS. Earlier diagnosis may reduce morbidity and improve quality of life. In the UK, premature mortality from COPD is almost twice the European average and for asthma over 1.5 times the European average. This project sponsored by Teva Respiratory aims to identify differences in perceptions of various stakeholder groups regarding effective outcome improvements in asthma and COPD and make relevant recommendations.

Methods This group met with the objective of defining consensus statements for the future development of services in asthma and COPD. These statements were tested across a broad respondent sample by questionnaire. A Delphi methodology was used to assess levels of agreement with each statement. Questionnaires were offered to health care professionals across specialties reflecting the roles of this group for completion as paper documents at Teva Respiratory sponsored UK meetings between June 2015 and January 2016.

Results 184 respondents, split across varied professional roles, completed questionnaires. 24 out of 42 statement scores (57%) exceeded the 66% agreement threshold and are thus regarded as supportive of the statements. Some variance was seen in responses between care settings (Figure 1), with primary care respondents commonly indicating lower levels of agreement than their secondary care colleagues (24 out of 42 statements (57%)).

Conclusions Most respondents indicate that it is possible to deliver effective care across all care settings that the patient will encounter. The need for further development of local integrated care approaches is well recognised. Respondents are ambivalent regarding the prioritisation of asthma and COPD, the variance may reflect differences in prioritisation between localities. There is strong agreement that definition of appropriate outcomes will support value-based care models and that interaction between professions is critical to effective integration of care. Respondents agreed there is a sound rationale for the use of branded inhaler therapies in asthma and COPD, which may liberate finite resources for other areas.

Based on this consensus exercise, 10 key recommendations for optimising outcomes in asthma and COPD are offered.

P203 ACUTE ONCOLOGY SERVICES AND THE CHEST PHYSICIAN

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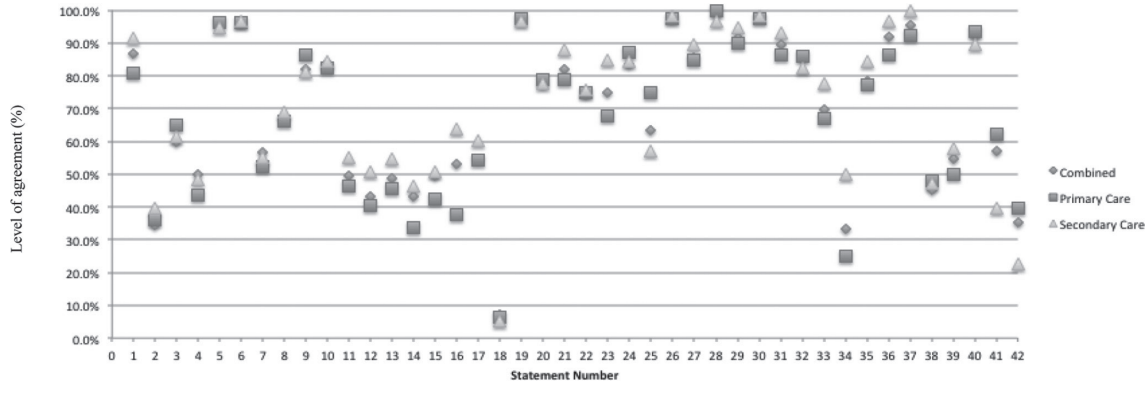
10.1136/thoraxjnl-2016-209333.346

Background At our trust (Popn 289400, x2 district general hospitals,) the Acute Oncology Service (AOS) began formally in June 2015. The team consists of 6 members, 3 consultants (1 session per week each ; x1 clinical lead at both sites and one clinical lead for metastatic spinal cord compression across both sites,) 2 clinical nurse specialists full time, 1 data coordinator full time. One of the 3 consultants is a chest physician (author.)

- In September 2014 a formal expression of need for AOS development was accepted and supported by Macmillan for a 3 year fixed term project.



Abstract P202 Figure 1 Care settings comparision