



Abstract P33 Figure 1

P34

MITIGATING THE COVID-19 IMPACT ON COPD CARE: RAPID DEVELOPMENT OF REMOTE RECRUITMENT PROCESSES TO A DIGITAL SELF-MANAGEMENT SERVICE

¹A Taylor, ¹J Anderson, ¹D Lowe, ²P McGinness, ¹C Carlin. ¹NHS Greater Glasgow and Clyde, Glasgow, UK; ²Storm ID, Edinburgh, UK

10.1136/thorax-2020-BTSAbstracts.179

Background Shielding requirements and interruptions to routine care resulting from the COVID-19 pandemic present substantial risks to COPD patient's outcomes. Adverse impacts including increased winter admissions, nosocomial infection risks, impaired quality of life and high service costs are anticipated. A digital remote-management service can potentially mitigate these by supporting routine COPD care and self-management.

In the InnovateUK funded 'DYNAMIC' project we've developed a fully integrated COPD digital support service. Patient-held smartphone progressive web application prompts daily patient reported outcome (PRO) completion with red-amber-green self-management advice, rescue medication and linked resources including inhaler, exercise and dyspnoea management videos. Secure asynchronous patient-clinician messaging and EHR-integrated clinician dashboard with PRO data visualisation and structured clinical data enables self-management support and provides a new channel for scheduled care.

Methods As COVID-19 pandemic emerged we paused the RECEIVER trial (NCT04240353) and undertook rapid co-design, governance approval and deployment of an SMS invite and web-based registration system <https://support.nhscopd.scot> This provides access and remote setup to the DYNAMIC COPD service for all patients in our organisation. Website tracking analytics support service evaluation and process optimisation. Feedback was obtained from 57 patients who registered an interest via website but didn't progress to setup in the service.

Results 2373 high-risk COPD patients were identified from secondary care datasets. 797 patients did not have a known mobile phone number. 1576 SMS invites were sent in batches May – July 2020. 599 unique visits to support site (38%) with 195 completed applications (12.3%) to the digital service were obtained. As of August 2020, 112 patients (7.1%) have completed service setup, which includes clinician virtual review

with optimisation of COPD interventions, self-management planning and COPD MDT input as required. Patient app usage in this scale-up cohort matches positive experience from the RECEIVER trial. Qualitative data highlighted requirement for increased information about the service at invitation, which has been addressed.

Conclusions Novel processes for digital recruitment and remote setup have widened access to NHS Scotland COPD support service. This is a model strategy for service implementation and evaluation. Further cycles of mail-based and SMS invites and media awareness campaign will follow.

P35

DELIVERING A COMMUNITY-BASED COVID-19 REHABILITATION SERVICE USING EXISTING PULMONARY REHABILITATION TEAMS IS SAFE AND FEASIBLE

K Donaldson, A Brenton, P Haslam, N Turner, J Talbot, J Newsham, F Clarke, A Kinley, K Prior. University Hospitals of Morecambe Bay NHS Trust, Kendal, Cumbria, UK

10.1136/thorax-2020-BTSAbstracts.180

Background University Hospitals of Morecambe Bay NHS Trust, witnessed an early peak of COVID-19 with related hospital admissions in early 2020, this created a need for a co-ordinated approach to post COVID-19 rehabilitation needs across the area.

Objectives A three-armed COVID-19 rehabilitation pathway was devised in March 2020 with Arm 1 aiming to assess and address the immediate rehabilitation needs of those leaving hospital following an admission for respiratory complications of COVID-19.

Methods Existing Pulmonary Rehabilitation teams were repurposed by integrated care network (MBRN) to be a new 'Virtual' rehabilitation service. A register of patients discharged from hospital sites was remotely screened for pathway suitability. Then, using a multi-professional template a holistic assessment needs was conducted using telephone and/or home visit consultations. Clinical assessment tools were built into the assessment process. Weekly 'acute-community' virtual in-service training sessions and multi-disciplinary case discussions supported the clinicians.