Conclusions Findings show that greatest improvements in terms of exercise capacity may be seen from 8 week pulmonary rehabilitation programmes, but that improvement for the ISWT can be obtained from 6, 7 or 8 week programmes.

REFERENCES

P117 PULMONARY REHABILITATION IN THE EAST OF ENGLAND – 2.5-FOLD VARIATION IN COMPLETION RATES
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Introduction and objectives Pulmonary Rehabilitation (PR) should be made available to all suitable people with COPD and various other chronic respiratory conditions.1 An abundance of guidelines has been produced making recommendation on the quality of both the provision and commissioning of PR. Limited data is available on PR programme adherence rates and most study rates post COPD exacerbation. Recent IMPRESS Guidance suggested a target completion rate of 75% of offered sessions and stated the national average being less than 50%.2 Our aim was to get an accurate regional perspective of completion rates of all PR service providers to use as a lever for improvement.

Methods Prior to 2013/14 a regional PR group was formed to promote best practice, offer peer support and enable improvement through the collection of meaningful regional data. A data set was agreed and defined and during 2013/14 quarterly data was collected. Referring GPs were also asked to provide recent spirometry results. An assessment was made based on the information provided as to whether the patient could be listed immediately for pulmonary rehabilitation, 34.8% of referrals needed further assessment and 24.4% were inappropriate. 22.4% of all patients referred did not have COPD based on the spirometry results supplied. Compared with the baseline referral rate to PR patients to the PR programme, which traditionally had only

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Conclusions Completion rate varied widely with a 2.5-fold variation between the best and worst performers. 24% had a completion rate of ≤50%. The regional average of 62% was below the suggested target rate of 75%. The reasons for this variation are not known, but will be investigated by the EOe PR group.

REFERENCES
1 NICE. COPD: management of COPD in adults in primary and secondary care. 2010 (http://www.nice.org.uk/guidance/CG101)