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.

REFERENCE

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1 M McKevitt, 1J Bacon, 2R Merritt. 1British Lung Foundation, London, UK; 2University of Kent, Canterbury, UK.

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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.