P74 WHY DO PATIENTS WITH COPD DECLINE POST EXACERBATION PULMONARY REHABILITATION?

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Background Despite the known benefits of post exacerbation Pulmonary Rehabilitation (PR), recruitment can often be difficult. A greater understanding of the reasons why patients hospitalised for an Acute Exacerbation of Chronic Obstructive Pulmonary Disease (AECOPD) declined the offer of PR is important.

Methods Patients (n=76) admitted to hospital with an AECOPD received a COPD care bundle delivered by COPD specialist nurses. From July to December 2015 patients receiving the care bundle who declined a referral to PR were asked for their reasons for declining. Hospital records were followed up in January 2017 to record admissions and mortality data since the first data collection.

Abstract P74 Table 1 Demographic Characteristics of patients who declined PR

Characteristics	76 participants		
Gender	25 female; 51 male		
Age Mean (Standard Deviation (SD))	70.82 (8.78)		
Smoking pack years (PY) Median (Inter Quartile Range (IQR))	50 (50)		
MRC (IQR)	4 (1.00)		
Reasons given as to why participants declined PR	Reason given	Number of people who gave this reason for declining PR	Number people who died since data collection to January 2017 in these different reasons
	Previously done PR	14	6
	Not interested in doing the programme	13	5
	Do not feel they need PR	11	1
	Too unwell	9	5
	Other Co-morbidities	6	5
	Other	6	1
	Doesn't feel able to manage it	4	3
	Mental Health Reasons	3	1
	Transport	3	2
	Work Commitments	2	0
	Would like to do PR elsewhere	1	1
	No reason given	1	1

Results Mann Whitney U Tests were carried out to see if there were any differences between the main reasons (Table 1) for declining referral and age, MRC, pack years (PY) and/or co-morbidities. Participants who reported that they were not interested in doing PR had a statistically significantly higher PY history (60 vs. 43; p=0.02) compared to patients that chose another reason to decline PR. There was a significant difference between participants MRC scores and the reason they did not want to do PR. Those who did not feel they needed PR reported a lower MRC score range (2–4), compared with the participants in the other options for declining PR; MRC range (3–5);(p=0.005). Patients who gave the reason that felt they did not need PR had a statistically significantly lower number of admissions between their data collection periods (median 2.00 vs. 0.00; p=0.02). Patients who declined PR because they had previously completed the programme compared with those who gave other reasons, had a significantly higher number of hospital admissions during the follow up period (median 4.00 vs. 1.00 p=0.008). There was no statistically significant difference between the number of co-morbidities that patients had and the three main reasons given by patients for declining PR.

Conclusions This data has demonstrated that there are some consistent reasons why people decline PR. Further research is required to identify whether changing how PR is discussed with patients may encourage and help us recruit these types of patients into the PR.

P75 SELF-REPORTED STAFF KNOWLEDGE, CONFIDENCE AND SKILLS TO DELIVER PATIENT EDUCATION IN PULMONARY REHABILITATION

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Introduction and Objectives Education is considered integral to a comprehensive pulmonary rehabilitation (PR) programme, intended to provide the underpinning knowledge base for behaviour change to improve and maintain positive outcomes. We aimed to explore staff perceptions of their knowledge, skills and confidence to deliver education topics to identify training needs if re-designing PR education.

Methods 15 hospital-based (n=9) and community-based (n=6) multidisciplinary PR staff in Leicestershire completed a qualitative and quantitative questionnaire. The questionnaire comprised items relating to professional background and formal experience/training in delivering education. Likert scales (1=low level, 5=high level) were used to assess knowledge, skills and confidence in delivering 12 PR education topics (Exercise, Diet, Managing Breathlessness, Avoidance and Exacerbations, Signposting, Anxiety Management, Medication, Disease Education, Chest Clearance, Energy Conservation, Relaxation and Question and Answer) alongside open response questions. A 'Yes/No' item asked about skills to deliver more unstructured sessions. Mean rank was calculated using the frequency of 'high-level' scores across knowledge, skills and confidence (1=highest and 12=lowest). Friedman tests with post-hoc Wilcoxon Sign Rank tests compared knowledge, skills and confidence between education topics. Free text responses were also examined.

Results The majority of staff were physiotherapists (73.3%) and had previous formal education training (66.7%). PR staff

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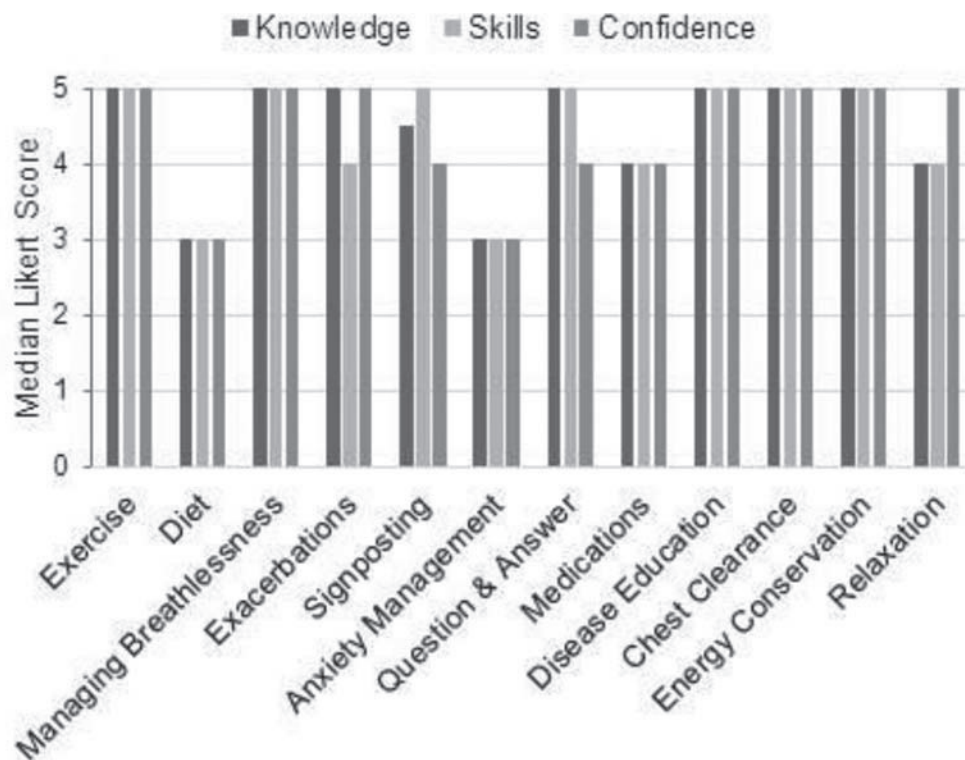

Abstract P75 Figure 1 Pulmonary rehabilitation staff's perceived knowledge, skill and confidence to deliver each education topic (Likert scale 1=low level, 5=high level).

reported feeling most knowledgeable, skilled and confident to deliver Exercise, Managing Breathlessness and Disease Education (mean rank out of 12: 1.7, 2.0 and 3.0, respectively). PR staff reported feeling least knowledgeable, skilled and confident to deliver Medication, Diet and Anxiety Management (mean rank: 10.3, 11.0 and 11.7, respectively). Figure 1 displays median scores for knowledge, skills and confidence for each of the education topics. Anxiety Management and Diet had significantly lower scores compared with all other education topics (all $p<0.05$). Free text responses confirmed staff felt less skilled in delivering Diet and Anxiety Management topics; "Not too confident addressing a group if they have any issues [with anxiety]." The majority of staff stated they felt unable to deliver all topics in an unstructured manner, particularly Diet (n=9), Medications (n=8) and Anxiety Management (n=7).

Conclusions If re-designing PR education, additional training should be provided for staff particularly around Diet and Anxiety Management and delivery style.

P76 "JUST DO IT!" PATIENT SATISFACTION AFTER A COURSE OF PULMONARY REHABILITATION AND ADVICE TO OTHER POTENTIAL PARTICIPANTS

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Introduction Quality Standards for Pulmonary Rehabilitation (PR) state that patient experience should be sought during PR evaluation. However, a greater understanding of patient's perceptions and expectations still needs to be established. Therefore we explored patient's experiences of PR and what they would say to promote PR.

Methods Following completion of a twice-weekly, 6 week, supervised programme of outpatient PR, patients were asked to complete an anonymous patient satisfaction questionnaire, which included the following questions:

1. What were the most useful aspects of the course?
2. Do you have a comment that we could use for promotion of the programme which would encourage other patients to participate?

Each response was taken as a unit of analysis and the Results were analysed using thematic content analysis.

Results There were 140 responses to Question 1 and 77 responses to Question 2 over an eight month period. Main themes are reported. Question 1: Some patients found exercise to be the most useful component of PR (n=20), whilst others reported it was education (n=15). Those who gave more specific examples spoke about the benefits gained from exercise including improved fitness (n=13) and increased motivation to exercise (n=4). With regards to education, specific talks (n=5) and information given (n=6) were mentioned. Patients also felt PR helped them develop coping skills (n=20) and increase their confidence to self-manage (n=10). Staff were important for encouragement and support (n=17), as was meeting other patients with similar conditions (n=18). See Table 1. Question 2 (n=77): Many comments suggested by patients centred on gains in well-being; being better able to cope with their condition (n=21), meeting others with similar problems (n=6), increased confidence (n=6) and improvements in fitness (n=4). Another major theme was "do it, you've got nothing to lose" (n=21). See Table 1.

Conclusion Both the exercise and education components of PR provide benefit to patients; supporting them in coping

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