



**Abstract M9 Figure 1** Do oxygen saturations on observations chart match target saturations on drug chart?

### M10 DEMONSTRATING THE POTENTIAL ROLE OF COMMUNITY PHARMACISTS IN IMPROVING CARE OF COPD PATIENTS

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**Introduction and Objectives** Although there is some realisation of the potential for community pharmacists to help patients manage their conditions, finding ways to demonstrate this potential to health professionals in different roles and sectors is not easy. We conducted a semi-quantitative analysis of support offered to COPD patients within normal limits of practice in community pharmacies, with the intention of sharing our findings as widely as possible. These findings subsequently formed the basis of an infographic that can be distributed in a variety of scenarios.

**Methods** The study, in NW London, involved 18 pharmacies. Over a 4 week period in February-March 2015, pharmacists undertook consultations in the pharmacy with consenting patients who were receiving medicines prescribed for COPD. Patients were asked questions from a semi-structured questionnaire. Information was collected and action taken to provide high value interventions and referral, where appropriate. The collected data were analysed and key findings identified for sharing in an infographic.

**Results** At the consultation, of 135 patients, 56% were provided with inhaler training, 65% were offered Medicines Use Reviews, 17% received guidance regarding rescue packs, 28% were referred to GPs and 82% of smokers (n=39) were referred to stop smoking services. 84% of patients had received prior flu vaccination. Areas of clinical concern identified included poor inhaler technique, poor familiarity with pulmonary rehabilitation services, higher than expected ICS use and medication or other issues requiring referral to GPs (28%). The ratio of men to women (1:0.7) was consistent with published data, but the ethnicity of patients did not match the pattern expected in the locality on the basis of Public Health and census information.

**Conclusions** The analysis yielded evidence of how community pharmacists can both assist in the management of individual patients with COPD, and provide a snapshot of support in a locality. Summarising this evidence as an infographic that can be distributed digitally, and at professional and educational meetings, may hasten recognition of the potential usefulness of this type of support and the value of community pharmacies as a resource. The approach will be applied to other conditions, subject to evaluation of effectiveness.

### M11 THE USE OF ASTHMA CARE BUNDLE PROFORMAS CAN IMPROVE QUALITY OF CARE IN ACUTE ASTHMA ADMISSIONS

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**Introduction** Despite the introduction of dedicated asthma services and targeted therapies, asthma exacerbations remain a common cause of hospital admission with significant utilisation of health care resources.

**Aim** To determine whether asthma care bundle proformas contribute to improved quality of care in adult patients admitted to Glenfield Hospital with an asthma exacerbation

**Method** Data collected at Glenfield hospital as part of the national BTS Adult Asthma audit in 2011 and 2012, prior to the introduction of asthma care bundles, was compared to data collected using a similar methodology in 2016, when both admission and discharge bundles had been introduced. The Results were analysed using Chi-squared Testing.

**Results** Asthma Care bundles were used in 64.4% of asthma admissions audited in 2016. When compared to 2011 and 2012, prior to the introduction of care bundles, there was a statistically significant increase in the proportion of patients having a documented peak flow on admission from 73.1% in 2011/2% to 94.4% in 2016 (p=0.001). There was also an improvement in the frequency of inhaler technique assessment on discharge with an increase from 52.5% in 2011/2% to

73.8% in 2016 ( $p=0.012$ ). Of those patients given a hospital follow-up, more patients were seen within 4 weeks, with a statistically significant rise from 32.0% in 2011/2% to 70.6% in 2016 ( $p=0.001$ ). Over the same period, the percentage of admitted patients who had been admitted with asthma in the previous month, which approximates to the 1 month re-admission rate, fell from 10.0% to 4.4%. There were also improvements in the use of written personal asthma plans with an increase from 60.9% to 69.8%, however this did not reach statistical significance ( $p=0.053$ ). Other outcomes which were not affected by the introduction of bundles included adherence review and assessment of triggering and exacerbating factors.

**Discussion** Apart from the direct use of the bundle itself in a proportion of patients, the introduction of a standardised asthma bundle proforma on admission and discharge may have also served an indirect role in reinforcing education and awareness of BTS/SIGN asthma guidelines. Several positive outcomes were noted, however other important outcomes were not affected.

## Patient, physician and carer perspectives

M12

### A UK SURVEY ON THE EXPERIENCES AND VIEWS OF RESPIRATORY NURSES (RNs) ON THEIR ROLE IN DELIVERING COGNITIVE BEHAVIOURAL THERAPY (CBT) FOR PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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**Background** COPD is a progressive, irreversible condition. Anxiety and depression are two common, yet least treated comorbidities, in COPD. RNs frequently encounter patients with distressing symptoms hence are ideally placed to address these. CBT delivered by RNs reduces symptoms of anxiety, depression, improves quality of life and is cost-effective.<sup>1</sup> A UK-wide Delphi survey conducted with RNs in 2016–2017 identified that the topic of psychological interventions, including CBT, was ranked in the top five areas of care for future research.<sup>2</sup>

**Aim** To explore views of RNs on the importance of screening/providing integrated psychological treatment into routine care and the feasibility of undertaking education and training in CBT.

**Method** A UK-wide electronic survey was conducted to gather respiratory nurses views on the importance of addressing psychological well-being, current practice, feasibility of education and training in CBT from a personal and organisational perspective. The Results were collated and analysed.

**Results** Ninety-six responses were received.

The majority (58%) of respondents had  $\geq 10$  years' experience in respiratory care and represented a diverse spread of regions across the UK. The Results are presented in Table 1.

**Conclusions** There is a clear recognition from RNs of the importance of screening respiratory patients for symptoms of anxiety/depression and undertake further education to deliver psychological treatment such as CBT. RNs with skills to address both physical and psychological symptoms of COPD may be more beneficial and acceptable to patients.

## REFERENCES

- Heslop-Marshall K, Stenton C, Newton J, Carrick-Sen D, Baker C, Burns G, De Soya A. A RCT of CBT delivered by respiratory nurses to reduce anxiety in COPD. *ERJ* 2016;48:OA289. doi:10.1183/13993003.congress-2016.OA289
- Kelly C, Knighting K, Kirkcaldy A, Pilkington M. A delphi study to identify research priorities for respiratory nursing. Report for the Association of Respiratory Nurse Specialists (ARNS). *Edge Hill University* 2017.

### Abstract M12 Table 1 Survey results

92% of RNs stated they should screen for symptoms of anxiety and depression.  
78% of RNs stated they should help manage symptoms of anxiety and depression.  
70% of RNs surveyed currently screen for symptoms of anxiety and depression.  
51% of those who screen refer to psychological services.  
91% of RNs felt that they should be trained to identify psychological difficulties.  
77% of RNs agreed they should be trained in CBT.  
63% of RNs felt that support from management would be given to access training  
65% of RNs felt support to deliver CBT would be provided.  
55% of RNs felt they would have capacity to deliver this service and 23% were unsure.

M13

### THE ROLE OF CLINICAL PSYCHOLOGY AND THE NUMBER OF HOSPITAL BED DAYS REQUIRED BY SEVERE ASTHMA PATIENTS

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**Introduction** Psychological difficulties can impact on disease severity through symptom under-reporting, medication adherence, clinic attendance, and patients having an active role in their care.<sup>1</sup> When physical illness deteriorates, the emotional burden increases and disease management can be compromised.<sup>2</sup> Psychological therapy can contribute to improved self-management, general adjustment, and the development of effective coping strategies potentially reducing the number of emergency hospital bed days.

**Objectives** To ascertain whether improving the emotional health of patients through psychological therapy, can reduce the number of bed days occupied by severe asthma patients.

**Method** The participants were patients within the Severe Asthma Service who were referred for psychological input. Following assessment and therapy completion, the number of hospital bed days were examined in the 12 months preceding this input, and compared to the number of bed days for up to 12 months following therapy.

**Results** The mean average number of hospital bed days in the 12 months preceding psychological therapy was 37.3 days compared to 11.5 days for a period of up to 12 months post-therapy. This demonstrates that post-psychological therapy, the number of required hospital bed days for exacerbations relating to severe asthma, reduced by approximately two thirds.

**Conclusion** The Results suggest that the number of patients who meet planned admissions has increased, and the number of emergency admissions between planned admissions has decreased. This demonstrates that clinical psychology can be effective in improving not only the psychological health of patients, but also the physical health of patients. The number of bed days post-psychological therapy was for a period of up to 12 months, however, the Results remain positive and encouraging and demonstrate the effectiveness of psychological therapy in the management of chronic illness.