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.¹ 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.²

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 ≥ 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.

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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.¹ When physical illness deteriorates, the emotional burden increases and disease management can be compromised.² 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.