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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10.1136/thoraxjnl-2017-210983.434

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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10.1136/thoraxjnl-2017-210983.435

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.

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M14

UNDERSTANDING AND IMPROVING PARTICIPANTS' EXPERIENCE OF HEALTH RESEARCH; PATIENT EVALUATION OF RESEARCH PARTICIPATION IN A DEDICATED RESPIRATORY BIOMEDICAL RESEARCH UNIT (BRU) CLINICAL RESEARCH FACILITY (CRF)

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10.1136/thoraxjnl-2017-210983.436

Background It is increasingly recognised that incorporating patients' views in trial development improves feasibility, satisfaction and efficiency in health research. To date, there is little research on the impact of institutional organisational factors on patients' research experiences.

Aims To examine how organisational factors in our respiratory CRF impact on the research experience for patients, and to understand the factors influencing recruitment, retention and satisfaction. Through understanding these, we hope to incorporate patients' views into trial implementation at our site, and suggest elements that may be transferable to other centres.

Methods A researcher independent from the CRF conducted semi-structured interviews. Patients were invited to participate on completion of one of three projects, selected to encompass different trial designs and include features previously proposed as controversial or challenging aspects of participation. A purposive, non-stratified cohort was used. Interviews were

recorded, transcribed and analysed by constant comparative approach.

Results 25 subjects were interviewed; 17 with COPD, 4 OSA and 4 healthy volunteers. 16% had received their diagnosis within a week of parent-trial enrolment. 20% work fulltime. Patient satisfaction was high, although those newly diagnosed at parent-trial enrolment tended towards lower satisfaction and perceived their role differently. Factors motivating recruitment and retention were numerous and interlocked. Only four patients participated expecting direct health benefits. Communication, appointment flexibility and respect for time outweighed the effects of pain, fatigue and anxiety in patient retention. Social benefits of participation and feeling like a team player were important. The dedicated research facility made patients feel safer and the project was valued. Payment for participation was controversial. Reimbursement of expenses was necessary for our predominantly retired population. Transport provision was vital to breathless patients. Participation negatively impacted health perception for some.

Conclusions An appreciation of how participants perceive their role may aid targeting recruitment strategies. Staff must recognise that valuing patients' time and making them feel like an integral team-player improves satisfaction and retention. Researchers should consider transport provision, appointment flexibility, physical environment and reimbursing expenses when resourcing trials. Healthcare professionals should be sensitive to the impact of trial participation on health-perception, particularly for those with progressive disease.

M15

PATIENT SATISFACTION IN A TERTIARY COUGH SERVICE

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10.1136/thoraxjnl-2017-210983.437

Abstract M15 Figure 1

Introduction Patient satisfaction surveys (PSS) can help identify ways of improving practice and facilitate better quality care. Patient opinion in health services research is integral but data from chronic cough populations is unknown.

Aim To identify patient satisfaction in our tertiary cough service.

Methods We devised a PSS containing 19 structured questions. Patients attending review consultations in two consecutive clinics were asked to consider completing the anonymous PSS.

Results Fifty-two PSS were completed; an 84% response rate. Of those 43 had full responses for analysis [79% female, 58% ≥55 years in age]. Patient satisfaction was extremely high (figure 1); 70% thought the care received was excellent and 95% were likely to recommend the service to friends and family. Improvement suggestions related to parking and appointment management. However 44% felt clinic locality was inconvenient, but the majority (63%) of those were not interested in Skype review consultations; response was unrelated to age.

Conclusion To our knowledge, this is the first reported patient satisfaction data in chronic cough patients. Despite the refractory nature of the condition, patient satisfaction is extremely high. As a quarter of our service's patients travel ≥25 miles, the inconvenience of clinic accessibility is not surprising. Nonetheless, patients appear to value face to face consultations and further patient consultation is required before utilising tele-health.

M16

THEIR POINT OF VIEW: PATIENT EXPERIENCE OF A DGH PLEURAL SERVICE

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10.1136/thoraxjnl-2017-210983.438

Pleural disease constitutes a significant part of the workload on the respiratory unit but little information is recorded of the patient experience. We sought to record the experiences of our patients and look for ways to improve upon them.

Method We provided a brief questionnaire to in-patients and day attenders using our pleural service and recorded breathlessness, pain and anxiety on a visual analogue scale. A follow up questionnaire was collected within two weeks to record post procedure dyspnoea and time to improvement. We recorded pre-procedure questionnaires in 29 patients and 24 pre and post procedure in total from patients undergoing a mixture of procedures. Twelve had intercostal chest drains, eleven underwent therapeutic aspiration and six had diagnostic aspiration.

Results We found that patients undergoing intercostal drain insertion reported the greatest improvement in dyspnoea on visual analogue scale (65.8% reduction), compared with 38% reduction in patients undergoing therapeutic aspiration. Excluding the diagnostic aspiration cohort, 85% of patients reported an improvement of their breathlessness over minutes or hours. Pain scores were similar between the therapeutic aspiration and chest drain group with 45% and 50% of patients reporting moderate to severe pain. We found the therapeutic aspiration group tended to report greater pre-

procedure anxiety than the chest drain group. 63% of patients in the therapeutic aspiration cohort reported moderate or severe pre-procedure anxiety, compared with only moderate or minor anxiety reported in the chest drain group. Fear of pain was particularly common in the therapeutic aspiration group. All patients reported feeling adequately prepared for the procedure. Despite this, when later asked how we could improve their experience four patients felt they would have liked more information about their procedure.

Conclusion Our study demonstrates that chest drain insertion is superior for dyspnoea relief and causes similar discomfort levels to therapeutic aspiration. Anxiety is common, but worse in the therapeutic aspiration group. A desire for more information on pleural procedures was identified.

Outcome We have introduced a patient information leaflet and have reviewed our anaesthetic and analgesia practice, and plan to repeat our questionnaire.

M17

PATIENT & CARER KNOWLEDGE OF PERSONALISED ASTHMA ACTION PLANS (PAAP)

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10.1136/thoraxjnl-2017-210983.439

Introduction The National Review of Asthma Deaths (NRAD) and British Thoracic Society (BTS) guidance highlight the importance of patients with asthma having a PAAP. From ongoing local audit we know that over 90% of our clinic population are provided with a PAAP, which is updated on at least a yearly basis. However, we do not have data to inform us if the patients/carers use their plan appropriately.

Method A survey was conducted in a tertiary paediatric asthma clinic. The questionnaires were provided to parents and young adolescents with asthma whilst they were waiting for their appointment. There were specific yes/no and multiple choice questions as follows: location of paper plan, frequency of use, contacts and entities with access to plan, impression of unscheduled healthcare reduction and a direct question asking if digitalizing a personalised asthma plan would be useful.

Results 55 questionnaires were completed. All but 1 patient were able to identify that they had a PAAP. The majority of individuals considered their PAAP useful (90%) and they all found it easy to follow. 67% of patients looked at their PAAP on at least a monthly basis. 19 patients had not shared their PAAPs with other carers, whilst PAAPs had been shared with schools (30), grandparents (13) and childminder (2). Patients/carers perceived that knowledge of their PAAPs had helped to reduce unscheduled healthcare attendances (89%) and symptoms (49%); with 47% perceiving it had helped increase their peak expiratory flow rate (PEFR). 95% of all patients would prefer a PAAP in an electronic format.

Conclusion In tertiary paediatric asthma clinic patients and their carers have good knowledge of their PAAP, use them regularly and share them with other care givers. They perceive that they do help improve asthma control and reduce exacerbations. Families would prefer their PAAP in an electronic format.