

resident on calls. 24 sites (41.4%) stated that respiratory consultants had been removed from the general medical rota. *Respiratory Support* - CPAP was used in a variety of clinical environments including closed bays (in 36 sites) and closed wards (19 sites), and was primarily used as a bridge to ventilation (46 sites), to prevent intubation (48 sites) and as a ceiling of care (47 sites). *Equipment* - 28 (48.3%) of units reported a shortage of at least one respiratory medical consumable (most commonly non-vented NIV masks (16 units) and CPAP machines (12 units)). *Diagnostic and interventional services* - Bronchoscopy and EBUS services were suspended in 16 (27.6%) and 10 (17.2%) sites respectively and continued for cancer patients only in 24 (41.4%) and 27 (46.6%) sites respectively. *Follow up* - 12 units (20.7%) did not offer follow up to patients with COVID related pneumonia at 6 weeks.

Conclusion This national survey shows the significant changes made, and challenges faced, by respiratory departments during the first wave of the COVID-19 pandemic. We identified some areas where there were deviations from best practice and some positive changes that should be continued. The lessons drawn from the survey results can assist in future COVID-19 planning.

L10 RAPID DESIGN AND IMPLEMENTATION OF A PERSONALISED HOLISTIC POST-COVID RECOVERY AND REHAB APP

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10.1136/thorax-2020-BTSabstracts.412

Background Many patients with SARS-CoV-2 infection are reporting long lasting symptoms, requiring holistic multi-disciplinary rehabilitation; however, there are severe capacity restraints in rehabilitation services. We report on the development and initial experience of a digitally-enabled remote, supported rehabilitation programme: 'Covid Recovery' from UCLP/Living With.

Methods Covid Recovery includes: (i) a clinical pathway; (ii) an app delivering physiotherapy, dietetic and psychology education and treatments for common symptoms (breathlessness,

fatigue, anxiety) plus validated Patient-Reported Outcome Measures (PROMS); and (iii) a digital dashboard for clinicians to monitor patient activity and progress. A two-way messaging function allows personalisation of advice.

Results In the first 3 months, 66 patients with diverse demographics have been registered on the App: mean (range) age 54 years (23–78 years); 33 female; 19 Black/Asian ethnicity, 38 White/Caucasian ethnicity, remainder not stated/other. Amongst patients registered on the App for at least one week, patients undertake a mean average 7.0 actions per week covering 'recording weight', 'completing a PROM – FACIT-F, Covid Recovery, GAD-7, MRC Breathlessness, D-12', 'tracking exercise', and finishing a 'fatigue diary'. Overall on average each patient has read 11 articles, and 1 in 2 patients are creating and tracking a goal. Weekly review takes 2 – 3 minutes per patient.

Example Case: A 47-year-old male joined the App following primary care managed Covid-19 but with residual symptoms at 12 weeks. In 77 days of using the App, he logged 97 activities including 15 messages on the two-way platform. Clinician support focused on managing breathlessness and fatigue symptoms whilst returning to exercise. Significant improvement was identified across the outcome measures for both physical and mental health in conjunction with an increase in exercise activity and intensity (see figure 1).

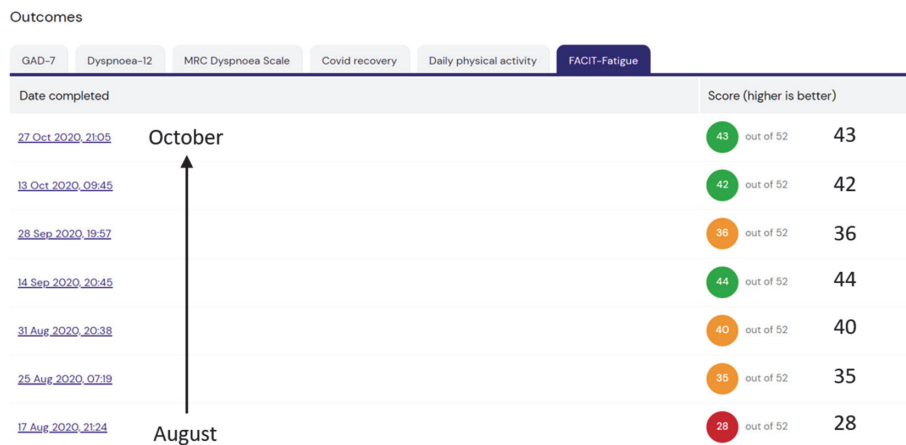
Discussion Patients recovering from Covid-19 report multiple and variable symptoms. Covid Recovery provides specialist services in a personalised manner, supporting patients through their rehabilitation and recovery journey, enabling them to feel seen, heard and believed.

L11 SARS-COV-2: SURVIVAL AND LENGTH OF STAY IN COPD PHENOTYPES

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10.1136/thorax-2020-BTSabstracts.413

Introduction and objectives Individuals with Chronic Obstructive Pulmonary Disease (COPD) have increased risk of severe pneumonia and poor outcomes when they develop severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)



Abstract L10 Figure 1 Example patient FACIT-Fatigue outcomes