

social consequences related to the COVID-19 pandemic and social distancing measures.

**Results** 45% reported disruptions to care, including cancellations of appointments, investigations, pulmonary rehabilitation, treatment, and monitoring. Other practical impacts such as difficulty accessing healthcare services for other issues, and getting basic necessities such as food, were also common. 36% did not use online prescriptions and 54% had not accessed online inhaler technique videos. Psycho-social impacts including anxiety, loneliness and concerns about personal health and family were prevalent. 81% reported engaging in physical activity. Among the 11% who were smokers, 48% reported they were planning to quit smoking because of COVID-19.

**Conclusions** COVID-19 and related social distancing measures are having profound impacts on people with chronic respiratory conditions. Urgent adaptation and signposting of services is required to mitigate the negative health consequences of the COVID-19 response for this group.

### S112 COVID-19 RELATED CONCERNS OF PEOPLE WITH LONG-TERM RESPIRATORY CONDITIONS: A QUALITATIVE STUDY

<sup>1</sup>KEJ Philip, <sup>2</sup>B Lonergan, <sup>3</sup>A Cumella, <sup>3</sup>J Farrington-Douglas, <sup>3</sup>M Laffan, <sup>1</sup>NS Hopkinson. <sup>1</sup>National Heart and Lung Institute, Imperial College London, London, UK; <sup>2</sup>Royal Brompton and Harefield NHS Foundation Trust, London, UK; <sup>3</sup>Asthma UK and British Lung Foundation Partnership, London, UK

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**Background** The COVID-19 pandemic is having profound psychological impacts on populations globally, with increasing levels of stress, anxiety, and depression being reported, especially in people with pre-existing medical conditions who appear to be particularly vulnerable. There are limited data on the specific concerns people have about COVID-19 and what these are based on.

**Methods** The aim of this study was to identify and explore the concerns of people with long-term respiratory conditions in the UK regarding the impact of the COVID-19 pandemic and how these concerns were affecting them. We conducted a thematic analysis of free text responses to the question 'What are your main concerns about getting coronavirus?', which was included in the British Lung Foundation/Asthma UK (BLF-AUK) partnership COVID-19 survey, conducted between the 1st and 8th of April. This was during the 3rd week of the UK's initial social distancing measures.

**Results** 7,039 responses were analysed, with respondents from a wide range of ages, gender, and all UK nations. Respondents reported having asthma (85%), COPD (9%), bronchiectasis (4%), interstitial lung disease (2%), or 'other' lung diseases (e. g. lung cancer) (1%). Four main themes were identified: 1) vulnerability to COVID-19; 2) anticipated experience of contracting COVID-19; 3) wide-reaching uncertainty; and 4) inadequate national response.

**Conclusions** The COVID-19 pandemic is having profound psychological impacts. The concerns we identified largely reflect objective, as well as subjective, aspects of the current situation. Hence, key approaches to reducing these concerns require changes to the reality of their situation, and are likely to

include i) helping people optimise their health, limit risk of infection, and access necessities; ii) minimising the negative experience of disease where possible, iii) providing up-to-date, accurate and consistent information, iv) improving the government and healthcare response.

### S113 TELEPHONE CONSULTATION – THE PATIENT PERSPECTIVE

A Armstrong, B Messer. *The Newcastle upon tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK*

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**Background** Our regional assisted ventilation service has a cohort of almost 1000 patients receiving Long Term Ventilation (LTV) in the community. The clinical review of these patients has historically been delivered in the outpatient setting, either at the base hospital or at outreach clinics elsewhere in the region. During the early part of the COVID-19 pandemic, it was recognised that face-to-face contact with this shielded group of patients was impractical, therefore the routine outpatient review was replaced with a telephone consultation. Patients who required urgent assessment or review were prioritised, and were seen face-to-face either in the outpatient department or in the community, observing strict infection prevention and control measures in either setting.

**Objective** To gain an understanding of the perspective of LTV patients about their clinical review being provided by telephone.

**Method** We sent a survey to 930 patients asking:

- Whether they had received a telephone consultation during the last few months
- If so, to score how helpful the telephone consultation was
- Whether they would consider changing some of their future consultations to telephone/video
- To score what their preferred method of consultation would be in the future

**Results** We received feedback from 355 respondents who had participated in a telephone consultation. Most patients (98%) rated their telephone consultation as helpful. 66% would consider changing their future consultation to telephone review. When asked about future management, one third would prefer face-to-face consultation, one third would prefer telephone review and one third would prefer a mixture of both.

**Discussion** Throughout the COVID-19 pandemic, due to reduced face-to-face clinical contact, LTV patients have demonstrated a significant level of independence in self-managing their health care. This is an opportunity to embrace the flexibility in the way health care delivery has evolved during this time.

**Conclusion** The patient perspective on how their health care is delivered is critically important. LTV services will continue to need to apply clinical judgement when organising their patient review process, but this feedback demonstrates that most patients would be happy for telephone consultations to replace some, if not all, of the face-to-face review they have previously had.