increased our PEF diary responses, without additional cost or the requirement of a smart-phone. An average daily diurnal PEF variability >10% is valuable for the diagnosis of asthma and to assess asthma control. We continue to utilise PEF and have shared this resource across our local asthma networks. This is also likely to be beneficial in primary care to support annual asthma reviews and the requirement for at least two confirmatory diagnostic tests in the 2020/2021 NHS Quality and Outcomes Framework.

The real-world care of COPD patients

P79 THE CURE PROJECT: EXPERIENCE OF CARE & PERCEPTIONS IN PATIENTS THAT SMOKE ADMITTED TO HOSPITAL

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Introduction Smoking cessation is one of the most cost-effective interventions available to the NHS but the provision of evidenced based interventions in acute care trusts is woefully inadequate. The CURE project is an innovative acute care trust tobacco addiction treatment service. We performed an experience of care survey in current smokers admitted to hospital and offered treatment by the CURE team.

Method All inpatients identified as current smokers are automatically referred to the CURE team in an opt-out service. The CURE team attempts to visit every smoker and offer pharmacotherapy and specialist support. From 1st July 2020 to 30th August 2020 all patients visited face to face by the CURE team were offered the opportunity to complete an experience of care survey. Patients provided written consent and were asked about their smoking habits, quit attempts,

their current admission, experience of the CURE service and future service developments.

Results A total of 247 patients were identified on admission to our trust in the survey period. 54% completed the survey. 28 omitted to provide written consent leaving 106 surveys for analysis. 89% stated that being admitted to hospital made them consider a quit attempt. 100% felt it was acceptable to be approached whilst in hospital in an opt-out model of care. 91% and 89% of patients accepted the offer of inpatient medication/support and discharge support respectively. 82% of patients rated the CURE service as either 9/10 or 10/10 in terms of experience of care. 65% of patients would have been interested in vaping starter kits as treatment intervention to remain smoke free if it was offered by the CURE team. 65% agreed or strongly agreed that vaping should be allowed on hospital grounds.

Conclusion This patient-led data, from an unselected population of patients that smoke admitted to hospital, confirms that a hospital admission is an important opportunity to provide tobacco addiction treatment. Furthermore, there is excellent uptake and acceptability alongside good experience of care in our comprehensive opt-out model of care. The addition of vaping kits to our treatment offer is a potential avenue to improve the impact of this service further.

P80 AMBIVALENCE OR BLIND FAITH? ATTITUDES AND EXPERIENCES IN A COMMUNITY CURE RESPIRATORY SMOKING CESSATION SERVICES

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Introduction The UK Government has an ambition that England will be smoke-free by 2030. Smoking is the biggest reason of premature death/disability. Over 77000 people die in England from smoking annually, more than the combined deaths due to obesity, alcohol, and illegal drugs. 175% of 47000 cases of lung cancer in the UK are caused by smoking

Abstract P80 Figure 1 KCRS smoking cessation client feedback

every year. Ending smoking could be the greatest single contribution to increasing healthy years of life, while narrowing the gap between the rich and poor.

Background KCRS provides a pharmacist-led specialised smoking cessation service. The service was initially trialled as a pilot in 2018 after rates of smoking in Knowsley had remained static in the preceding 8 years at around 40%. Considering there was a council run Smoking Cessation service, it was felt that a more enhanced and specialised service was required to improve smoking quit rates. Following the success of the pilot, the service was commissioned by Knowsley council.

The Service The following components of the service provide:

- Access to clinical records, allowing the safe use of NRT and Varenicline
- NRT and Varenicline PGDs; allowing clients to have access to medications without delays
- In-house counsellor to address social barriers to stop smoking
- Weekly contact by smoking champions for 12 -16 weeks
- The opportunity for clients to contact the service directly for support

Data Collection and Feedback For 183 clients we supported in the last 12 months, 73 were smoke free by 4 weeks. The most satisfying aspect though was that 69 of the 73 then remained smoke free at 12 weeks. Feedback from patients was overwhelmingly positive for the service.

Discussion Aside from the data demonstrating our ability to keep clients smoke-free, we have also found excellent patient satisfaction and engagement in the service. Feedback from clients highlighted the importance of continuity of care and trust in the service. We continue to listen to clients in our aim to provide a service that is valued, respected and effective for both clients and professionals alike.

REFERENCE

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P81 AN AHP-LED, QUALITY IMPROVEMENT PROJECT TO REDUCE THE HOSPITALISATION RATE OF PATIENTS WITH ACUTE EXACERBATION OF COPD

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Introduction COPD is the second most common cause for unscheduled hospital presentation in the UK.¹ With each admission costing the NHS an average of £3,700, innovation is essential to improve patient care and healthcare service delivery.

The aims of this AHP-led intervention were: reduce admission rates to hospital for patients presenting with an acute exacerbation of COPD to ED (Emergency Department) and AAU (Acute Admissions Unit), by 20%. For those patients who did require admission to hospital, the aim was to reduce their length of stay (LOS) by 20%.

Methods A quality improvement approach was taken to the investigation, which was conducted in a large, city centre, teaching hospital with approximately 1000 beds. By sampling locally collected data a baseline discharge rate of 12% for COPD patients was established; the baseline average LOS was 8 days. We also measured readmission rate, staff and patient satisfaction.

Abstract P81 Figure 1 Flowchart detailing project intervention

The intervention delivered is shown in figure 1.

Results The project showed successful outcomes: discharge rate was 28% (an improvement of 16%) and LOS for patients admitted was on average 6 days (a 25% improvement). Patient experience was positive, with the majority rating the service as 'Excellent'. 54% staff rated the project as implemented Well or Very Well. Only one patient was readmitted within 7 days due to COPD.

These results suggest a saving of approximately 272 bed days over the 12-week period, which equates to £135, 000.

Conclusions Significant learning was gained regarding system barriers to patient discharge from acute hospital sites and the accuracy of centrally collected data on COPD patient hospital attendance, which will help inform future work.

The project demonstrates marked improvements can be achieved over short time periods by initiating Specialist AHP presence in healthcare settings traditionally staffed solely by medical and nursing staff, and potentially substantial cost savings can be achieved.

REFERENCE

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Please refer to page A193 for declarations of interest related to this abstract.

P82 THE REAL-WORLD USE OF AZITHROMYCIN IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction Chronic obstructive pulmonary disease (COPD) is a progressive lung disease and is the third leading cause of death in the world. The British Thoracic Society (BTS) recommends the use of azithromycin for patients who experience ≥ 3 ECOPDs per year, OR ≥ 1 severe exacerbation with