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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10.1136/thorax-2021-BTSAbstracts.191

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

1. Hunter LC, Lee RJ, Butcher I, *et al.* Patient characteristics associated with risk of first hospital admission and readmission for acute exacerbation of chronic obstructive pulmonary disease (COPD) following primary care COPD diagnosis: a cohort study using linked electronic patient records. *BMJ Open* 2016;**6**:e009121.

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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10.1136/thorax-2021-BTSAbstracts.192

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