

Poster sessions

Results Mortality rate was significantly higher in 122 cancer patients with COVID-19 than 1220 patients without cancer (OR 1.653, p=0.014), especially in patients with lung cancer (OR 4.664, p=0.002). 55 patients diagnosed with cancer within one year had a significantly higher mortality (OR 2.32, p=0.004). Stage 4, but not earlier stages of, cancer at diagnosis had much higher mortality (OR 2.82, p<0.001). Progression of cancer was highly predictive of mortality (OR 4.60, p=0.00002). SACT had no significant effect on mortality from COVID-19 disease when compared with cancer patients who had no active treatment. However, cancer patients that did not have SACT within 3 months were more likely to die (OR 1.80, p=0.025).

Conclusion Among patients with cancer and COVID-19, mortality was high and associated with cancer-specific features. There was no evidence cancer patients on systemic anti-cancer treatments possessed higher mortality from COVID-19 disease, which correlates with findings from COVID-19 and cancer registries¹. Patients that did not receive SACT within 3 months before COVID-19 and therefore more likely to have palliative treatment did demonstrate high mortality. Larger studies are needed to confirm the risk of mortality and timing of SACT before COVID-19 disease.

REFERENCE

1. Lee AJ, et al. *British Journal of Cancer* 2021;124:1777–1784.

P105 BREAKING BARRIERS TO SINGING FOR LUNG HEALTH DURING THE COVID-19 PANDEMIC

K Crowley, I Du Rand. *Hereford County Hospital, Hereford, UK*

10.1136/thorax-2021-BTSabstracts.214

In 2010 the British Lung Foundation (BLF) launched ‘Singing for Lung Health’ (SFLH), an initiative to promote singing as part of a group, for patients with chronic lung conditions. This has been shown to be beneficial to mental wellbeing, lung health and quality of life in this group of patients.¹

In 2019 a local SFLH group was established and around 30 patients with chronic lung conditions participated. When asked, all participants reported an improvement in their physical or emotional health. Personal feedback showed just how positively the sessions had impacted these patients, highlighting the holistic benefits of this initiative in practice (table 1).

The arrival of the COVID-19 pandemic caused the group to be put on hold. This barrier posed a challenge to be overcome and in 2020 the SFLH group was moved online and has continued on this platform ever since.

The majority of the participants reported a decline in their physical health and increase in social isolation as a result of the pandemic. The online SFLH group has provided an outlet for these patients who are among the most isolated and vulnerable groups in the population. As a result of the sessions over 80% of participants felt an improvement in breath control and 63% reported an improvement in mood. Personal feedback was extremely complementary showing that the online platform for the sessions has been as effective as it had been in person and that the sessions have been appreciated all the more since the pandemic (table 1).

Abstract P105 Table 1

In person SFLH Patient feedback	Online SFLH Patient feedback
‘Brilliant, life feels brighter. Breathing improvement’	‘I feel that my lung capacity has improved a good deal and that this...has resulted in my being a good deal less breathless when out walking.’
‘uplifted and relaxed’	‘Breathing and relaxing exercises are very beneficial to us... also a good social experience, especially in these very restricted times’
‘positive in what I achieved’	‘The class is an utter joy and a lifeline’
‘meeting people with the same complaint I have’	‘I can keep fitter than I would otherwise’
‘improves my outlook on life’	‘The on-line weekly meeting has been a major blessing during lockdown’
‘as long as it takes place I will be there’	‘I enjoy the classes very much’
‘keeps me in trim for the next 48 hours’	‘Feel better afterwards’
‘Feel better than I did when I arrived’	‘so joyful and uplifting!’
All participants reported an improvement in their physical or emotional health and would recommend the SFLH sessions to a friend with breathing difficulties	80% of participants felt an improvement in breath control and 63% reported an improvement in mood.

This kind of initiative is needed for those struggling with chronic lung conditions and the ability to provide this service online means more patients can benefit.

Special thanks to Annie Summers the group’s BLF trained SFLH instructor and to Andi Licqurish and Dennis Schiavon from Encore Enterprises.

REFERENCE

1. Lord V, Cave P, Hume V, Flude E, Evans A, Kelly J, Polkey M, Hopkinson N. Singing teaching as a therapy for chronic respiratory disease - a randomised controlled trial and qualitative evaluation. *BMC Pulmonary Medicine*, 2010;10(1).

P106 THE IMPACT OF TECHNICIAN-LED VIRTUAL SPIROMETRY SESSIONS ON THE AVAILABILITY AND QUALITY OF HOME SPIROMETRY RESULTS IN A VIRTUAL CYSTIC FIBROSIS CLINIC

C Long, T Modzelewski, NJ Bell. *Bristol Adult Cystic Fibrosis Centre, Bristol Royal Infirmary, Bristol, UK*

10.1136/thorax-2021-BTSabstracts.215

Introduction Spirometry is an essential component of monitoring the health of people with Cystic Fibrosis (CF). Since the Covid-19 pandemic, most consultations have been conducted via video conferencing. All appropriate patients were given MIR Spirobank® portable spirometers (MIR Medical International Research Srl) and asked to send in readings before each clinic. We noticed a fall in the number and quality of spirometry reports available to clinicians in virtual clinics compared to face-to-face reviews. We set out to improve this through a Respiratory Physiologist-led virtual spirometry clinic.

Methods Spirobanks® spirometry reports (including grading of quality using ATS/ERS criteria¹) provided by patients attending virtual CF clinics in our CF centre in January 2021 were reviewed. Following this review, a virtual spirometry clinic was established (running before the main clinic) in which the patient performs spirometry via the ‘Live Video Exam’ app on

their mobile device, coached by a Physiologist who is able to see the patient via their mobile phone camera and view spirometry flow loops in real time, downloading results ready for the subsequent clinic. Review of spirometry available for clinics in May 2021 was then performed and the number and quality of reports available compared.

Results Spirometry reports were available for 35 out of 70 appointments for patients with Spirobanks® devices in January 2021, of which 26/70 (37%) were ATS grade A or B. In May 2021, 50 patients with devices had clinic appointments: 9 provided reports independently (7 grade A or B), 37 were coached by a physiologist (31 A or B), and 4 did not attend or declined a coaching session.

Conclusion Without coaching, only 37% patients with a Spirobanks® device provided ATS grade A or B spirometry for virtual CF clinics; this increased to 76% with the introduction of pre-clinic online Respiratory Physiologist coaching sessions.

We plan to review how the number and quality of reports provided with and without coaching changes as patient experience in the use of home spirometers increases.

REFERENCE

1. Standardization of Spirometry 2019 Update. *American Journal of Respiratory & Critical Care Medicine* 2019;200(8):e70–e88.

P107

CREATING A NEW ROLE ON RESUSCITATION TEAMS RESPONSIBLE FOR PPE AND TEAM SAFETY SIGNIFICANTLY IMPROVES THE SAFETY OF RESUSCITATION TEAMS WORKING IN THE PANDEMIC: A SINGLE CENTRE STUDY

P Dobson, T Sidney. *Kingston Hospital NHS Foundation Trust, London, UK*

10.1136/thorax-2021-BTSabstracts.216

Introduction and Objectives Due to the COVID pandemic, aerosol generating procedures at resuscitation calls have created new risks for resuscitation teams. In our centre we identified that during resuscitation calls, PPE guidelines were often not being followed due to the focus of all the resuscitation team members being primarily on managing unwell patients rather than personal safety. This study aimed to assess whether the introduction of a new role in the resuscitation team with responsibility of ensuring full PPE protection for all team members, a ‘PPE lead’, could improve the safety of resuscitation teams.

Methods In December 2020, at the start of the ‘second COVID wave’ we created a new role on every resuscitation team, a PPE lead, whose responsibility was to ensure that all other team members received correct PPE provision and were using this correctly during resuscitation calls.

The effectiveness of this change was measured by asking resuscitation staff to complete a questionnaire. Standard statistical analysis was undertaken.

Results 32 questionnaires were given to resuscitation team members with 100% returned. 28 (87.5%) respondents agreed or strongly agreed that the introduction of a PPE lead in the resuscitation team helped to improve adherence to PPE guidelines at arrest calls, compared to 4 (12.5%) respondents who remained neutral ($p<0.001$). 27 (84.4%) respondents agreed or strongly agreed that the introduction of a PPE lead improved personal safety, compared to 5 respondents (15.6%) who remained neutral ($p<0.001$).

Conclusion Effectively protecting healthcare staff from exposure to COVID remains paramount, especially with concerns regarding new variants which are more transmissible. This study has shown that listening to the concerns of staff can lead to innovative improvements. To our knowledge this is the first study that has introduced within the resuscitation team a PPE lead.

This study has established that a PPE lead helps improve adherence to PPE guidelines, and helps healthcare staff feel safer. Our study helps evidence the need to introduce a PPE lead on resuscitation teams on a national level.

P108

ANNUAL PHYSIOTHERAPY REVIEWS IN A SPECIALIST RESPIRATORY CLINIC FOR BRONCHIECTASIS: THE IMPACT OF COVID-19 ON AN ALREADY STRAINED WORKFORCE

¹F Livingstone, ²R Wagstaff, ²F Rauf, ²A Sullivan, ¹L Gardiner, ²R Coldough. ¹University of Birmingham, Birmingham, UK; ²Queen Elizabeth Hospital Birmingham, Birmingham, UK

10.1136/thorax-2021-BTSabstracts.217

Introduction The British Thoracic Society Guidelines (2019) require individuals with bronchiectasis in secondary care clinics are seen annually by a respiratory physiotherapist.

The NHS Long Term Plan (2019) emphasises respiratory as a priority area and acknowledges an increase in workforce is needed. COVID-19 has had a drastic impact upon healthcare provision, with a reduction in access to care for many patients with chronic respiratory diseases (Chudasama, et al., 2020).

Objectives To analyse the impact of COVID-19 on the number of bronchiectasis patients receiving an annual physiotherapy review within a specialist respiratory clinic.

Methods Patient databases were analysed and coded to identify the number of patients active in the clinic between 31/03/2019–2020, and 01/04/2020–2021, and the percentage of whom received a physiotherapy review during the respective periods. These dates were selected taking into account COVID-19 government directives and resultant clinic operating restrictions. Virtual consultations were included.

Results The percentage of bronchiectasis patients who received a physiotherapy review declined by 25.7% during COVID-19. See table 1 for results.

Conclusion The respiratory workforce has been central in the acute response to COVID-19, whilst reduced provision of pulmonary rehabilitation and specialist respiratory clinics has led to a significant reduction in access to care for patients with chronic respiratory conditions reliant on highly specialised management. It is anticipated that the consequences on chronic disease burden will continue to unfold long after the pandemic has been controlled.

This research identifies a significant unmet need of physiotherapy within a specialist respiratory service, exacerbated by COVID-19. A wider exploration into respiratory workforce

Abstract P108 Table 1 Delivery of annual physiotherapy reviews before and during COVID-19

Year	Patients for review	Patients reviewed	% patients reviewed
31/03/2019–2020	392	226	57.7
01/04/2020–2021	408	130	31.9