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 Spirobank® 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 Spirobank® 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

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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

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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

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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