New treatment pathways in the post-COVID-19 era

P153 A PATIENT CENTERED PATHWAY TO SUPPORT OPTIMAL SYSTEMIC STEROID DOSE REDUCTION AFTER STARTING BIOLOGIC THERAPY IN ASTHMA

B Reeve, S Folini, M Tolson, R Harvey, K Harbour, L Wiffen, L Fox, K Tariq, K Babu, AJ Chauhan, T Brown. *Portsmouth Hospitals University Trust, Portsmouth, UK*

10.1136/thorax-2021-BTSabstracts.262

Introduction Historically maintenance oral corticosteroids (mOCS) provided the only effective treatment option for many patients with severe asthma but at the cost of severe side-effects including diabetes, weight gain and osteoporosis. Biologic therapies targeting type-2 inflammation have been shown to significantly reduce the need for mOCS in severe asthma. However, a significant proportion of patients fail to reduce their steroid dose and remain on mOCS despite the introduction of a biologic therapy highlighting the unmet need for improved OCS stewardship in this population.

A nurse-led supportive steroid weaning pathway was established to support patients through their steroid reduction journey.

Method Adults with severe asthma on a biologic therapy, alongside mOCS, who had previously been unable to reduce their steroid dose were offered enhanced support including education, a personalised structured OCS weaning plan, safety monitoring (for adrenal insufficiency) and 4-weekly reviews (face-to-face or virtual) alongside telephone support with the asthma nurses. A steroid weaning leaflet, designed by the team, was provided to all patients and included information on adrenal insufficiency, sick day rules and preparing for a cortisol test.

Results 24 patients were enrolled between January-April 2021. 12 (50%) patients managed a $\geq 50\%$ reduction in their steroid dose of which 3 patients were weaned completely off mOCS. 4 patients (17%) managed a dose reduction of $< 50\%$. 8 (33%) patients remained on their starting dose due to adrenal insufficiency.

Patient feedback has been positive, particularly relating to the additional education (including the steroid weaning leaflet) and the enhanced support (with 4-weekly reviews) provided through this service.

Conclusion It is important to recognise and address patient's understandable anxieties regarding steroid weaning and to support them during this process. The implementation of a patient-centred steroid weaning pathway enabled a significant

steroid dose reduction in 67% of severe asthma patients on biologic therapies who had previously unsuccessfully attempted OCS weaning. This reflects a group of patients who would otherwise have had their biologic therapy discontinued on the grounds of sub-optimal efficacy and would have continued to suffer the severe side-effects of mOCS treatment justifying the additional resources required to support this service

P154 A PATHWAY TRANSFORMATION TO TRANSITION FROM A 'ROUTINE' TO A 'RESPONSIVE' SEVERE ASTHMA SERVICE IN THE POST COVID ERA

L Wiffen, R Harvey, L Fox, A Mathias, K Harbour, AJ Chauhan, T Brown. *Portsmouth Hospitals University NHS Trust, Portsmouth, UK*

10.1136/thorax-2021-BTSabstracts.263

Background Historical care delivery models in severe asthma have resulted in an extensive burden of long-term follow-up within services leading to significant waiting lists for 'routine' appointments. This was exacerbated by the COVID-19 pandemic creating an urgent need to address rising waiting lists and implement novel care pathways maximising remote support for patients whilst ensuring prompt access to the team at a time of clinical need and the continued delivery of safe and effective patient-centred care.

Methods A comprehensive review of the clinic footprint identified 646 patients with difficult or severe asthma awaiting 'routine' follow-up (outside of a treatment pathway). A manual risk stratification tool was developed in collaboration with our patient representatives and MDT, with patients triaged into multi-disciplinary clinic streams through a collaborative clinical and administrative process (ensuring previous waiting times, patient risk and need for MDT interventions/treatments were considered). All reviews were undertaken remotely with face to face appointments only where clinical benefits outweighed the risk. A PDSA process was used to concurrently assess the processes for risk stratification, patient discussion and clinic transition.

Results 638 patients were reviewed May-September 2020 with 59% requiring continued follow-up within the asthma service and 30% safely transitioned from routine follow-up to remote supervision with review at the time of need. 8% were discharged with an SOS appointment and 3% were followed up in an alternative respiratory clinic. The process was well received by patients with the majority feeling confident with their follow-up arrangements. Phenotypic details have been recorded to ensure timely review and access to novel therapies where these become available.

Conclusions The COVID-19 pandemic has necessitated a comprehensive re-evaluation of services and care pathways across the NHS. Transitioning from a 'routine' to 'responsive' patient-triggered service has facilitated flexible but personalised care empowering patients in the self-management of their asthma and significantly reducing the burden of 'routine' follow-up for patients and the MDT. This has reduced waiting times and increased capacity for new patient assessments whilst ensuring patients are offered timely reviews when their asthma control deteriorates, delivering equitable access across the system with the potential to improve patient outcomes.

Outcomes of Steroid Reduction Pathway

Abstract P153 Figure 1