disposal. Sustainability and monetary incentives were the main reported driving factors for recycling engagement, and all pharmacies would consider subscribing to a recycling scheme if available.

Conclusions Despite interest from local pharmacies, there are no available inhaler recycling services in the area we examined, and safe disposal uptake is very low. Promotion, patient education and investment are required for the NHS to meet its sustainability targets.

P157 EFFECTIVENESS OF A MULTI-DISCIPLINARY COMMUNITY RESPIRATORY TEAM DURING THE COVID-19 PANDEMIC

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Introduction The Community Respiratory Response Team (CRRT) was established to manage patients within Greater Glasgow & Clyde NHS Trust (NHS GGC) with chronic lung disease at home during the COVID-19 pandemic. We analysed the effectiveness of a triage pathway for appropriately targeting care, and overall effectiveness of the service in reducing the outcomes of Emergency department (ED) attendance, hospital admission and death.

Methods Electronic health records of patients referred in May 2020 were retrospectively reviewed. The relationship between CRRT triage pathway and emergency department (ED) attendance, hospital admission and death within 28 days of referral was assessed, with respect to primary respiratory condition.

Results Mean patient age was 69 years (median 71; IQR 62–79). 66% of patients were female. Figure 1 shows CRRT patient triage and outcomes. Excepting the blue ‘end of life care’ triage pathway, higher triage category was associated with higher rates of ED attendance, hospital admission and

death. The only death in the green triage group was due to a non-respiratory cause. Patients triaged red or amber were more likely to receive more than one consultation. In particular, patients with COPD in red and amber triage groups were more likely to have multiple CRRT consultations or a home visit.

87% of consultations were conducted remotely; mean 4.4 consultations/patient; 35% received a home visit. No nosocomial COVID-19 infections occurred. 52% of deaths occurred in patients with COPD or asthma/COPD overlap. Increasing number of consultations was associated with reduced mortality but not reduced ED attendance or hospital admissions. However, for patients diagnosed with COPD and triaged as highest risk, having over 3 consultations was associated with lower ED attendance (16% vs 30%) and admission rates (18% vs 26%). Hospital admissions and inpatient deaths for COPD patients in the 2nd quarter of 2020 were 47% and 65% of previous years, respectively.

Conclusions The NHS GGC CRRT was able to safely and appropriately risk stratify patients and complement tertiary care by providing support at home with potential impact on reducing hospital admissions and deaths. Wider implementation of multidisciplinary community respiratory care could benefit patients and the healthcare service.

P158 THORACIC ULTRASOUND ON THE RESPIRATORY POST-TAKE WARD ROUND: ASSESSING THE IMPACT ON CLINICAL DECISION-MAKING AND THE PATIENT JOURNEY

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Introduction Thoracic ultrasound (TUS) has become indispensable when assessing the acutely unwell respiratory patient. We examined the impact of TUS on clinical decision-making and patient management, inviting discussion regarding the routine use of TUS on the respiratory post-take ward round (PTWR).

Methods Data was collected prospectively from fifty consecutive patients allocated to the acute respiratory PTWR. TUS

Abstract P157 Figure 1