Abstract P26 Figure 1 Top three page views per month for the first million visits to the Your COVID Recovery Website

Breathlessness and Family, Friends and Carers featured in the top three positions for the first four months but not subsequently.

Of the highest viewed content pages, average length of time spent on an individual page was reported to show Fatigue at 02mins12sec, Musculoskeletal Shoulder and Back Pain at 03mins05sec and Cough at 03min35sec.

Conclusion The data highlights the desire for knowledge on symptom management of COVID-19 with areas of specific interest showing some change during the data collection period. This may reflect the progression or change in symptoms and fluctuating COVID-19 cases nationally. It may also provide HCP's an important insight into the recovery of patients with COVID-19. The average length of time spent on the most viewed pages is high, showing good interaction by the reader and again highlights the desire for knowledge.

REFERENCE

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P27

THE NEED FOR REHABILITATION PROGRAMME AFTER AN EPISODE OF COVID-19

¹M Alhoty, ²E Daynes, ²C Gerlis, ¹SJ Singh. ¹University of Leicester, Leicester, UK; ²University Hospitals of Leicester, Leicester, UK

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Background After COVID-19 infection, individuals can experience a variety of symptoms that might require further treatment. Early data showed that an adapted pulmonary rehabilitation programme may be a valuable intervention.¹ It is anticipated that there will be a huge burden on current services to deliver a programme for patients with long term symptoms following COVID-19 infection and therefore there will need to be flexible alternative modes of delivery. Currently no data exists on the need for rehabilitation and the preferred mode of delivery.

Preferred Rehabilitation Programme

Abstract P27 Figure 1 Preferred rehabilitation programme

Aim To assess the need for rehabilitation programme following discharge from COVID-19 episode and understand patient preference.

Method Patients post hospital discharge (H) and the community managed (C) infection received a follow up call on average of 3 months after discharge as a part of routine clinical management. A survey was completed to assess their most significant symptoms they would seek help with and their preference for rehabilitation. The survey explored ongoing symptoms, level of activity and preferred mode of rehabilitation. Data was analysed using SPSS v25.

Results A total of 160 patients completed the survey (51.2% male, mean [SD] age 54 [15] years). 126 (78.8%) were post hospital and 34 (21.3%) were community managed infections. 101 (63.1%) reported that COVID-19 related symptoms have affected their daily activities, and 106 (66.3%) reported their desire to be more active. The most common symptoms identified needing support were fatigue (C- 82.4%, H- 44.4%) and shortness of breath (C- 88.2%, H-48.4%). Both groups preferred face-to-face group programme (C- 54.8%, H- 46.8%), and (C-38.7%, H- 40.3%) preferred a supported digital rehabilitation programme or non-digital home based programme (C- 3.2%, H-12.9%) respectively (figure 1).

Conclusion The survey responses indicate a significant need for a support package of care. The majority preferred a face-to-face intervention; although a significant minority would prefer a digital intervention, regardless of mode there will be a substantial burden on services.

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P28

DEVELOPING A NOVEL ADVANCED CLINICAL PRACTITIONER LED SEVERE COVID-19 FOLLOW-UP SERVICE – A PICTURE IS NOT ALWAYS WORTH A THOUSAND WORDS

T Armstrong, R Gillott, T Bongers, A Ashraf. *Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool, UK*

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During the COVID-19 pandemic the British Thoracic Society produced national guidance advising for all severe COVID-19 pneumonia (defining our inclusion criteria as clinico-radiological diagnosis, oxygen requirements >35%, continuous positive pressure ventilation or mechanical ventilation) to have 4–6–