Background Under the Equality Act 2010, it is illegal to discriminate based on protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation). It is anecdotally reported that pulmonary rehabilitation (PR) is poorly attended by minority groups. However, the extent to which protected characteristics are collected and reported, and therefore who is accessing PR, remains unclear.

Objectives To describe the ways in which Equality Act 2010 protected characteristics have been reported in UK studies of PR.

Methods A systematic scoping review following PRISMA-ScR guidelines was conducted across five databases. UK studies of any design collecting data on PR from 1st October 2010 (date of Equality Act 2010 inception) were eligible.

Results Of 36 included studies, 97% (n=35) reported the age of participants, 42% (n=15) reported sex and 19% (n=7) reported gender with only male and female categories. In 17% of studies (n=6), it was unclear if authors reported sex or gender, 8% (n=3) used the terms ‘sex’ and ‘gender’ interchangeably and 8% (n=3) reported either male or female, but did not state if this was sex or gender. The majority sex or gender was reported in 70% (n=14) studies. Race was reported through ethnicity in 3% (n=1) of studies and 8% (n=3) discussed the homogeneity of the race of participants as a study limitation. No studies explicitly reported the disability of participants, but all studies reported measures indicating disease severity and functional ability (e.g. FEV1% predicted (81% (n=29)) and incremental shuttle walk test (72% (n=26))). No studies reported gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief or sexual orientation.

Conclusions Apart from age, Equality Act 2010 protected characteristics are either not commonly reported or inconsistently reported in PR studies, and therefore access and representativeness of this intervention remains unclear. A standardised reporting framework would be beneficial.

Please refer to page A289 for declarations of interest related to this abstract.

### Abstract P22 Table 1

<table>
<thead>
<tr>
<th>Received PR</th>
<th>Not offered PR</th>
<th>Would consider PR if offered</th>
<th>Reasons for not doing PR</th>
<th>Wouldn’t be able to complete programme</th>
<th>Other medical problems would make it difficult</th>
<th>Did not feel fit enough to travel to attend</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>50%</td>
<td>52%</td>
<td>79%</td>
<td>67%</td>
<td>64%</td>
<td>97%</td>
</tr>
<tr>
<td>79%</td>
<td>67%</td>
<td>64%</td>
<td>97%</td>
<td>96%</td>
<td>86%</td>
<td>97%</td>
</tr>
<tr>
<td>8%</td>
<td>3%</td>
<td>9%</td>
<td>23%</td>
<td>31%</td>
<td>27%</td>
<td>13%</td>
</tr>
</tbody>
</table>

PR, 70% (830) have not been offered the chance by a healthcare professional. This varied by state of breathlessness – the more breathless a respondent, the more likely it was that they had received or been offered PR (table 1).

95% (519) of eligible COPD respondents who hadn’t received PR or an offer for it, would consider it if offered. There was evidence of increasing hesitation with increasing severity of breathlessness, and those who didn’t attend cited issues with comorbidities, confidence, and fitness levels (table 1). The other third (29%) of reasons for declining the offer of PR focused on course suitability including inconvenient times, lacking equipment and long waiting lists.

Our research suggests significant gaps in provision of PR to people with COPD. There is unmet need for this service, and several barriers need to be addressed to encourage participation. Improved provision of PR would help improve outcomes and quality of life for people with COPD.

### Reference


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### P23 Videoconference Pulmonary Rehabilitation (PR) and Change in Knowledge in People with Chronic Obstructive Pulmonary Disease (COPD): A Propensity-Matched Analysis

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10.1136/thorax-2023-BTSabstracts.175

Background PR, a programme of supervised exercise and education for people with chronic respiratory diseases is traditionally delivered face-to-face (Bolton et al., 2013). Videoconference PR has emerged as an alternative to the traditional model, but its impact on knowledge remains unexplored (Cox et al 2021).

Aim To compare the effect videoconference PR to face-to-face PR on knowledge (Lung Information Needs Questionnaire (LINQ)) in COPD.

Methods We conducted a matched case-control study comparing 25 consecutively recruited people undergoing...