Conclusions The co-design process illuminated the difficulties of incorporating people with CB into existing sport-programs for older adults due to limitations imposed by breathlessness, poor balance, and devices. There is a need to promote inclusivity by incorporating devices, facilitating access, and allowing time for socialising.

Please refer to page A284 for declarations of interest related to this abstract.

**ALTERNATIVE PULMONARY REHABILITATION (PR) FOR PEOPLE WITH INTERSTITIAL LUNG DISEASE (ILD): DEVELOPING THE MODEL USING EXPERIENCE-BASED CO-DESIGN**

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**Background** Few studies have investigated alternative PR programmes in people with ILD. The majority of which involved people with idiopathic pulmonary fibrosis and have methodological limitations. None were adapted to address the needs of people with ILD and little is known about their needs and preferences.

**Aim** To co-design an alternative PR programme for people with ILD.

**Methods** Experience-based co-design comprises interviews, stakeholder workshops and co-design meetings. 1:1 video-recorded interviews with purposively selected people with ILD with experience of PR, their carers/family, and healthcare professionals, were edited into a 20-minute film. The film was shown at three audio-recorded stakeholder feedback events (1: service-users, 2: healthcare professionals, 3: joint) to identify key themes and touchpoints and short-list key programme components. The programme was finalised at two further co-design workshops.

**Results** Ten people with ILD, four carers/family and seven healthcare professionals completed video-recorded interviews. Participants in the stakeholder feedback events included: service-user group: n=14; healthcare professional group: n=11; joint event: n=21. Three people with ILD and one carer/family participated in the first joint co-design workshop with five healthcare professionals attending the second.

Consensus on the programme was achieved. Three key touchpoints were getting started (e.g. importance of an in-person assessment, concerns about safety and technology), during rehab (e.g. use of minimal equipment, importance of socialising) and after rehab (e.g. opportunities for continued contact). The final co-designed model includes PR supervised and delivered by videoconference, with people grouped according to ability, followed by a video-conference-based maintenance programme. People inexperienced with or unable to access technology should be supported to do the programme. Important components included a programme delivered in line with national quality standards, safety (including oxygen saturation monitoring), exercise delivered using minimal equipment, access to information about end of life care and opportunities to socialise with other people with ILD. The final programme model is outlined in figure 1.

**Conclusion** An alternative PR programme for people with ILD has been co-designed by patients, their carers/family, and healthcare professionals, emphasising the role of social connection and ongoing support beyond initial supervised sessions.

Please refer to page A284 for declarations of interest related to this abstract.

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**Abstract S54 Figure 1** Final programme model

**Pre-PR**
- Safety measures in place: risk assessment, standard operating procedures
- Staff training completed
- In-person assessment followed by demonstration of exercise programme and provision of exercise equipment, safety equipment and education material
- Home visit for those without access to or unable to use technology to set it up and show the patient how to use it

**PR programme**
- Delivered by videoconference by two healthcare professionals, twice per week for six to eight weeks
- Create friendly atmosphere
- Allocate people to groups with similar physical capabilities
  - **Exercise**: 1.5 hours
  - Wear oxygen saturation monitor
  - Aerobic and resistance exercise should be prescribed and progressed using simple equipment
- Education: 15 mins
  - Supplemented with user-friendly written material and videos with consideration of literacy skills
  - ILD-specific topics with sign-posting to palliative care services
- Time to socialise: 15 mins

**Post-PR**
- In-person assessment
- Return equipment

**Maintenance programme**
- Supervised exercise programme delivered by videoconference once per week outside of the NHS
- Opportunity to ask questions
- Opportunity to socialise