

A Qualitative Evaluation of Virtual Pulmonary Rehabilitation in Tower Hamlets.

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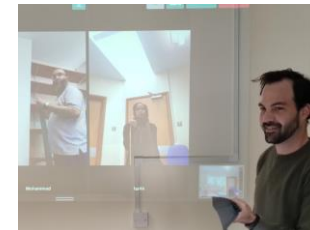
Background: Face to face Pulmonary Rehabilitation (PR) is a well evidenced, highly effective intervention for patients living with COPD. The COVID 19 pandemic resulted in these programs being suspended nationally. In Tower Hamlets, virtual pulmonary rehabilitation (VPR) had not been provided previously. A new programme was established as the only means of providing the classes. As well as collecting objective outcome measures, more detailed patient feedback was needed to evaluate the new service.

Aim: To collect quality patient feedback which would inform changes to future provision of VPR in Tower Hamlets.

Method: Consent was gained from all patients who attended the first 2 VPR cohorts which ran via Attend Anywhere (Trust chosen platform) to be interviewed by the patient experience Team. In November 2020, nine consenting patients were contacted (completers and non completers) to carry out in depth discovery interviews by telephone. The patient experience team were purposely involved to exclude bias and because of their skills at eliciting feedback.

Results:

- Patients reported initial frustration at intermittent technical difficulties
- Use of mobile phones when larger devices weren't available detracted from their experience
- Patients with greater physical disability felt less safe and were less likely to complete the course
- Patients preferred continuity in staff running the sessions
- There was no travelling time to venues which made the sessions more convenient for patients in employment
- All patients felt more confident in managing their lung condition
- The majority would recommend VPR to others.
- Those who had completed face to face PR in the past considered VPR an inferior option.



Conclusions:

- Face to face initial assessment and checking of connectivity are important.
- Technical issues offer significant barriers
- It takes longer for patients to develop a rapport with staff
- Face to face remains the preferred option for most.
- VPR will continue to have a role especially for those in employment / with less comorbidities
- Appropriate devices may need to be made available for patients

