

R. Mackenzie¹, G. Gilworth², E. Godfrey¹, A. Spinou¹, T. Morgan¹, K. Harris¹, J. Kawalek², N. King¹, B. Odin², S. Lewin³, S.J.C. Taylor⁴, N.S. Hopkinson⁵, J. Fox-Rushby¹, S. Ayis¹, L. Hamilton¹, P. T. White¹

¹Department of Population Health Sciences, King's College London - (UK); ²Academic Department of Rehabilitation Medicine, University of Leeds – Leeds (UK); ³Department of Health Sciences in Ålesund, Norwegian University of Science and Technology (NTNU) - Ålesund (Norway); ⁴Wolfson Institute of Population Health, Barts and the London School of Medicine and Dentistry, Queen Mary University of London – London (UK) ; ⁵National Heart and Lung Institute, Imperial College London – London (UK)

1 Introduction

Pulmonary rehabilitation (PR) is the most effective treatment for the symptoms of chronic obstructive pulmonary disease (COPD), yet uptake and completion are low.¹⁻⁴ The IMPROVE trial, a national multi-centre cluster randomised controlled study, aimed to increase PR uptake and completion by using lay health workers called PR-buddies. These PR-buddies are people with COPD who completed PR and volunteered to support newly referred patients. They received training to identify and address barriers, emphasise PR benefits, and share their positive experience of attending PR.

Objective: this study explores patients' experiences of PR-buddies and the acceptability of the PR-buddy model.

2 Methods

Patients who participated in the IMPROVE trial were invited to an interview to discuss their experiences. Interviews were semi-structured, audio-recorded, and transcribed verbatim for coding and inductive thematic analysis.

3 Results

Twenty patients from 11 intervention sites were interviewed. Average age 69 years (62-79 years); 12 men.

What makes a PR-buddy



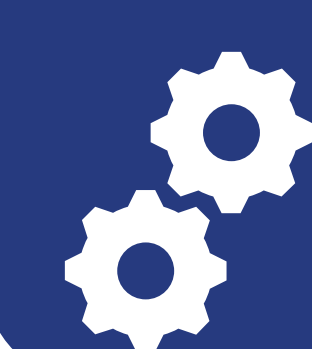
- PR-buddies boosted confidence, set expectations, and highlighted benefits.
- They eased loneliness and helped overcome barriers.
- Patients found them relatable but had mixed views on their stranger status.

“He [the PR-buddy] talked to me. Phoned me up. He used to listen when I was bad.”

“...I think it is nice to have somebody that you know has gone through it that's got the same issues as you've got...”

“[I thought the role of the PR-buddy was to] give you a bit of confidence. A bit of reassurance, you know.”

The PR-buddy service



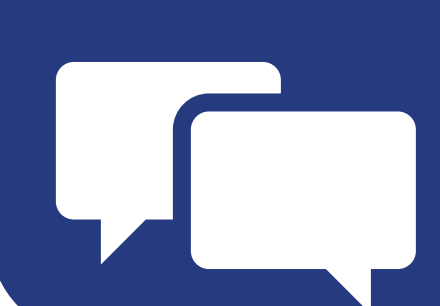
- Most welcomed PR-buddies; few were unsure, uninterested, or opposed.
- Patients valued the voluntary nature of the service.

PR-buddy contact



- PR-buddy contact was by phone, text, and in person.
- Phone was adequate; in-person preferred.
- Patients liked frequent and reliable contact that started before PR.

PR-buddy communication



- Patients valued being heard, asked questions, and ease of communication.

“I thought it [how often my PR-buddy was in contact] was ample you know and as I say she gave me a contact number as well so that I could get in touch if I did have any problems.”

“I've got to say, the buddy's a good idea. It's a great thing.”

“He's [the PR-buddy] felt a lot of benefit by it. And it's enjoyable. He put me in picture before I went.”

5 Conclusions

Patients thought the PR-buddy service was a good idea and found PR-buddy support acceptable. According to patients, the strength of PR-buddy support lies in their ability to relate to them and the use of their experience to provide confidence in attending PR.

References

1. McCarthy, B., et al., Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane Database Syst Rev, 2015(2): p. Cd003793.
2. Rochester, C.L., et al., An Official American Thoracic Society/European Respiratory Society Policy Statement: Enhancing Implementation, Use, and Delivery of Pulmonary Rehabilitation. Am J Respir Crit Care Med, 2015. 192(11): p. 1373-86.
3. Steiner, M., McMillan V, Lowe D, Holzhauser-Barrie J, Mortier K, Riordan J, Roberts CM., Pulmonary rehabilitation: an exercise in improvement. National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme: Clinical and organisational audit of pulmonary rehabilitation services in England and Wales 2017. Clinical audit data analysis and results. 2018, Royal College of Physicians: London. p. 79.
4. Hogg, L., et al., Effectiveness, Attendance, and Completion of an Integrated, System-Wide Pulmonary Rehabilitation Service for COPD: Prospective Observational Study. Journal of Chronic Obstructive Pulmonary Disease, 2012. 9.