

Specialty COPD care during COVID-19: patient and clinician perspectives on remote delivery

SUPPLEMENTARY APPENDIX

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Word count: 3072

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The authors declare that they have no conflicts of interest.

Author contributions: All authors jointly conceived the study. Data collection was led by FW, with support from JB, TC, RF, GM and JRH. Data analysis was led by FW, with support from JWvdS; all authors contributed to interpretation. FW led drafting of the paper, with critical input from all other authors. All authors approved the final version of the paper.

Acknowledgements: We thank Isla Kuhn for her assistance with developing and conducting database searches for the rapid literature reviews. We also thank Jenny George and Daniela Rodriguez Rincon (RAND Europe) for their work conducting the rapid literature reviews. We are grateful to the clinicians and patients who provided feedback for survey development and who contributed to this study. We thank Mike Roberts for constructive criticism on the draft manuscript.

This research was supported by the Health Foundation's grant to the University of Cambridge for The Healthcare Improvement Studies Institute. The Healthcare Improvement Studies Institute is supported by the Health Foundation – an independent charity committed to bringing about better health and healthcare for people in the United Kingdom.

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Appendix 1. Clinician questionnaire

SCREENING/ELIGIBILITY QUESTIONS (use for both professional and patient survey)

1. Please identify yourself. Which of the following best describes you?
 - a. A member of the respiratory care team at a unit which provides *specialty care* for patients with COPD [if yes, go to next section]
 - b. Any other clinician providing specialty care for patients with COPD [if yes, go to physician section]
 - c. A patient with COPD or a carer [if yes, go to next question]
 - d. Neither a, b, or c

QUESTIONNAIRE

1. Did you have a remote replacement for routine face-to-face contact (outpatients' clinics, nurse review) for people with COPD **before** the COVID-19 pandemic?
 - a. Yes
 - b. No

2. Have you introduced a remote replacement for routine face-to-face contact (outpatients' clinics, nurse review) for people with COPD **since the start** of the COVID-19 pandemic?
 - a. Yes
 - b. No

3. Is your remote contact with patients:
 - a. All or mostly phone
 - b. All or mostly by video
 - c. All or mostly by phone and video
 - d. All or mostly by post
 - e. All or mostly by text or online messaging
 - f. Other (please describe) [Free text]

4. Approximately what proportion of all patients with COPD that you review are via remote communication for much of their care?
 - a. No patients
 - b. Less than half of patients
 - c. Around half of patients
 - d. More than half of patients
 - e. All patients
 - f. Not sure
 - g. Other (please state) [Free text]

5. Does your unit currently use standard procedures to support remote communication with patients with COPD, such as a proforma or guideline?
- Yes
 - No
 - Not sure
6. How do you record remote care consultations?
- No record
 - Added to patient medical record via hand-written notes
 - Added to patient medical record via electronic entry
 - Other (please describe) **[Free text]**
7. Which of the following aspects of **planned care** do you frequently cover during remote communication? (please select all that apply)
- Reinforce smoking cessation (where appropriate) for COPD?
- Assess symptom severity
- Initiate medication for COPD
- Change regular medication for COPD
- Reinforce appropriate oxygen therapy in the community for patients with COPD
- Signpost patients to other online healthcare resources (e.g., self-management support)
- Deliver pulmonary rehabilitation
- Advise on nutrition
- Support end of life care with remote communication
- Other (please describe)
8. Which of the following aspects of **unplanned care** do you frequently cover during remote communication? (please select all that apply)
- Determine need to admit to hospital in relation to exacerbation of COPD
- Initiate use of rescue packs
- Other (please describe)
9. Which of the following does your unit do during remote communications? (please select all that apply)
- Actively help patients in contacting you by phone/video/text message outside of regular scheduled appointments
- Use a standard tool to assess and record disease severity of COPD in remote communication
- Routinely use remote physiological monitoring of patients at home with COPD
- Engage with carers of patients with COPD by remote communication
- Other (please describe)

10. Does your unit have a protocol for hard to reach or patients unable to use technology?
 - a. Yes
 - b. No
 - c. Not sure

[Page break]

11. What is good about the way your unit is currently undertaking remote communication?
[Free text]
12. What concerns do you have about remote communication at present?
[Free text]

ABOUT YOU

1. Where do you provide the majority of your care for patients with COPD?
 - a. Secondary care
 - b. Community care
 - c. Integrated care
 - d. Other (please describe) [Free text]
2. What is your professional role?
 - a. Doctor
 - b. Nurse
 - c. Physiotherapist
 - d. Pharmacist
 - e. Other (please specify) [Free text]
3. Are you male or female?
 - a. Male
 - b. Female
 - c. Prefer not to say
4. How old are you?
 - a. 18 to 24
 - b. 25 to 34
 - c. 35 to 44
 - d. 45 to 54
 - e. 55 to 64
 - f. 65 to 74
 - g. 75 to 84
 - h. 85 or over
 - i. Prefer not to say

5. What is your ethnic group?
- A. White
 - a. English / Welsh / Scottish / Northern Irish / British
 - b. Irish
 - c. Gypsy or Irish Traveller
 - d. Any other White background
 - B. Mixed / multiple ethnic groups
 - e. White and Black Caribbean
 - f. White and Black African
 - g. White and Asian
 - h. Any other Mixed / multiple ethnic background
 - C. Asian / Asian British
 - i. Indian
 - j. Pakistani
 - k. Bangladeshi
 - l. Chinese
 - m. Any other Asian background
 - D. Black / African / Caribbean / Black British
 - n. African
 - o. Caribbean
 - p. Any other Black / African / Caribbean background
 - E. Other ethnic group
 - q. Arab
 - r. Any other ethnic group
 - F. Prefer not to say
 - s. Prefer not to say

THANK YOU

Thank you for participating in this survey: your time and input are very much appreciated. Your responses will be kept anonymous.

We will analyse the results you and others provided during this first task of the project. In a few weeks' time, we would like your views on which healthcare activities delivered remotely by hospitals or specialist community services are the priorities for routine NHS practice.

1. Would you be willing to be invited to participate in the next task?
 - a. Yes
 - b. No
2. Please share any feedback, positive or negative, regarding this survey below [Free text]

Appendix 2. Patient questionnaire

SCREENING/ELIGIBILITY QUESTIONS (use for both professional and patient survey)

2. Please identify yourself. Which of the following best describes you?
 - a. A member of the respiratory care team at a unit which provides *specialty care* for patients with COPD [if yes, go to next section]
 - b. Any other clinician providing specialty care for patients with COPD [if yes, go to physician section]
 - c. A patient with COPD or a carer [if yes, go to next question]
 - d. Neither a, b, or c
1. Please answer the following questions in order to begin
 - a. Are you over the age of 18? Yes/No
 - b. Have you previously been diagnosed with COPD? Yes/No
 - c. Have accessed specialty COPD care in the last 3 months? Yes/No
 - d. I have read the participant information and understand that participation is voluntary and will not impact the health care I receive. Yes/No

QUESTIONNAIRE

1. Have you had treatment or care from specialist services (i.e. not your GP) for your COPD that involved consulting with the clinician by phone, video or text rather than seeing them face-to-face?

- a. Yes
- b. No [route to end of survey]
- c. Unsure

2. What method of communicating was used?

- a. All or mostly phone
- b. All or mostly by video
- c. All or mostly by phone and video
- d. All or mostly by post
- e. All or mostly by text or online messaging
- f. Other (please describe) [Free text]

3. Which aspects of your COPD and care were discussed using phone video or some other remote way of communicating? *Please tick any that were discussed*

- | | |
|---|--------------------------|
| Smoking cessation | <input type="checkbox"/> |
| The severity of your COPD | <input type="checkbox"/> |
| Starting medication for COPD | <input type="checkbox"/> |
| Changing regular medication for COPD | <input type="checkbox"/> |
| Supporting your oxygen therapy | <input type="checkbox"/> |
| Advice to you of other online healthcare resources (e.g., about self-managing COPD) | <input type="checkbox"/> |
| Supporting pulmonary rehabilitation | <input type="checkbox"/> |
| Advice on nutrition | <input type="checkbox"/> |
| Supporting end of life care | <input type="checkbox"/> |
| Other (please describe) | <input type="checkbox"/> |

4. Overall how helpful would you say has been your experience of talking with the clinician by phone, video or other remote way of communicating?

- a. Very helpful
- b. Quite helpful
- c. Not very helpful
- d. Not at all helpful

5. Could you please say in your own words what were the best aspects of the remote care you received? [Free text]

6. Could you please say in your own words how the remote care you received could have been made better? [Free text]

ABOUT YOU

1. Are you male or female
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 - b. Female
 - c. Prefer not to say

2. How old are you?
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 - b. No
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