COPD Community Appointment Day

Patient Follow-up Qualitative

Impact Assessment

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Contents

Limitations

While the COPD Community Appointment Day (CAD) impact assessment offers valuable insights into patient experiences, several limitations should be noted. The small sample size, with only 18 follow-up interviews may not be representative of all attendees, and introduces selection bias. The qualitative design relies on self-reported data, and the report lacks objective clinical measures to confirm outcomes. Seasonal cold weather affected symptoms and activity levels, making it harder to separate the CAD's impact as patients often found it difficult to recall the benefits experienced before the seasonal change.

Executive Summary

Background

The COPD Community Appointment Day (CAD) Patient Impact Assessment evaluates the effectiveness of a holistic care model designed to support individuals with COPD in Scotland. COPD remains a significant public health challenge, impacting quality of life and driving unscheduled healthcare use. Traditional clinical appointments often lack time for comprehensive discussions, limiting opportunities for patient empowerment and preventative care. The CAD model addresses this gap by offering integrated, patient-centred support in a non-clinical setting, aligned with Realistic Medicine principles.

Methods

Semi-structured interviews were conducted with consenting patients to understand changes in knowledge, confidence, and self-management behaviours.

Key Findings

- Knowledge and Confidence: CAD primarily reinforced existing knowledge for many patients, while others gained clearer understanding through visual aids and practical demonstrations. Breathing techniques and pacing strategies emerged as critical tools for managing breathlessness and anxiety.
- Behaviour Change: Patients reported modest but meaningful lifestyle adjustments, including increased physical activity, improved inhaler technique, and proactive engagement with pulmonary rehabilitation and community resources. Seasonal factors and mobility constraints remained significant barriers.
- Medication Optimisation: CAD prompted medication reviews and improved adherence, with several patients reporting enhanced symptom control and reduced reliance on reliever inhalers.
- Social and Emotional Benefits: Peer interaction reduced isolation, normalised experiences, and encouraged sustained engagement, contributing to improved mental well-being.
- Barriers to Engagement: Structural challenges, such as transport, long waiting times, and competing health priorities, limited follow-up for some patients. Seasonal weather and desire for deeper clinical detail also influenced outcomes.
- Digital Readiness: A subset of patients expressed interest in simple, practical digital tools for self-management.

Conclusion

The CAD model demonstrates clear value in promoting patient empowerment, improving confidence in symptom management, and fostering social connection. The COPD CAD successfully triggered positive health-seeking behaviours and strengthened self-management for many attendees, maintaining symptom stability.

Recommendations

Future CAD events should collect basic demographics at registration and seek consent to link this data with health records. This will allow mapping of attendance to prescription trends, GP visits, and hospital admissions, especially during winter when respiratory demand is high. Using dashboards and heat maps to visualise these patterns will strengthen reporting and demonstrate CAD's impact on service use.

Background

Chronic Obstructive Pulmonary Disease (COPD) is a common and debilitating condition in Scotland, significantly impacting quality of life through reduced physical activity, confidence, and ability to maintain employment or caregiving roles. Exacerbations are a leading cause of unscheduled healthcare visits and hospital admissions, often resulting in prolonged recovery.

Although COPD has no cure, effective symptom management and timely support are essential for self-care and reducing exacerbation risk. Routine appointments often focus on treatment, leaving limited time for holistic discussions that build confidence and encourage engagement with preventative activities.

This project tested a COPD Community Appointment Day (CAD) model in Elgin and Aberdeen as a different way of delivering care. CADs bring together multidisciplinary support under one roof, aligning with Realistic Medicine principles by offering integrated, patient-centred care. The approach provides opportunities for tailored advice, access to preventative resources, and engagement with activities that promote long-term wellbeing and self-management.

To understand the impact of this model, follow-up interviews were conducted approximately six months after CAD attendance. These explored how the experience influenced patients' ability and confidence to manage COPD and whether it supported sustained behaviour change, recognising the common "intention–behaviour gap."

This report presents qualitative findings from these interviews, detailing evaluation methods and key insights into how CADs affect patient knowledge, confidence, and engagement with preventative care.

Methods

Patient Interviews

Patients who consented during CAD (recorded in their patient passport) and provided an email address were contacted six months later to confirm willingness to participate, ensuring autonomy and informed consent. Telephone interviews were scheduled at convenient times and conducted by one researcher (AG) using a semi-structured questionnaire developed in MS Forms and reviewed by the COPD MCN. Questions explored:

- Contact with supporting services post-CAD
- Knowledge and understanding
- Self-management
- Symptom changes

Responses were recorded in MS Forms during interviews. Emerging themes were shared with participants for validation. Data were analysed using high-level thematic framework analysis (Gale *et al*., 2013), involving coding and categorising patterns in qualitative data. This approach provided insights into patient experiences, responses to service changes, and factors influencing behaviour, offering a deeper understanding of mechanisms behind self-management.

Findings

Patient Engagement

Two COPD CAD events were held, the first in Elgin in April 2025, the second in Aberdeen in May 2025, a total of 206 patients attended across the two events. Table 1 presents a detailed breakdown on the number of patients who agreed to a follow-up call, were sent an email invitation, and the number of calls completed by location.

Table 1: Patient Follow-up interviews

	Agreed Follow-up	Outcome	Completed
Elgin	40	14 patients booked calls 3 did not answer	11 patient-follow ups
Aberdeen	24	8 patients booked calls 1 did not answer	7 patient follow-ups

Domain Commonalities

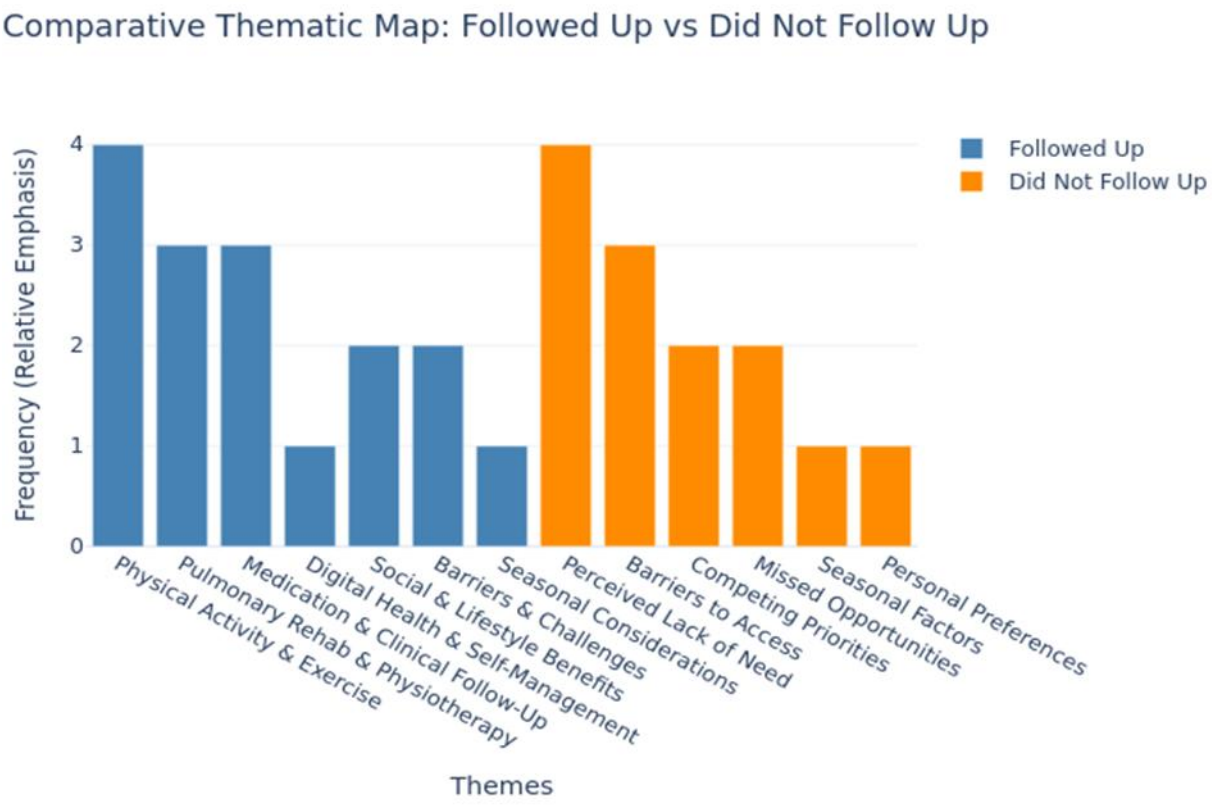
To provide a clear picture of patient experiences following COPD CAD, interview data was reviewed and synthesised into high-level common themes. This summary highlights shared patterns and key factors influencing engagement and outcomes, a full breakdown of sub-themes for each domain is included in the Appendix.

- Reinforcement vs. new learning: Many respondents reported the CAD primarily *reaffirmed* what they already knew, while some gained *clearer understanding*, especially via visual explanations, lay language, and practical demonstrations (e.g., breathing techniques).
- Practical, actionable skills: Techniques such as *paced breathing*, *slowing down*, and *activity pacing* consistently emerged as confidence-building tools across knowledge, self-management, and anxiety/breathlessness.
- Physical activity is valued but constrained: Respondents widely recognise the benefits of activity; however, mobility limitations, pain, transport, and weather (seasonality) are persistent barriers that shape follow-up and routine change.
- Medication understanding and optimisation: CAD encounters prompted medication reviews, strengthened correct inhaler use, and improved adherence, yet some respondents sought deeper clinical detail or alternative approaches.
- Social connection reduces isolation: Seeing peers and sharing experiences provided reassurance, normalised symptoms, and encouraged engagement, linking to improved emotional coping and sustained behaviour change for some.
- Access and responsiveness shape behaviour: Service availability, long waits, missed contacts, distance, time constraints, and competing priorities (comorbidities, caregiving) commonly determine whether respondents acted on CAD information.
- Seasonal/environmental influences: Cold/wet weather was frequently cited as worsening symptoms, elevating reliever inhaler use, and discouraging outdoor activity or follow-up, independent of CAD influence.
- Digital openness with caveats: A subgroup expressed willingness to use apps for tips and tracking, indicating appetite for supported digital self-management when access is simple and content is practical.

Respondents who followed up with services after the COPD CAD (Figure 1) were mainly motivated by physical activity, pulmonary rehabilitation, and medication reviews, highlighting the event's role in promoting proactive health behaviours and engagement with clinical and exercise support.

In contrast, respondents who did not follow up often cited reasons such as feeling they did not need additional support, facing barriers to access like transport or mobility issues, and managing competing priorities such as other health conditions or caregiving responsibilities. Seasonal factors and personal preferences also influenced non-engagement.

Figure 1: Follow-up Vs Non-follow-up

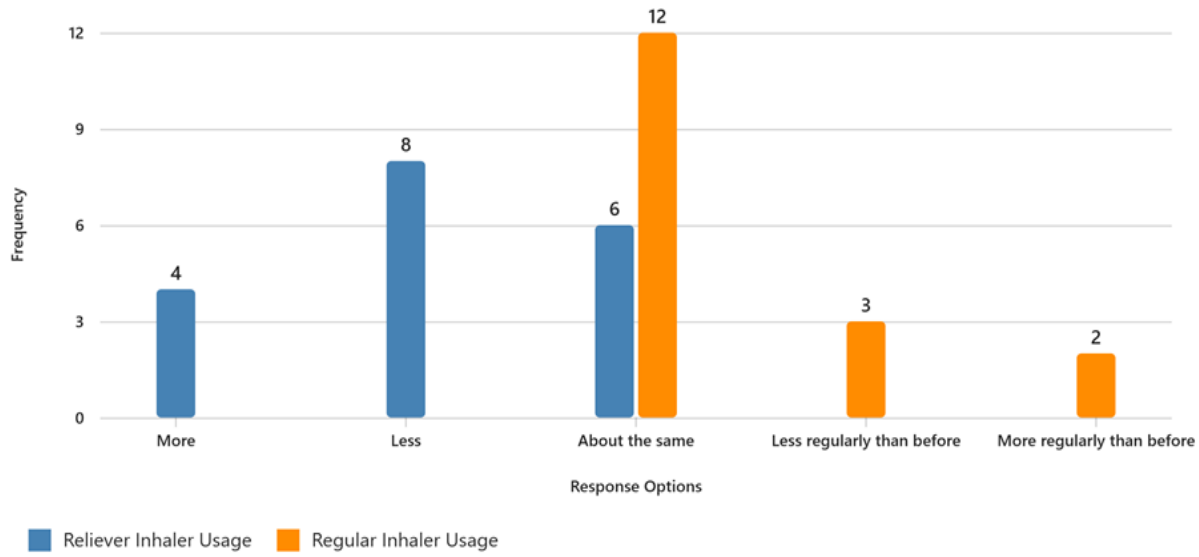


Overall, CAD participation reinforced existing knowledge for many, while others gained clearer understanding through visual and practical demonstrations. Medication reviews and inhaler technique checks were common outcomes, improving adherence and correct use. Social interaction during CAD reduced feelings of isolation and encouraged ongoing engagement. The chart highlights that while CAD prompted meaningful follow-up for many, structural and personal barriers remain significant, suggesting future events should focus on improving accessibility, offering remote options, and supporting respondents with complex needs.

Inhaler Use

Respondents were asked whether they had experienced any symptom changes since attending the COPD CAD, specifically around inhaler use (Figure 2).

Figure 2: Reported Inhaler Use



Since attending the COPD CAD, many respondents reported using their reliever inhaler less frequently, suggesting improved symptom control and confidence in self-management. A smaller group indicated increased use, which may reflect seasonal symptom flare-ups or greater awareness of correct inhaler use. Regular maintenance inhaler use remained largely unchanged, demonstrating good adherence overall, with only a few respondents reporting changes in routine.

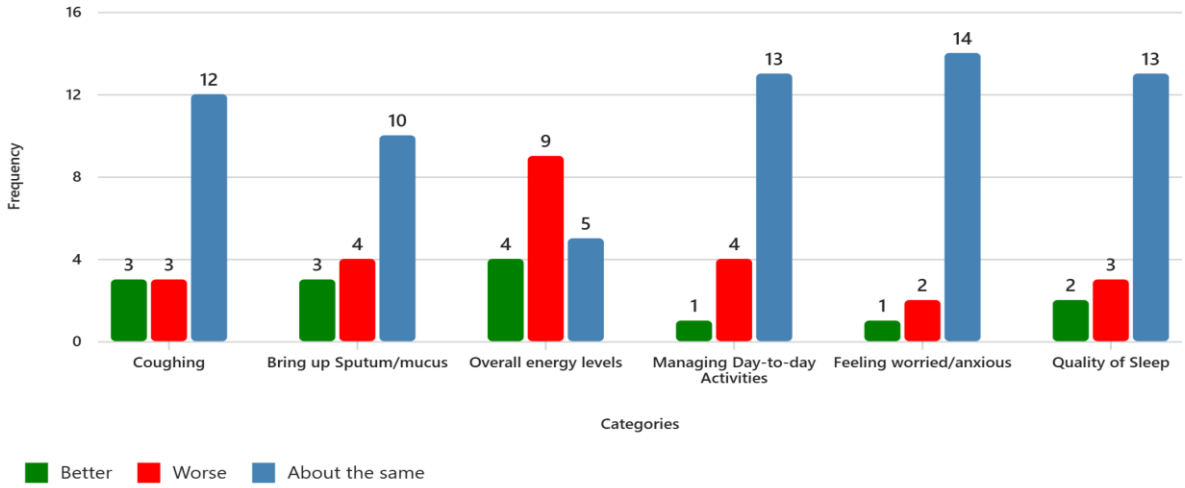
Seasonal factors, particularly colder weather, likely explain the increased reliever use and any perceived worsening of symptoms, rather than indicating a negative impact of the CAD. Overall, the findings suggest that the CAD helped maintain stability in maintenance inhaler use and reduced reliance on relievers for many respondents, highlighting the importance of considering environmental influences when evaluating intervention outcomes.

COPD Symptoms

Respondents were asked whether their symptoms, associated to their COPD condition, had changed since they had attended the CAD event (Figure 3).

The graph illustrates that most respondents reported their COPD-related symptoms as remaining “about the same” after attending the CAD, indicating that the event largely maintained stability rather than causing significant improvement or deterioration. While some respondents experienced positive changes, in coughing, sputum clearance, and energy levels, these were less common. A smaller proportion reported worsening symptoms, mainly in energy levels and their ability to manage daily activities, with occasional declines in sleep and anxiety.

Figure 3: Impact on COPD Symptoms



However, patient feedback suggests that these negative changes were primarily linked to seasonal factors such as colder weather, which is known to exacerbate COPD symptoms, rather than the CAD itself. This context shifts the interpretation. CAD likely helped prevent further deterioration during a high-risk period and supported stability for most respondents. Improvements in respiratory symptoms for some individuals indicate that CAD interventions had a beneficial effect even under colder weather conditions.

Overall, the findings highlight that CAD is effective in maintaining symptom stability and delivering modest improvements for some respondents. Seasonal variation should be considered in future evaluations to better isolate the impact of CAD and understand external influences on patient outcomes.

Future CAD Attendance

Respondents were asked if they would or would not attend future CADs and what would support or encourage them to attend future events, high level themes identified included:

- Knowledge & Information: Desire to learn more, refresh understanding, and keep up-to-date.
- Access to Support: Opportunity to discover services and practical help for health and mobility.
- Social Connection: Meeting others with COPD, reducing isolation, sharing experiences.
- Event Experience: Value clear communication and informal setting; suggest improvements (more time, less crowded, deeper content).
- Personal Motivation: Curiosity, fear of missing out, family involvement, and health circumstances.

Future Considerations

- Additional Support Information: Lists of local support groups and community resources.
- Clinical and Diagnostic Services: Requests for lung function tests
- Expanded Content: More detail on COPD stages and progression, dietician advice and natural remedies.
- Practical Demonstrations: Exercise demonstrations and breathing techniques during activities.

Appendix: Patient Responses

Sub-Theme Analysis

While the high-level themes provide an overarching view of patient experiences, the sub-themes offer a more detailed understanding of specific patterns within each domain. These sub-themes capture the nuances of patient perspectives, such as practical strategies, barriers to engagement, and motivators for change, supported by illustrative examples. This deeper breakdown enables readers to explore the context behind the commonalities and identify targeted opportunities for service improvement.

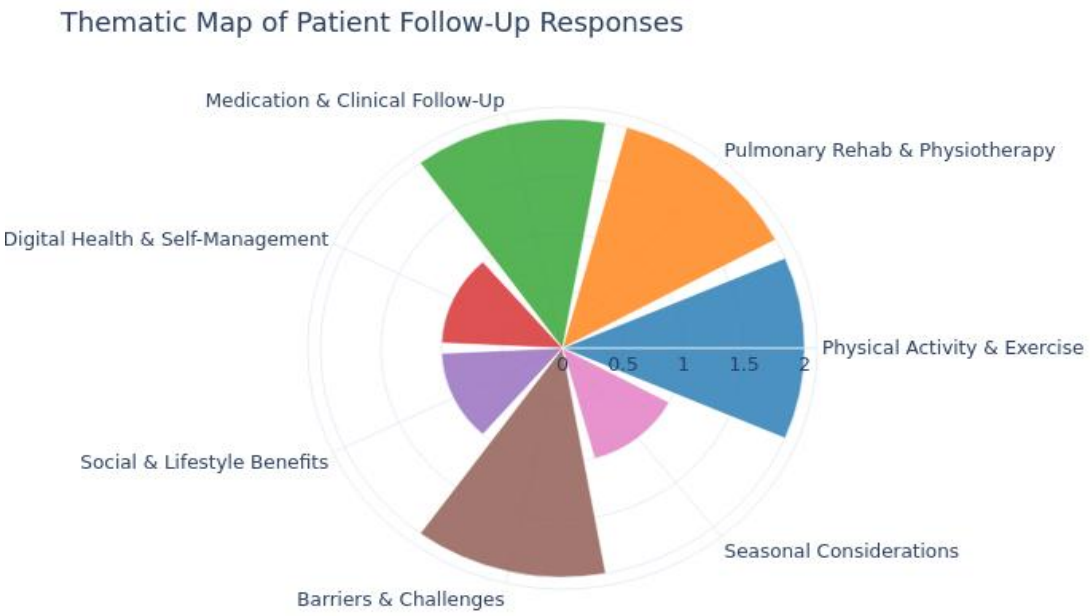
Service Contact

Respondents were asked if they had followed-up or had any further contact with any of the partners or services that had attended the CAD in the 6 months following the event.

Confirmed Follow-up

The radial chart below shows the distribution of positive responses across the main themes identified.

Figure 4: Thematic map of patient's who did follow-up post CAD



Following the thematic map of positive patient responses the following provides deeper insight to each themes with examples of patient quotes, *Italics*, for illustration.

Increased Physical Activity and Functional Benefits: Respondents who engaged with exercise programs or pulmonary rehab described tangible benefits:

"I spoke to occupational therapy and they put me onto a course at the GP surgery, keep fit, and I am now doing lots of exercises and that has been very helpful"

"They have taught me how to breathe without the inhaler… shown me different ways of breathing."

Pulmonary Rehab and Physiotherapy: Strong interest in pulmonary rehab as a key intervention, but long waiting times lead respondents to seek alternatives:

> ***"I have self-referred myself, because I am getting more breathless as I am getting older."***
>
> ***"I contacted the student Pulmonary Rehab class at RGU... that has been really good for my COPD."***

Medication and Clinical Follow-Up: CAD prompted respondents to seek medication optimisation and clinical reviews, improving treatment adherence. Several respondents reported positive changes after follow-up, particularly around medication. These follow-ups led to optimised treatment plans and improved symptom control:

> ***"I followed up with the COPD nurse... she gave me a different kind of inhaler that you just use once in the morning."***
> ***"I followed up with the GP practice nurse... I have got tablets and a machine that I could blow into."***
>
> ***"I also have now got the Trilogy inhaler pack."***

Use of Digital Tools and Self-Management: Respondents are open to digital tools for self-management, especially for monitoring and tracking symptoms and identifying environmental triggers:

> ***"I signed up to 'My Health' app... lots of daily hints and tips each day, it has exercises etc."***

Social and Psychological Benefits: CAD encouraged broader lifestyle changes that support mental well-being and social inclusion. Follow-up activities improved social engagement and mental well-being:

> ***"I re-joined the library... it helps me to get through the daily chores and enjoy social activities, it has been getting me out more to more things and doing more."***
>
> ***"I definitely think contacting the Pulmonary Rehab one has helped… it gets me going as I have not been working for a while now."***

Barriers and Challenges: Service accessibility and responsiveness remain inconsistent, creating frustration and limiting impact:

> ***"I was told to fill a form online but I have not had any response from the leisure centre."***
>
> ***"They apologised and said they would try and set up a session for me, but never heard anything since."***

Seasonal Considerations: Seasonal factors influence engagement with outdoor activities and symptom management:

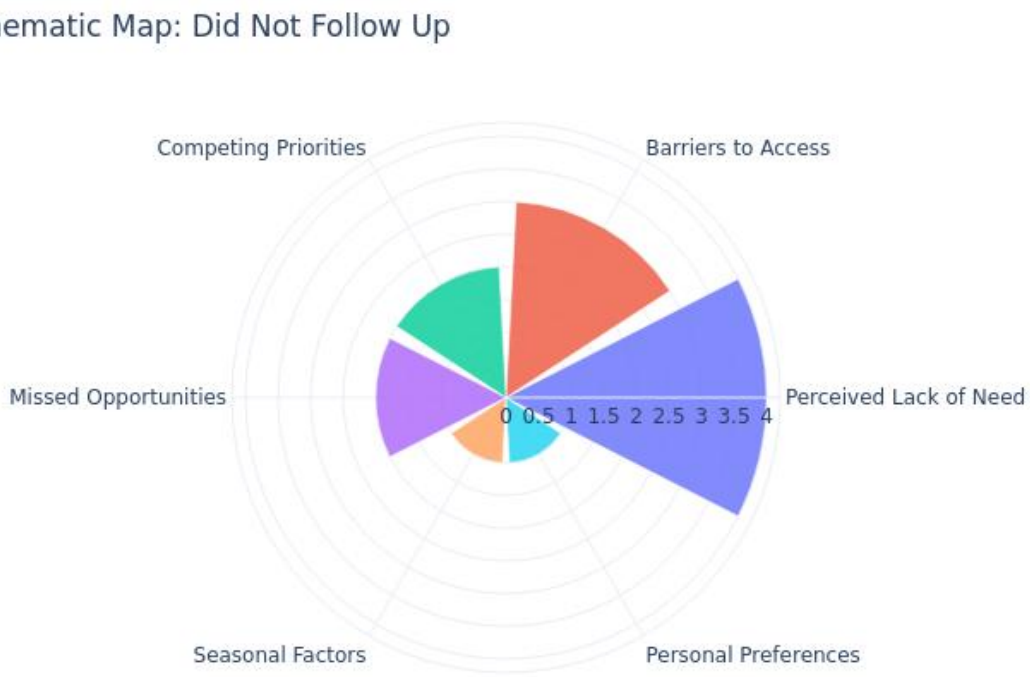
> ***"I contacted 'Walk Moray'... thinking that we would engage with them in the spring when the weather gets warmer."***

In conclusion, the CAD successfully triggered positive health-seeking behaviours, including exercise, medication reviews, and use of digital tools. Follow-up actions after CAD often led to better symptom control, increased physical activity, and improved social engagement. Although systemic barriers (e.g., long waits, poor follow-up) were identified and seasonal constraints may affect sustained engagement. Respondents valued social interaction and self-management support.

Did Not Follow-up

The radial chart below shows the distribution of negative patient responses across the main themes identified.

Figure 5: Thematic map of respondents who didn't follow-up post CAD



Following the thematic map of patient's who did not follow-up, the succeeding provides deeper insight to each theme with examples of patient quotes, *Italics*, for illustration.

Perceived Lack of Need: Several respondents felt they did not require further support. Respondents who feel stable or already engaged in self-management did not see additional value in follow-up:

> ***"No, we had a look around but there was nothing that we needed to get in contact with, some of the things that were there I have been doing anyway."***
>
> ***"No, I don't think that I need to right now, as some weeks I don't have any symptoms and I am ok."***
>
> ***"No, I don't need other support, as I am doing well."***

Barriers to Access: Physical limitations, transport issues, and location were common barriers. Accessibility challenges (distance, mobility, transport) prevent engagement even when interest exists:

> ***"No but this is probably more down to idleness, some of them [support & services] are perhaps a bit too far away for us to go."***
>
> ***"No, I can't drive and I am in a wheelchair so that has stopped me contacting most of the other services."***

Competing Priorities: Other health conditions and caregiving responsibilities limited follow-up, multiple health and social priorities reduce capacity to act on CAD information:

> ***"No, I was looking into a grant for heating… I also have something wrong with my hip, but I'm struggling and cannot do as much exercises as I used to."***
>
> ***"No, I had hoped to speak to the dieticians… I am trying to cope with diabetes right now and also care for my husband as he is getting a knee operation."***

Missed Opportunities: Some respondents intended to follow up but faced practical obstacles, missed connections and lack of easy follow-up mechanisms hinder engagement:

> ***"I spoke to the respiratory nurses on the day and I need to follow that up… but I lost her phone number."***
>
> ***"I was very restricted with time on the day… I tried to see the nurse, but I missed her as she was on her lunch break and I had to leave."***

Seasonal and Environmental Factors: Cold weather and winter conditions influenced decisions, seasonal challenges impact both symptom severity and motivation to engage with services:

> ***"No, I was looking into a grant for heating… now I think I should follow up with them about grants as I am starting to struggle with this bad weather, as the bad weather has been making my symptoms worse."***

Personal Preferences: Some respondents expressed a preference for independence or non-participation, personality and lifestyle preferences shape engagement choices:

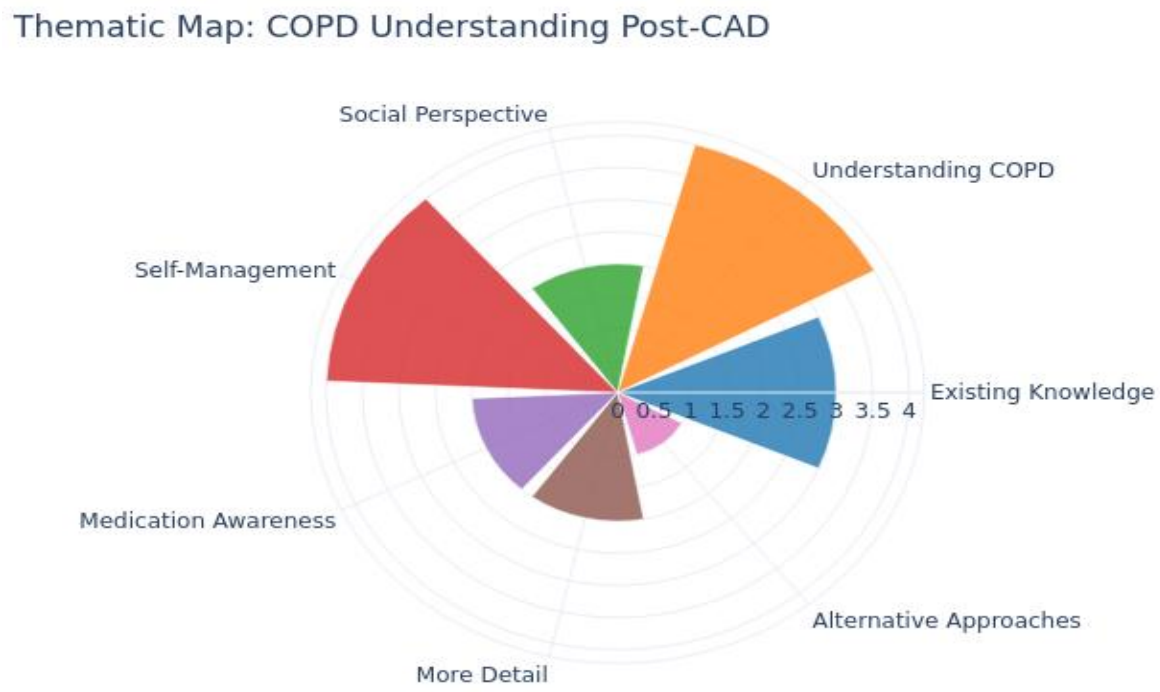
> ***"No, I am not a person to join things, or doing something new, I like to listen and take in all the information."***

In conclusion, non-follow-up does not necessarily indicate lack of interest, barriers such as accessibility, competing priorities, and seasonal factors play a significant role. The CAD provided valuable information, but structural and personal factors limit sustained engagement.

Knowledge and Understanding

Respondents were asked whether they felt their knowledge and understanding of COPD had changed and if so how, since attending the CAD. The radial chart below shows the main themes identified.

Figure 6: Thematic map of knowledge and understanding themes.



Reinforcement of Existing Knowledge: Some respondents felt reassured rather than learning new information, the CAD served as a reassurance rather than introducing new knowledge for these respondents:

> ***"I was very well aware already, but it did reaffirm what we already knew."***
>
> ***"I have had it for such a long time I think I have a pretty good understanding of what I need to do."***
>
> ***"I think I knew a lot before I came to the event."***

Improved Understanding of COPD and its Effects: Several respondents reported gaining a clearer picture of what COPD is and how it affects the body, visual aids and clear explanations helped respondents understand the disease process:

> ***"Yes, info there, showing what happens with the lungs… I feel I understand better about what is happening in my body."***
>
> ***"Yes, it was good to understand what was happening inside my body, more detail as to what is actually happening."***

Emotional and Social Perspective: Peer interaction reduced isolation and provided context for their own condition, seeing others and sharing experiences reduced isolation:

"When I looked about I saw that there was a lot of people a lot more worse than I am, so that was helpful to see."

"No not really, but it was useful to hear what other people were going through… up until then I have felt very on my own."

Practical Self-Management Strategies: Practical advice and exercises empowered respondents to manage symptoms more effectively, breathing techniques and lifestyle changes empowered respondents:

"Yes, the breathing exercises has really helped, understanding that I shouldn't panic and that I need to relax."

"Yes, method of breathing, how to breathe when doing activities… We have taken up yoga since being at the event."

"Yes, just general… I learnt to not use [my inhaler] so much, I now try to walk more."

Medication Awareness: The CAD improved understanding of appropriate medication use, some respondents discovered issues or gained clarity about medication:

"I was more aware of the medication that I was on was not what I should have been on and I found out more about the medication."

Desire for More Detailed Information: Some respondents wanted more clinical detail and prognosis information, a few wanted deeper insight into disease stages and prognosis:

"No, I don't think I learned anything new… I was looking at more information on the 4 stages of COPD."
"I wanted to assess my health to know what stage I am at."

Mixed or Alternative Approaches: Highlights the need for addressing patient concerns about treatment efficacy, one patient expressed interest in alternatives like CBD:

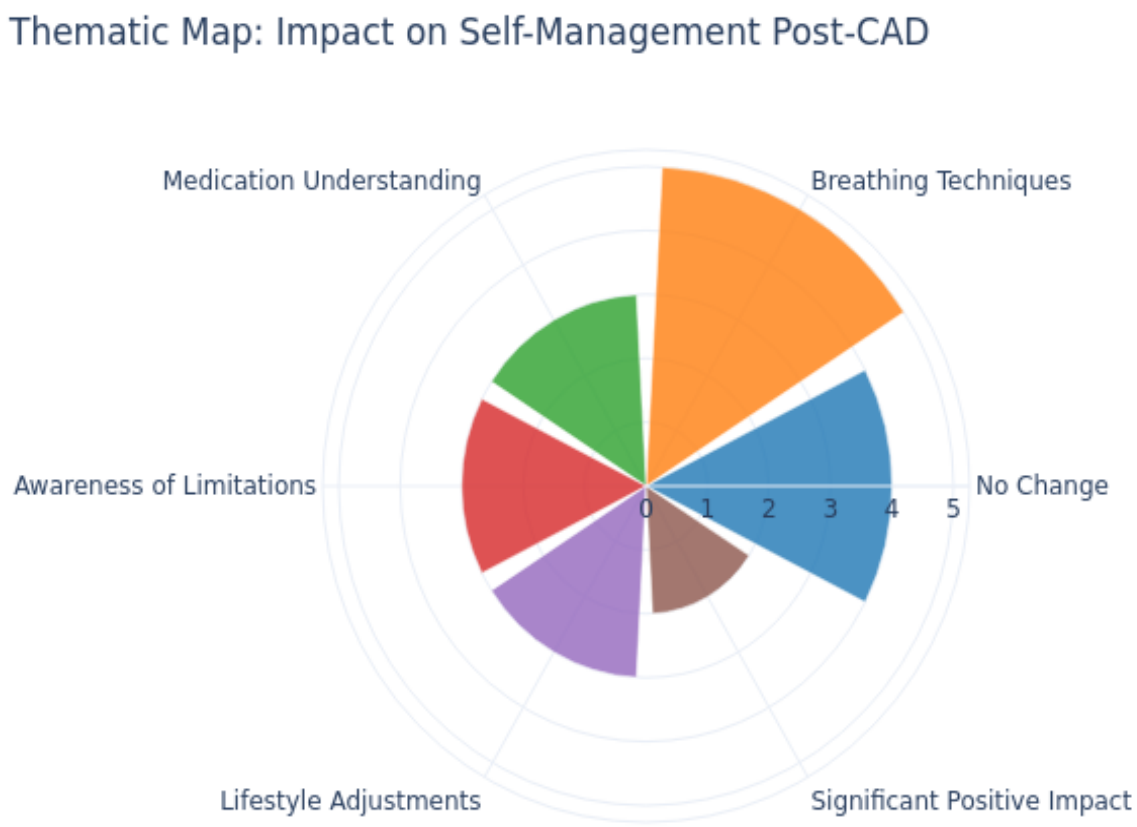
"I don't think the medication has helped… I want to try something else like CBD."

In conclusion, the CAD improved understanding for many respondents, particularly through visual aids, clear explanations, and practical breathing techniques. It also fostered social connection and confidence in self-management. However, some respondents felt they already knew enough or wanted more detailed clinical information. A few expressed frustration with current treatment, indicating a need for personalised discussions about medication and alternative options.

Self-management of Symptoms

Respondents were asked whether they felt their ability to self-manage their COPD had changed and if so how, since attending the CAD. The radial chart below shows the main themes identified.

Figure 7: Thematic map of self-management of symptoms themes



No Significant Change: Increased confidence in existing practices, the CAD reinforced existing strategies rather than introducing new ones for these respondents. Several respondents felt they were already managing well and CAD did not alter their approach:

"Not really, I think I am managing it quite well anyway, try to mitigate the bad days, and enjoy the good days."

"No, I think I am managing it well anyway, but it did help me to understand that I probably was doing the right things."

"No not changed, I feel like I have always self-managed, I have air filters for car and in the house, so that helps."

Improved Breathing and Anxiety Management: Many respondents highlighted learning breathing exercises as a key benefit, breathing techniques reduced panic and improved symptom control, empowering respondents to manage flare-ups:

"Yes, I think that learning about the breathing exercises were very helpful, if I am getting flustered or anxious."
"Yes the breathing exercise has helped, if I am feeling a bit breathless I now know to slow down, not panic."
"Yoga has trained me, my mind and my body how to breathe… Very positive benefit."

Better Understanding and Use of Medication: The CAD clarified medication routines and appropriate use of rescue packs, improving adherence and confidence, some respondents reported improved knowledge and confidence in medication use:

"Yes, I have 2 inhalers and I now have a far better understanding of how to use them."
"Yes, I have a preventer now, which is new… I now don't have to take that every day."
"I learned when I should take the steroids or the antibiotics… I didn't know before."

Increased Awareness of Limitations: Greater awareness of physical limits helped respondents plan activities and avoid overexertion, respondents described learning to pace themselves and recognise personal limits:

"Yes, I know my limitations, what I can do… I manage my day around what I know I am capable of."
"Yes, I now know my restrictions better, it has highlighted what I can do now."

Lifestyle Adjustments and Positive Behaviour Change: The CAD encouraged proactive lifestyle changes, including exercise and environmental adaptations, some respondents reported adopting new habits:

"Yes, yes I don't go out in the damp weather… I exercise more and try do far more."
"I have taken up yoga since being at the event… that has also really helped with my breathing."

Significant Positive Impact: For some, CAD was a turning point, leading to sustained improvements in self-care and reduced reliance on medication, a few respondents described transformative benefits:

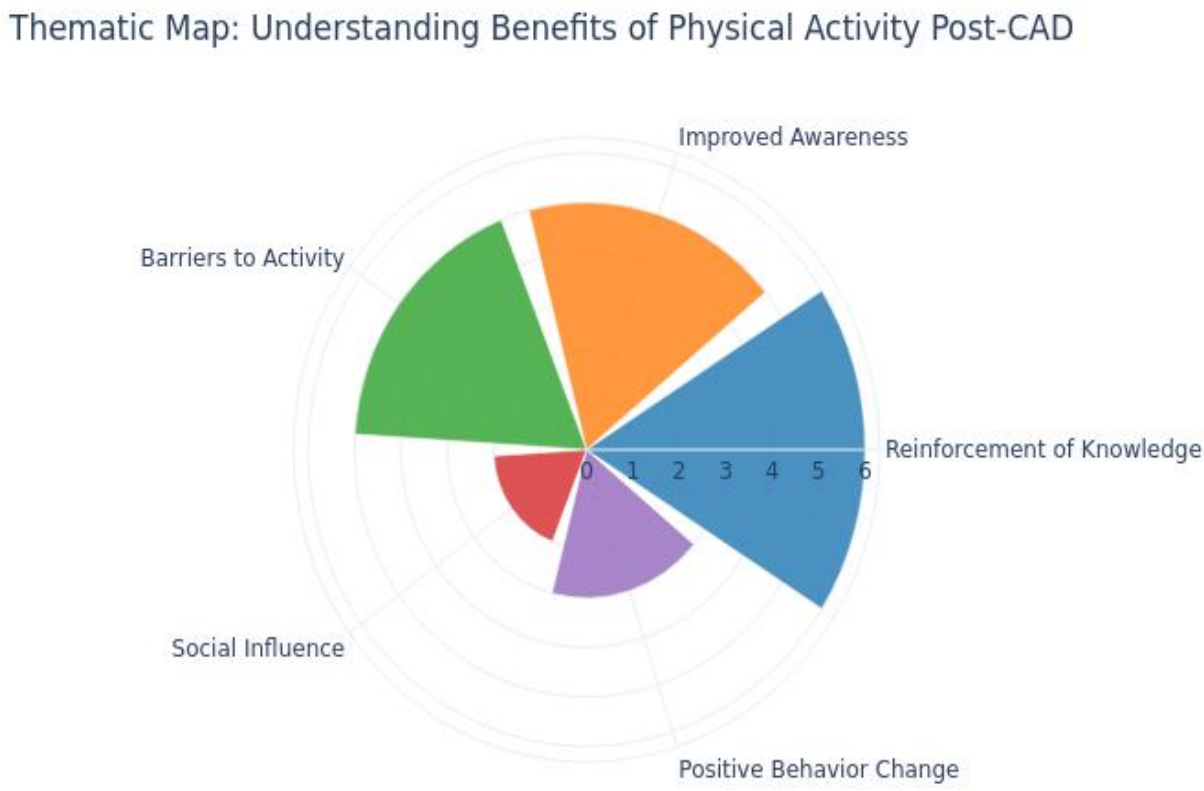
"Very much so, the effectiveness of the day and the training… I now don't have to use my inhaler now, it lasts me up to 2 months now."
"I am putting into practice everything I learned at the event and I am helping myself so my self-management has improved since the event."

In conclusion, the CAD improved self-management for many respondents, particularly through breathing techniques, medication understanding, and lifestyle changes. While some felt their approach was unchanged, others reported significant benefits, including reduced inhaler use and greater confidence in managing symptoms. Seasonal factors (e.g., cold weather) influenced inhaler use for some, but overall, CAD appears to have strengthened respondents' ability to cope with COPD.

Physical Activity

Respondents were asked whether they felt their understanding of the benefits of remaining physically active had changed and if so how, since attending the CAD. The radial chart below shows the main themes identified.

Figure 8: Thematic map of understanding of benefits of physical activity



Reinforcement of Existing Knowledge: The CAD validated existing practices rather than introducing new concepts for these respondents, many respondents already understood the importance of staying active and felt the event reaffirmed their beliefs:

> ***"No, because I am active anyway and always have been, but the event did re-affirm my belief that I was doing the right things."***
>
> ***"No, I think I have always thought that is good… I know that if you don't use it you lose it."***
>
> ***"No, I am very aware that it is very important, I was a fitness trainer, so that was my life."***

Improved Awareness and Motivation: The CAD enhanced understanding of the link between physical activity and COPD management, some respondents reported gaining new insights or motivation to stay active:

> ***"Yes, I think so, listening to others and what to do has helped."***
> ***"Yes, it has helped me understand that exercise does help… it doesn't make it better but helps maintain COPD."***
> ***"I have always known that staying active is good… I now understand more about how it will help me with COPD."***

Barriers to Activity: Mobility issues, pain, and weather conditions remain significant barriers despite awareness, several respondents highlighted physical limitations and environmental challenges:

> ***"Maybe from the walking side of it, but with our other problems alongside COPD, back injury and right hip."***
> ***"I do what I can… cold weather can be hard."***
> ***"No - I'm in a wheelchair so exercise is not easy now."***

Social Influence and Shared Learning: Social support and peer learning reinforced positive behaviours, hearing from others and shared experiences encouraged engagement:

> ***"Listening to others and what to do has helped."***
> ***"My husband has been recovering from major surgery and we have been doing the exercises together."***
> ***"Both my partner and I have joined the gym so we are doing that together."***

Positive Behaviour Change: The CAD prompted practical changes in exercise routines for some respondents, others reported adopting new habits or increasing activity:

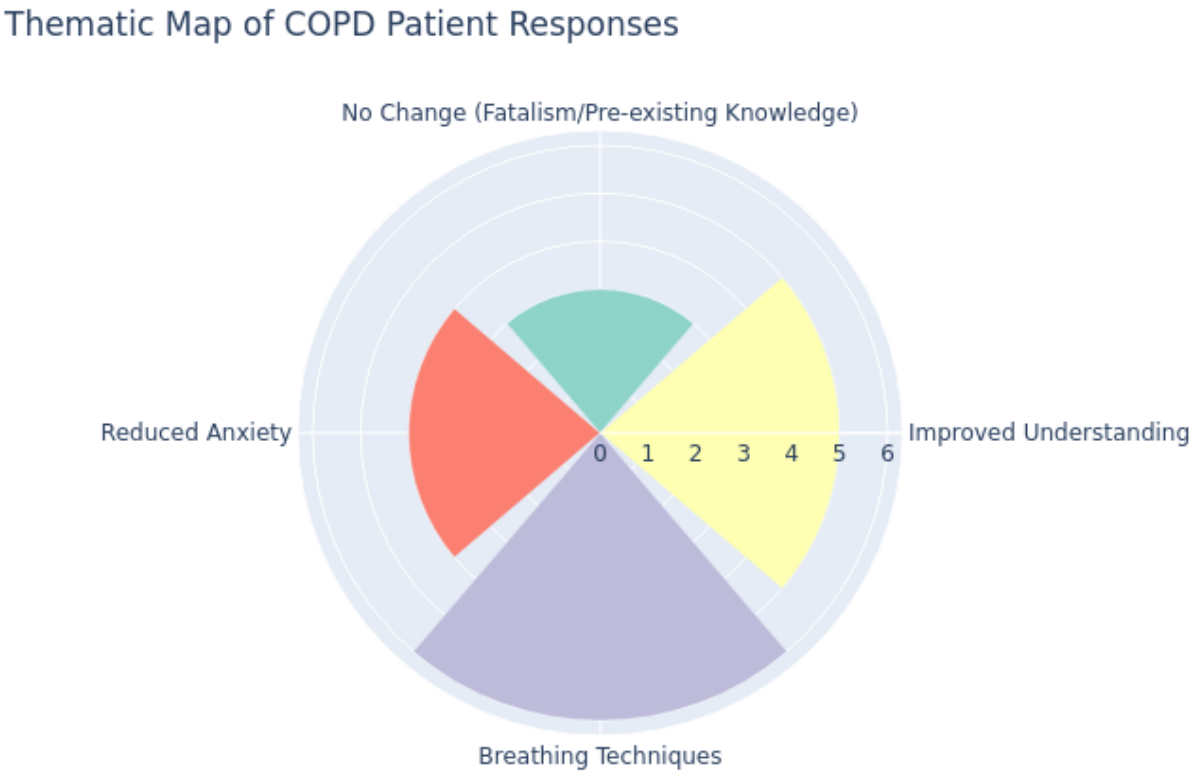
> ***"Definitely… now I do more walking, I go to the gym twice a week."***
> ***"I have been following their direction on how to be more active… so I have been doing things differently."***

In conclusion, the CAD primarily reinforced existing knowledge for many respondents but also improved awareness and motivation for others. While some adopted new behaviours, barriers such as mobility issues and weather continue to limit activity. Social influence played a role in encouraging positive changes, highlighting the importance of peer support and tailored advice.

Breathlessness and Anxiety

Respondents were asked whether they felt their knowledge about managing breathlessness and anxiety related to their COPD had changed and if so how, since attending the CAD. The radial chart below shows the main themes identified.

Figure 9: Thematic map managing breathlessness and anxiety



No Significant Change: Some respondents felt they already had sufficient knowledge or coping mechanisms, or expressed a fatalistic outlook, limiting perceived benefit from the CAD:

"No, I am fairly fatalistic about it anyway, I know it is going to get me in the end, I'm getting on with it, I don't get down or depressed by it."

Pre-existing coping strategies

"No I think I had a good understanding, I can tell when I am struggling I will go to bed and sleep for a while, I don't have much anxiety, I know not to panic and that it will pass."

"No I have had asthma from the age of 12, so I learnt a long time ago about how to breathe through not being able to breathe, so I have plenty of practice, 50 years."

Increased Knowledge and Understanding: Some respondents reported improved knowledge of COPD symptoms and management strategies, reducing stress and panic:

> ***"Yes, I think I understand it better, dealing with the breathlessness, which can result in panic feelings, understand how that breathing slower and how to react can help and stop me feeling so panicked."***
>
> ***"Yes a bit, I understand it more, I don't get so stressed out now, as I understand it better now, and I feel I can now cope with it better now."***
>
> ***"Yes, my understanding is so much better, all the talks were really good."***

Adoption of Breathing Techniques: Learning and applying breathing techniques was a major benefit, helping respondents manage breathlessness and reduce anxiety:

> ***"Yes, I used to panic when I got out of breath, but the new breathing techniques gives me a sense of security, a safety cushion, and helps me to relax."***
>
> ***"Yes, the breathing techniques have definitely helped with my breathlessness."***
>
> ***"At the event, the doctor spoke about this box in your head and gave this how you were to breathe… I wasn't aware of the breathing techniques previously."***

Reduced Anxiety and Panic: CAD provided reassurance and practical tools that reduced anxiety and panic attacks and improved emotional coping:

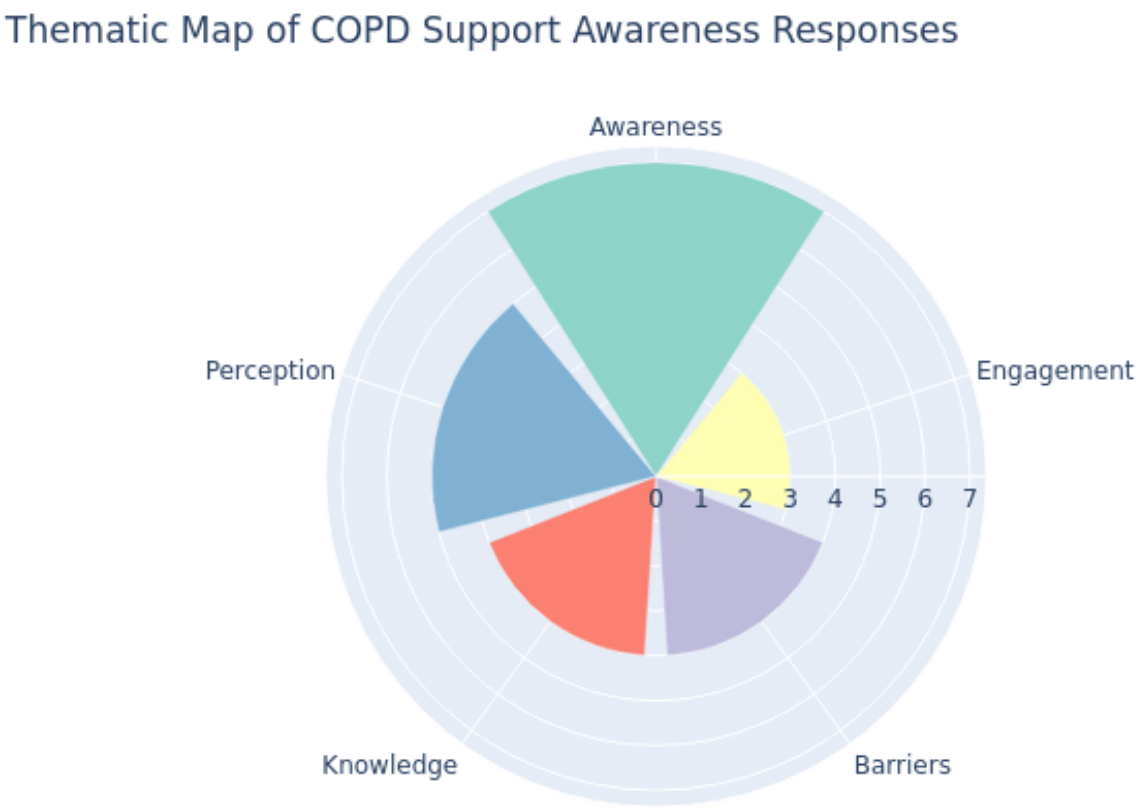
> ***"Yes, I feel that I am not alone with it… I don't feel so anxious."***
>
> ***"I think my anxiety has improved as I did used to have panic attacks… the breathing exercises have really helped."***

In conclusion, the COPD CAD helped many respondents improve their understanding of breathlessness and anxiety management. While some reported no change due to existing coping strategies or a fatalistic outlook, most described better knowledge and confidence. Learning practical breathing techniques was a key benefit, reducing panic and providing reassurance. Overall, CAD strengthened self-management and emotional coping for many attendees.

Services and Support

Respondents were asked whether their knowledge about other services and support that could help them to live well with COPD had changed and if so how, since attending the CAD. The radial chart below shows the main themes identified.

Figure 10: Thematic map knowledge of services and support



Increased Awareness of Available Services: The CAD significantly broadened respondent's awareness of the range of services and support available, including charities, classes, and community resources:

> ***"The CAD has helped me to know what is out there… it was good to learn about other services and support…"***
> ***"I realise there is far more out there… I didn't think that had anything to do with me, but I now know…"***
> ***"I am more aware now of all the different places of information…"***

Practical Engagement and Action: Some respondents actively engaged with providers and took steps to access new services or adjust treatment:

> ***"I made a point of going around all the tables…"***
>
> ***"I spoke on the day to our surgery clinicians… requested a different inhaler…"***
> ***"I have been able to access support for example getting a walker…"***

Barriers to Engagement: Time constraints, perceived intimidation, and uncertainty about eligibility limited some respondent's ability to benefit fully:

> ***"I had to leave early as I didn't have time…"***
> ***"I found the event a bit more intimidating…"***
> ***"I didn't really talk to anyone, I only spoke to the nurses and Physiotherapists…"***

Pre-existing Knowledge: Respondents with long-term COPD experience or prior engagement with services reported little change in knowledge:

> ***"I was pretty aware of them already and have been accessing…"***
> ***"I think I have had COPD so long I am very aware…"***

Positive Perception of Variety and Relevance: Respondents valued the diversity of services and the opportunity to learn about options beyond clinical care:

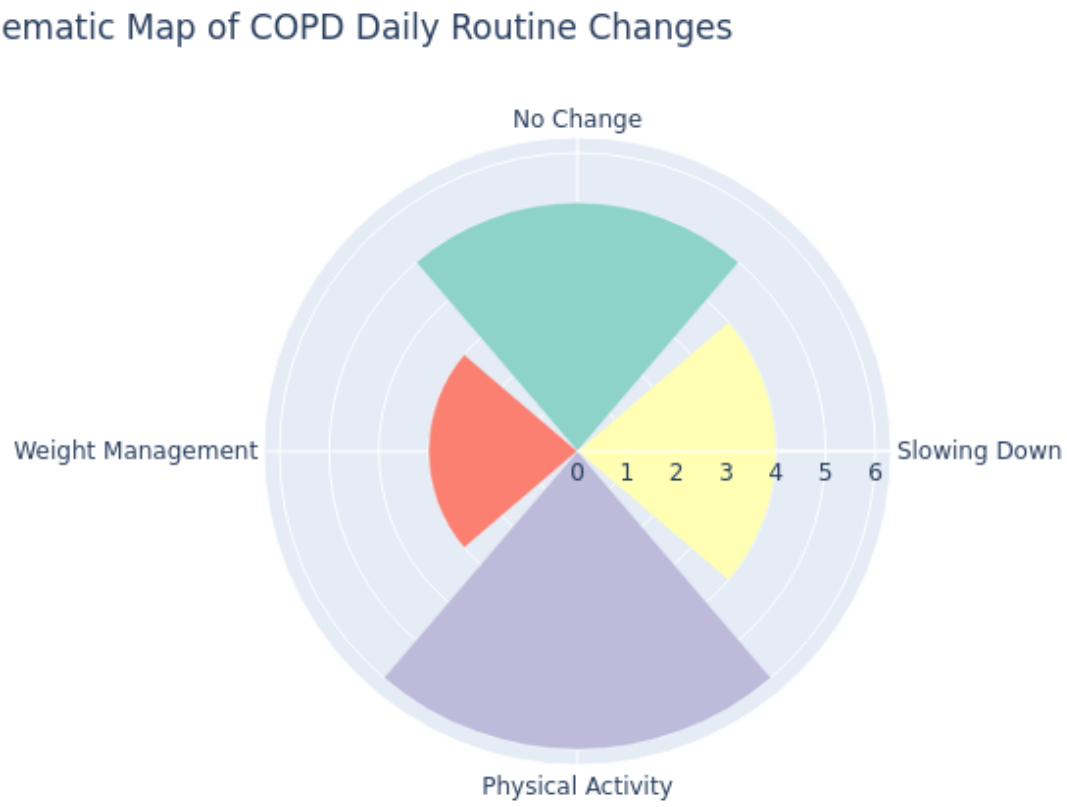
> ***"It was good to hear and see so many other people there that can support…"***
> ***"I didn't know that there was so much out there that can help you…"***
> ***"The event has really widened our knowledge…"***

In conclusion, the COPD CAD increased awareness of available services for most respondents, with many discovering resources they had not previously known about. Some actively engaged with providers and accessed new support, while others faced barriers such as time constraints or uncertainty about eligibility. Overall, CAD broadened knowledge of support options and highlighted opportunities for future help.

Changes to Daily Routine

Respondents were asked if they had made any changes to their daily routines or if they were doing anything different since attending the CAD. The radial chart below shows the main themes identified.

Figure 11: Thematic map of changes in behaviour



No Significant Change: Several respondents reported no major changes, either because they were already following good practices or attributed limitations to age or long-standing habits:

> ***"No I don't think so… housework is getting harder… think that is just my age."***
> ***"No, I felt quite pleased that what I was doing was what I should be doing."***

Slowing Down and Pacing Activities: Respondents adopted pacing strategies to manage breathlessness and avoid overexertion:

> ***"I take my time and don't push myself… If I am feeling breathless I don't stress myself now."***
> ***"Not much changes, I try to do things a bit slower… I haven't really changed my routine… I just take my time so that I don't get so breathless."***

Increased Physical Activity: Some respondents made proactive changes to increase exercise, including gym memberships, walking, and structured classes:

> ***"I started going to the gym… strength training exercises."***
> ***"Yes, I am doing more exercise… trying to go out every day for a walk."***
> ***"Taking the dog for a walk more often now… increase in exercise since the event."***

Weight Management and Diet: Weight loss and dietary changes were linked to improved energy and symptom management:

> ***"I have started a diet too… I have found in the past that when I have lost weight that I feel so much better."***
> ***"I was going to slimming world… losing weight can help with COPD."***

In conclusion, most respondents reported little change to their routines, often because they were already following good practices. Where changes occurred, they were practical and focused on pacing activities, planning better, and increasing physical activity. A smaller group emphasised weight management. Overall, CAD encouraged modest, achievable adjustments rather than major lifestyle changes.