Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

link with supervision from qualified staff. This presentation describes the teams' experiences of developing this novel approach to practice placements and the pragmatic solutions found to the challenges faced.

Methods: A technology-enabled, student-led telehealth placement was piloted twice in the summer of 2020. The service evaluation of this pilot project is presented in an experiential manner. What follows are the reflections of the team developing the service, and the pragmatic solutions to the challenges faced by the team will be shared. Student and participant evaluation data are presented in other publications for which ethical approval was obtained.

Results: Seventeen PT and 17 OT students received placements, supported by a team of 10 academic staff from 4 professions. Specific training was scheduled for key health coaching and person-centred goal-setting topics alongside the practicalities of assessment and delivery of interventions via a digital platform. The majority of students reported a positive placement experience and all of the 56 participants that responded would recommend the service. The academic staff and students had to adapt to a placement that was delivered in a remote format. Key themes that will be reflected upon include: participant recruitment, governance, technology platforms, interprofessional working, supervision models and the students' anxieties about the placement.

Conclusion(s): Interprofessional, student-led, virtual services reflect the change in service provision following the coronavirus pandemic and offer excellent and distinctive learning opportunities for students. Setting up the pilot service in a short timeframe created a unique set of challenges for the developing team.

Impact: Despite the inherent challenges, this pilot project has paved the way for permanent inclusion of telehealth practice placement experiences students in our institution, helping students to develop a skill set that helps to prepare them for the future of global service provision. The project also led the team to gain funding to explore how we can further enable effective learning environments within primary care.

Funding acknowledgements: No funding was obtained for this initial pilot project.

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P053

Use of an online web-resource with COVID-19 patients in the community and in hospital: An impact evaluation assessing patient experience

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Keywords: COVID-19; Recovery; Patient experience

Purpose: In April 2020 COVID-19 was a new and novel disease and as such there were no known resources in existence providing information and support to patients around this illness. The "COVID-19: Supporting your recovery" web-resource was developed to address this identified gap in patient care, provide a vehicle for user involvement in further development of the resource and enable assessment of its impact on user experience.

Methods: A continuous improvement methodology was followed in determining the impact of the "COVID-19: Supporting your recovery" web-resource. This included a combined approach of analytical user data taken from the website and qualitative feedback derived from a voluntary questionnaire included at the end of the resource. A thematic analysis of real time feedback allowed public and patient involvement in the ongoing development of the web-resource to ensure its efficacy in meeting user need, particularly in view of the evolving knowledge of COVID-19.

Results: The web-resource has been actively used 96,900 times since April 2020 to date. It has been accessed by 100 countries including USA, Australia, Canada, France, India, Sweden and Finland.

Six hundred and two responses to the resource online questionnaire have been received; 60% of users were aged over 45 years of age.

Patient feedback rates the experience of using the resource as 4.6/5 with 91% of users stating they would be likely or very likely to recommend the resource to others.

96% of patients reported the information in the resource as helpful in their recovery from COVID-19 and 95% of users felt the web-resource met or exceeded their expectations.

52.5% of users report they have remained at home during their COVID-19 illness which demonstrates its accessibility to patients other than those who were admitted to hospital.

Additional information on topics such as managing fatigue and returning to work were included in subsequent revisions of the web resource following service user feedback.

Conclusion(s): This impact evaluation shows that the "COVID-19: Supporting your recovery" web-resource was well received by both patients after discharge from hospital

and by patients with COVID-19 who were managed in the community. The service user feedback has been instrumental in developing the resource, highlighting the importance of patient engagement in creating healthcare information. Further suggestions for future work include the development of patient resources relating to 'Post- COVID 19 Condition' as this has been a recurrent theme from the qualitative analysis.

Impact: This web-resource adds value to patient experience by meeting an identified gap to support the recovery of patients with COVID-19 across a global audience. The findings of this evaluation support the continued use of the web-resource. Patient access to the resource could be improved by increasing awareness of its use by the multi-disciplinary team and inclusion into pathways of care for patients with COVID-19.

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P054

Using the NICE evidence standards for digital health technologies to evaluate a digital self-management tool for people with musculoskeletal conditions

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Keywords: Musculoskeletal; Digital health technology; Self-management

Purpose: getUBetter provides digital self-management for people with musculoskeletal (MSK) conditions across care pathways in England. Digital health technologies (DHT) are being embedded at pace, but we need to determine their effectiveness, value, and suitability. NICE DHT evidence standards were used to identify gaps in getUBetter's evidence base. An evaluation was then undertaken in Wandsworth, south London to address these gaps.

Methods: Between October 2019 and March 2021 the evaluation took a phased approach:

1. Mapping existing evidence for getUBetter against the NICE evidence standards and identifying gaps.
2. A mixed methods evaluation based on evidence gaps was developed with stakeholders then rescoped due to disruption from COVID-19. The evaluation assessed outcomes related to condition, satisfaction, behaviour change, and resource use. An online survey was sent to getUBetter users capturing respondents' demographic profile and app usage; experiences and satisfaction; condition-related outcomes; and changes in self-management and understanding of their condition. Resource use was determined by a pragmatic health utilisation analysis using EMIS data comparing patients with lower back pain (LBP) with non-users in a sample of 10 GP practices.

Results: getUBetter was identified as a Tier 3a DHT supporting self-management and preventative behaviour change. The mapping exercise against the NICE standards framework identified a gap in demonstrating evidence of effectiveness. Fifty getUBetter users responded to the survey, a 13% response rate (50/389). Respondents were mainly female (29/47), white (34/47) and in full-time paid employment (18/47) or retired (14/47). 60% rated the app as either good or very good (21/35), reporting they found it easy to register and use the app, an acceptable way to get advice and support, and would recommend it to family and friends. Respondents most liked the app's ease of use, and its support for self-management, giving reassurance and information relevant to recovery stage. Most reported benefits from using getUBetter, the greatest being improved confidence to self-manage (28/36), ability to self-manage (26/36), and a better understanding of their condition and recovery journey (25/36). 19 of 35 reported COVID-19 made them more likely to use the app. Health utilisation analysis found 835 patients were prescribed getUBetter for LBP, 50% of whom activated their account. Compared to non-users, getUBetter users consumed 4 times fewer GP appointments, 20% less Physiotherapy referrals and over 50% fewer prescriptions and referrals.

Conclusion(s): The NICE standards provided a structured approach to assessing a DHT evidence-base in a MSK pathway and identifying gaps. Despite the challenge of COVID-19, this pragmatic evaluation showed a reduction in health resources use by patients using getUBetter. Users reported overall high rating for the app, with good patient acceptability and friends and family test scores. The results indicate most respondents got some benefit from using the app in terms of symptoms, function, and confidence and ability to self-manage their recovery. A larger controlled effectiveness study with economic evaluation is required to further strengthen the evidence-base for getUBetter.

Impact: The NICE standards provide a useful decision-making framework to support innovators, commissioners and providers. Better awareness and understanding of using the NICE standards is required.

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