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UPTURN feasibility study – A study testing the acceptability and delivery feasibility of a support package designed to help people with COPD attend pulmonary rehabilitation

Submission date
19/02/2026

Recruitment status
Recruiting

Registration date
23/03/2026

Overall study status
Ongoing

Last Edited
15/04/2026

Condition category
Respiratory

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
In England, around 80,000 people are diagnosed with Chronic Obstructive Pulmonary Disease (COPD) each year. While COPD isn't curable, treatments like Pulmonary Rehabilitation (PR) can significantly improve quality of life by reducing breathlessness and hospital admissions. PR combines education and exercise, but about 35% of patients referred do not attend the initial assessment, which determines programme suitability. Non-attendance is especially high in deprived and ethnic minority communities.
Our previous research identified barriers to PR attendance, including service-related issues (e.g. long waits) and practical challenges (e.g. transport). As part of the UPTURN work, further research was conducted with patients and carers from Bangladeshi, Black African, and Black Caribbean communities to continue to explore these barriers from a behavioural change perspective.
This led to the co-design of the "Prepare for PR service," a multi-element intervention developed with patients, carers, and healthcare professionals which will be delivered by Asthma + Lung UK (A+LUK) Health Advisor team.
The goal of this feasibility study is to look at the implementation and acceptability of this intervention in as diverse a patient population as possible so that all the elements can be assessed. Trial feasibility will be assessed using both participant data and a data-only cohort from participating PR services. Findings will inform whether a larger trial comparing the intervention to usual care for effectiveness is feasible.

Who can participate?
This feasibility study will use a single-arm (no comparison), opt-out (no consent) participation design and recruit 40 eligible COPD patients who will be purposively sampled (selection on specific characteristics) from three or more NHS PR providers in England.

What does the study involve?
Taking part has several stages.

Stage 1: Invitation and opt out
Eligible participants receive a letter explaining the study and how to contact their PR team if they do not wish to take part. They have one week to opt out. If they do not contact their PR team within a week, their contact details will be shared securely with Asthma + Lung UK (A+LUK). They can still do so after but depending when, stage 2 may be already started.
Stage 2: Welcome pack
A+LUK sends a welcome pack with information about PR, testimonials, planning tools, and online resources. Participants may still opt out later, but the pack may already be on its way. It's for the participants to keep and use in their own time.
Stage 3: Support call
Participants are offered a 20 minute support call with an A+LUK Health Advisor. Most calls are pre booked (rescheduling allowed); some participants may self book. All calls are recorded, so participants can choose not to take part. This will be after receiving the welcome pack but before their in-person PR assessment appointment.
Stage 4: Optional interview
Participants will be asked whether the university based UPTURN team can contact them about taking part in a 30–60 minute discussion about their experience of the support service. Those who agree give consent. Interviews may take place in person, by phone, or by video call and will also be recorded.

What are the possible benefits and risks of participating?
Participants may benefit from this non clinical support service designed to help people feel more informed and confident about attending PR. The information, tools and personalised telephone support aim to improve understanding of PR, increase motivation, and provide reassurance and practical help with planning.
Possible risks include feeling that privacy has been affected if contact is unexpected, or if individuals do not recall or understand how to ask to not be involved. Participants will be given clear, culturally appropriate opt out information; Only essential personal data will be shared through NHS approved processes, and all contacts will be sensitive.

Where is the study run from?
The study is being run from three or more pulmonary rehabilitation (PR) services in England, which will act as the participating study sites. These will be selected in areas of high ethnic diversity, socioeconomic deprivation, and COPD prevalence.

When is the study starting and how long is it expected to run for?
The study is expected to begin in mid April 2026 and will run for approximately 3 months, followed by a further 3 months for data analysis.

Who is funding the study?
The study is funded by the National Institute for Health and Care Research (NIHR) Programme Grant for Applied Research.

Who is the main contact?
Dr Jonathan Fuld is the chief Investigator and main scientific contact for the trial.
Dr Estelle Payerne, is the Trial Manager and additional contact for the trial.
Contacts are to be made using the following email address upturn.programme@uea.ac.uk

Contact information

Type(s)

Public, Scientific

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Additional identifiers

Integrated Research Application System (IRAS)
331025

Central Portfolio Management System (CPMS)
69902

Study information

Scientific Title

Evaluating the feasibility and acceptability of a support package to increase the UPTake of pUlmonary RehabilitatioN for people living with chronic obstructive pulmonary disease: the UPTURN WP1b study

Study objectives
The main objectives of this feasibility study are to assess the:
1. Feasibility of recruiting PR providers
2. Feasibility of opt-out model
3. Acceptability of the UPTURN intervention to patients, and health professionals
4. Delivery of intervention components (including dose and completion rates, fidelity, adoption and maintenance) by Asthma + Lung UK (A+LUK)
5. Ability of patients to access, adopt, and where applicable, implement components of the UPTURN intervention
6. Completeness of outcome measure data

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 11/03/2026, London - Bloomsbury Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; -; bloomsbury.rec@hra.nhs.uk), ref: 25/LO/0811

Primary study design
Interventional

Allocation
Non-randomized controlled trial

Masking
Open (masking not used)

Control
Uncontrolled

Assignment
Single

Purpose
Treatment, Multi-component complex intervention

Study type(s)

Health condition(s) or problem(s) studied
Chronic obstructive pulmonary disease

Interventions
Intervention cohort:
Three or more NHS PR providers will be recruited in England. Pseudo-anonymised screening logs of eligible patients will be generated from the sites' existing waiting lists and shared with the research team for the purposive sampling of 40 participants in total. PR providers will then send

the study opt-out letter to their patients allocated to the intervention cohort, giving a week plus posting time for them to opt out by either calling or emailing the site prior to their contact details being shared with Asthma + Lung UK for intervention delivery. Opt-out routes remain open past that week.

Contact details of those who have not opted out will be securely shared with the intervention delivery team at Asthma + Lung UK so that they can post and, if possible, email the documentation and book the support call for those participants meeting the proactive call criteria, for example participants with known access needs. This call can be cancelled or rescheduled by the participant as needed. Participants who do not meet the criteria for a proactive call will be able to book a call if they wish.

The support calls will last up to 20 minutes and will explore participant specific questions or barriers to attending PR, if any. The calls may be followed by another one closer to the participant's routine PR assessment appointment if needed and or by sharing further relevant documentation or signposting to locally available resources.

Participants in this cohort receive the full intervention package designed to support attendance at PR assessment appointments.
This consists of:
• A welcome pack provided at referral,
• Access to online resources (including testimonial tailored videos), and
• A support telephone call prior to the assessment appointment.

All materials and the call script have been developed through a structured co design process with patients and healthcare professionals. The aim was to ensure that the content addresses as many known barriers to PR attendance as possible (excluding those linked to how PR is run). The intervention components draw on established Behaviour Change Techniques to support motivation, understanding, and engagement.
Although the intervention is designed to be universally applicable, some elements are tailored according to participant needs, following the principles of proportionate universalism. For example, participants who may require additional support (such as those with language needs) will be pre booked for the support call. This ensures that the intensity of support is matched to individual circumstances while maintaining a universal core offer. Cultural relevance is also address through testimonial videos.

All participants will have access to online resources including educational and testimonial videos that they can watch whenever they want. All calls will be recorded, which is standard Asthma + Lung UK practice, and this will be clear to the participant. Call recordings will be used to assess whether all calls were delivered in line with the call guide.

The intervention delivery period will end on the date of the planned PR assessment appointment regardless of attendance.

There will be a nested process evaluation after intervention delivery for which participants will be asked for consent for contact at the end of the intervention support call. If this is not possible, for example if the participant is too tired, consent for contact will be asked at the end of the PR assessment appointment for those who attend. A participant information sheet may be handed out at that point for those who agree. For those who do not attend, consent for contact will be sought by phone call from the PR care team.

Participants who agree to be contacted will be approached by the process evaluation team in order to provide them with the participant information sheet. Participants will be given time to decide if they wish to participate and will not be called to discuss this or to ask any questions they may have before a minimum of 24 hours have passed. Following this discussion and after any questions have been satisfactorily answered, informed consent will be obtained, if the patient is willing to participate, prior to the interview being undertaken.

The interview will last up to an hour and can be done face to face or via an online call preferably but can also be done over the phone if this is the participant's wish.

Note that the Asthma + Lung UK intervention delivery team and site staff will also be invited to focus groups and interviews respectively as part of the nested process evaluation.

This feasibility study will be 3 months overall and a participant's time in the study will be a maximum of 12 weeks.

Data only cohort:
Only PR providers participating in the National Respiratory Audit Programme will be recruited. For this cohort we are requesting routine service data only specifically, a pseudo anonymised copy of the dataset that PR services submit to the National Respiratory Audit Programme (NRAP). Steps to be undertaken by participating PR services will be as follows:
• Take a copy of the dataset for their NRAP submission concurrent with this study
• Remove ineligible patients
• Pseudo anonymise the dataset by removing all fields with personal identifiable data, for example NHS ID or postcodes
• Securely sharing the resulting dataset
Participants in this cohort do not receive any intervention. They are not the same individuals as those in the intervention cohort; instead, they are patients who have already completed Pulmonary Rehabilitation (PR).

Intervention Type
Other

Primary outcome(s)
1. Feasibility of recruiting PR providers measured using number of sites who are approached, express interest in, and ultimately sign-up to the study at end of study

2. Feasibility of using an opt-out participation model measured using the overall percentage of participants selected for the study who choose to opt out of participation at recruitment

3. Acceptability of the UPTURN intervention to patients and health professionals measured using qualitative interviews and focus groups, study attrition during intervention delivery, online media interaction data at intervention delivery period and process evaluation

4. Fidelity of delivery of the intervention by the Asthma + Lung UK Helpline team measured using qualitative analysis of intervention encounters and quantitative analysis of call frequency and duration at intervention delivery period and process evaluation

5. Ability of patients to access, adopt, and where applicable, implement components of the UPTURN intervention measured using qualitative analysis of the Process Evaluation interviews (e.g. completion of the checklist, act on tailored advice) and quantitative analysis of aggregate usage statistics for the digital materials at intervention delivery period and process evaluation

6. Completeness of outcome measure data measured using completeness rate of Intervention cohort PR assessment attendance rate (direct data entry) and successful receipt of the Data cohort data set from the PR provider (pseudo anonymised copy of the NRAP dataset) and data completeness rate at intervention delivery period

Key secondary outcome(s)

Completion date
27/10/2026

Eligibility

Key inclusion criteria
Site eligibility criteria:
1. Have a named Health Care Professional (HCP) willing and appropriate to take Principal Investigator responsibility
2. Have suitably trained staff available to screen for participants (e.g. search waiting list plus de-identification activity) and enter data
3. Be participating in the National Respiratory Audit Programme for the duration of the UPTURN study
4. Have long enough waiting times (minimum 6 weeks) to allow for the intervention to be delivered in between referral and initial assessment but also within the feasibility study timeframe
5. Not currently running a trial/study aimed to improve PR uptake

Patients inclusion criteria:
1. Aged over 18 years
2. Referral to PR at participating PR providers with approximately 6 to 10 weeks before estimated PR assessment date (at the time of screening)
3. Confirmed clinical diagnosis of COPD

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
120 years

Sex
All

Total final enrolment
0

Key exclusion criteria

1. Does not meet service specific inclusion criteria for PR assessment
2. National data opt-out

Date of first enrolment
27/04/2026

Date of final enrolment
27/07/2026

Locations

Countries of recruitment
United Kingdom

Study participating centre
Luton Community Pulmonary Rehabilitation Service
Units 2-3 Poynters Road
Luton
England
LU4 0LA

Study participating centre
Tower Hamlets Pulmonary Rehabilitation Service
via A104, 275 Bancroft Rd
London
England
E1 4DG

Study participating centre
Birmingham Community Pulmonary Service
St Stephens Hub, 171 Ninevah Rd
Handsworth
England
B21 0SY

Sponsor information

Organisation
Cambridge University Hospitals NHS Foundation Trust

ROR

https://ror.org/04v54gj93

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date