completion, recommendations will be made on how best to support the appropriate use of the NEWS2.

Method This review follows Pawson's iterative six step process: One) Development of an initial PT. Two) Searching the literature. A systematic search was completed on: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Embase (OvidSP), Web of Science (Science Citation Index and Social Science Citation), Cochrane Database of Systematic Reviews, Joanna Briggs Institute, Ethos, Proquest Dissertations and Theses Global, and Google Scholar for documents (1997 to 2022). Additional data was sourced via contacting authors, searching reference lists and citation-tracking. Inclusion criteria included all documents (including grey literature) that relate to the use of EWSs in the English only. Documents set in paediatric, maternity and primary care were excluded. Three) Selecting documents and quality appraisal. Four) Extracting and organising the data. Five) Synthesizing the data. Six) Disseminating the findings. A stakeholder group composed of clinicians who use the NEWS2 were recruited to provide feedback as the PT develops.

Results An initial PT (comprising of how the NEWS2 is intended (or unintended) to be used, i.e., from initial assessment of vital signs to review of the patient) was established via an exploratory scoping review and content expertise; and then discussed with stakeholders. The empirical testing of this PT will be against secondary research and grey literature. The documents retrieved from the searches have been screened against the inclusion/exclusion criteria; the initial analysis is currently in process to check the relevance and rigor of the data. Screened data will be used to help develop, refine or test the initial PT, pending its relevance and rigor. Any claims made on the plausibility of the programme theory will be based on both trustworthiness of data and coherence of arguments underpinning the PT. Preliminary findings will be available and presented at the time of conference.

Conclusions On conclusion, the review will identify how the NEWS2 may work well in one context, but not another, therefore, implementation may involve alterations in practice or policy based on the setting. The review will uncover the complex and inter-related elements of the PT; therefore, the stakeholder group will be consulted on how best to apply these insights to varied NHS settings and practice. Findings will be published in a peer-reviewed journal; and presented at relevant conferences. Accessible and user-friendly synopses of the findings will be shared with existing networks and on social media platforms.

143 AN ETHICAL ANALYSIS OF EVIDENCE-BASED MEDICINE

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Background (Evidence-based medicine is a clinical decision making framework which makes claims about what physicians ought to do. Though heralded as the cutting edge of medical science evidence-based medicine is a value laden normative theory which implicitly depends on substantive views regarding what is morally good or right.

Objectives In this paper, I provide an ethical analysis of evidence-based medicine.

Method I consider its normative underpinnings in three ethical theories: utilitarianism, Kantian deontology, and virtue ethics.

Results In the face of uncertainty, evidence-based medicine endorses expected utility theory using the best available evidence in order to avoid doing more harm than good. In accordance with the Kantian respect for individuals as ends in themselves, evidence-based medicine calls for integrating the values and preferences of the patient. De-emphasizing intuition, clinical expertise, and pathophysiologic rationale emphasizes the need for the intellectual virtues of curiosity, critical thinking, and courage.

Conclusions Evidence-based medicine is a successful clinical practice that can be morally justified by all three major ethical theories. Although its focus on maximizing good health outcomes and integrating respect for individual patients has been emphasized, the role of the intellectual virtues in evidence-based medicine remains highly under-explored.

1 USING CO-DESIGN PROCESS TO DEVELOP AN INTEGRATED SELF-MANAGEMENT INTERVENTION PROGRAM FOR COPD PATIENTS IN NEPAL

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Background Globally, Primary Health Care (PHC) is recognised as central to improving health for all, yet COPD patients in Nepal are not receiving adequate PHC, because of limitations in the six building blocks of the health system as proposed by World Health Organisation in 2007. Therefore, there is a need to strengthen the capacity of community-level health institutions and health professionals by facilitating integrated care to improve self-management support for COPD patients.

Objectives We aimed to develop and prototype a model of care linking primary and tertiary care components to improve self-management practices (SMPs) of COPD patients in Nepal.

Methods Based on a survey and qualitative study in 2018, we have developed integrated care and intervention to address locally identified problems. We refined our model (prototyping) in two small stakeholders meeting and a final co-design workshop in May-June 2019 with 60 stakeholders consisting of patients, carers, providers, researchers, and policymakers. During the co-design workshop, a series of presentation and a 50-minute brainstorming session was conducted in groups of six participants to collect their inputs on the proposed model of care and intervention components.

Results Through a facilitated workshop using consensus decision making, patients, local government, primary health care workers, policymakers, academics, and community representatives worked together to refine an integrated model of care. The resultant integrated model will include: screening of COPD at the community and management of symptomatic patients at primary health care, establishing referral pathway for severe cases to tertiary level health care and establishing community care. Our presentation will include: steps in the co-design process and results from prototyping with stakeholders.

Conclusion Our integrated, contextually-appropriate model of care and intervention should improve the quality of care and quality of life for COPD patients. Lesson learned Engagement of patient, carers, providers, and policymakers in developing a model of care creates a sense of ownership among the