Evaluating the Feasibility, Budget Impact and Scalability of a Virtual Pulmonary Rehabilitation Programme for Patients with Lung Fibrosis Excluded from In-Person Services

Commissioning Body

Irish Lung Fibrosis Association (ILFA) on behalf of the Irish Health Service (HSE)

Proposed Study Period

Nine-month pilot programme during 2026 (indicative timeframe)

February 2026 – November 2026

Total Available Budget

€20,000 (inclusive of all costs)

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1. Background and Rationale

Pulmonary rehabilitation (PR) is an evidence-based intervention that improves exercise capacity, symptom burden, and quality of life in individuals with chronic lung disease. However, patients with lung fibrosis frequently face barriers to accessing in-person PR programmes, including geographical distance from specialist centres, transport limitations, socioeconomic disadvantage, and mobility constraints related to disease severity.

Virtual pulmonary rehabilitation (vPR) has emerged as a potential alternative delivery model that may improve equity of access while maintaining clinical effectiveness. While vPR has been explored in other chronic respiratory conditions, there is limited evidence regarding its feasibility, acceptability, and potential value specifically for patients with lung fibrosis, a cohort with distinct clinical and psychosocial needs.

This pilot programme will be designed and delivered by the Irish Lung Fibrosis Association (ILFA) in conjunction with and on behalf of the Health Service Executive (HSE). ILFA will be responsible for implementation of the virtual pulmonary rehabilitation intervention, participant recruitment and coordination, and programme delivery. The programme will target lung fibrosis patients who are currently excluded from in-person pulmonary rehabilitation services within the Irish health system.

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2. Aim and Objectives

Overall Aim

To evaluate the viability and scalability of a virtual pulmonary rehabilitation programme for lung fibrosis patients who are unable to access in-person rehabilitation due to geographical or socioeconomic barriers.

Specific Objectives

1. To assess the feasibility of recruiting and retaining lung fibrosis patients into a virtual PR programme.
2. To evaluate patient engagement, adherence, and programme completion rates.
3. To explore patient and clinician acceptability of virtual PR delivery.
4. To collect preliminary outcome data on functional capacity, symptom burden, and health-related quality of life (pre- and post-PR).
5. (Optional) To identify barriers, facilitators, and resource requirements for wider implementation within the HSE.

The pilot will involve **up to 96 patients** and will run for a total duration of **nine months**. It is expected that six months will be allocated to the pulmonary rehabilitation courses with six weeks planning and recruitment prior to commencement of two eight-week waves of 48 patients each of rehabilitation and then six weeks post-rehabilitation of analysis of results and publication of findings in the form of a report.

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3. Study Design

This will be a mixed-methods pilot feasibility study. The virtual PR programme will be delivered by the Irish Lung Fibrosis Association (ILFA). **The purpose of this call is to identify a research partner who will work alongside ILFA to design and conduct the research and evaluation components of the virtual PR pilot.**

- **Quantitative component:** Pre- and post-intervention assessment of selected clinical and patient-reported outcomes.
- **Qualitative component:** Semi-structured interviews or focus groups with participants and healthcare professionals involved in delivery.

Note: The study is not intended to determine clinical effectiveness but to inform the design of a future definitive trial or HSE service rollout.

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4. Target Population

Inclusion Criteria

- Adults (≥18 years) with a confirmed diagnosis of progressive pulmonary fibrosis (idiopathic pulmonary fibrosis or other interstitial lung diseases within the pulmonary fibrotic phenotype).
- Deemed suitable for pulmonary rehabilitation by a respiratory clinician.
- Excluded from in-person PR due to geographical distance (a lack of public services within the candidate's local area), transport limitations, or socioeconomic barriers.
- Access to a basic internet-enabled device (or willingness to use loaned equipment, if provided).
- English fluency (C1 CEFR level or greater).
- Willingness to participate fully in the VPR programme and study and to follow ILFA's safety protocols.

Exclusion Criteria

- Medical contraindications to exercise-based rehabilitation.
- Cognitive or sensory impairments that preclude safe participation in a virtual programme.

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5. Intervention

The virtual pulmonary rehabilitation programme will include:

- Pre and Post Fitness Assessment including:
    - Sit to Stand – 1 minute
    - Anxiety and Depression Questionnaire (HADS)
    - King's Brief ILD Questionnaire (KBILD)
    - mMRC Dyspnoea Scale
- Supervised exercise sessions delivered remotely by a senior respiratory physiotherapist and supporting staff (e.g. video-based group or individual sessions).
- Education components tailored to lung fibrosis (disease management, breathlessness, fatigue, self-management) delivered by a trained respiratory nurse.
- Behaviour change and self-management support.

- Clear safety protocols, including screening and escalation procedures.
- Self-reported BORG scale ratings and pulse data from each class.

Each course of rehabilitation will last 8 weeks. Participants will engage in rehabilitation twice per week. In terms of the HSE agreement, successful completion will be considered to be 60% of classes attended. All patients will be issued a discharge summary at the end of their intervention.

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6. Outcomes and Data Collection

Applicants should propose appropriate, validated measures, which may include:

- Feasibility outcomes: recruitment rate, retention, attendance, adherence.
- Functional outcomes (e.g. remote exercise capacity measures).
- Patient-reported outcomes: breathlessness, fatigue, health-related quality of life.
- Acceptability and user experience of participants and staff.
- (Optional) Indicative costs and resource implications.

It's recommended that Involvement by ILFA's Patient Public Involvement (PPI) group be a part of the development of outcomes.

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7. Budget and Eligible Costs

The total budget available for this study is **€20,000**. Proposals must include a detailed budget breakdown and justification. Eligible costs may include:

- Staff time (clinical, research, and administrative support).
- Digital platform or software licensing (if applicable).
- Equipment loan or technical support (if applicable).
- Participant materials and communication costs (if applicable).
- Data collection, analysis, and reporting.

Overheads must be clearly stated and proportionate – estimates must include VAT.

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8. Governance and Ethics

- If required, ethical approval must be obtained prior to study commencement.

- Compliance with data protection guidelines and GDPR are mandatory.
- Appropriate risk management and safeguarding procedures must be described.

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9. Deliverables

Funded projects will be expected to deliver within six weeks of study conclusion:

1. A final study report summarising methods, findings, and recommendations.
2. A feasibility framework for wider implementation of virtual PR in lung fibrosis.
3. (Optional) A budget impact and scalability discussion document relevant for the HSE.
4. A lay summary suitable for patient and public dissemination, potentially in peer reviewed journals or conferences in conjunction with ILFA.

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10. Expression of Interest (EOI) Requirements (Deadline 9th January 2026 – 17:00)

This call is for **Expressions of Interest (EOIs) from suitably qualified research partners** (e.g. academic institutions, research organisations, or clinical research teams).

ILFA will lead delivery of the pilot intervention. The successful research partner will be responsible for the study design, data collection, analysis, and reporting, working in close collaboration with ILFA.

Applicants must submit (ideally in 3,000 words or less):

- A description of relevant expertise and proposed role in the pilot.
- A description of the proposed methodological approach.
- Indicative resource requirements within the €20,000 budget.
- Confirmation of capacity to deliver within a nine-month timeframe.

Shortlisted EOIs may be invited to submit a more detailed proposal.

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11. Evaluation Criteria

EOIs will be assessed based on:

- Relevance to HSE priorities.
- Appropriateness of the proposed approach for a feasibility pilot.

- Demonstrated experience with pulmonary rehabilitation, virtual care, or lung fibrosis research.
- Feasibility within budget, scale (96 patients), and timeframe.
- Potential to inform future service development and scale-up.

The panel's selection decision will be final. All potential research partners will be pre-qualified and must meet ILFA's approved supplier criteria as per ILFA's procurement policy.

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12. Anticipated Impact

This pilot study, the largest to date for lung fibrosis virtual rehabilitation, will provide critical evidence on whether virtual pulmonary rehabilitation is a viable, acceptable, and scalable option for lung fibrosis patients who are currently underserved. Findings will inform future service development, investment decisions, and research within the Irish health service.

Proposed Start Date: 2026 (exact start date to be confirmed)

Delivery Organisation: Irish Lung Fibrosis Association (ILFA), delivering the pilot programme on behalf of the HSE

Research Partner Role: To be appointed through this EOI process

Deadline for Expressions of Interest: 9th January 2026 at 17:00.

Final Selection: 16th January 2026

Questions/Submissions Addressed to: Maureen O'Donnell (ILFA) maureen@ilfa.ie