Exploring professionals’ and managers’ perspectives of implementing asthma self-management: a qualitative study from the IMP2ART programme

1Susan Morrow, 1Luke Daines, 2Sharon Wiener-Ogilvie, 1Liz Steed, 3Lorna McKee, 3Steph Taylor, 1Hilary Pinnock, for the IMP2ART group

1University of Edinburgh; 2NHS Education for Scotland; 3Queen Mary University of London; 4University of Aberdeen

Implementation of supported self-management is challenging

**Background**

Supported self-management for asthma reduces use of healthcare resources, improves asthma control and quality of life.

**Aim**

- To describe the existing routines for delivering asthma self-management in primary care practices
- To generate innovative practical strategies to promote implementation

**Results**

Asthma trained nurses prompted by a computer template with (some) allocated time for reviewing asthma

- “We have a very skilled nurse team” GP3
- “Templates - they’re very helpful as an aide memoire” Nurse 2
- “I would like 30 minutes but they are 20” Nurse 5

Patients do not always attend, and the range of resources is often limited

- “A lot of [patients] don’t want to come in” (Admin1)

GPs have no time in acute consultations to discuss self-management, so delegate to the asthma nurse

- “They will come and see us when it’s bad” GP4
- “...while you’re here, I notice we haven’t reviewed your asthma, I’m already running 40 minutes late” FG3_GP1
- “And then we’ll say to them please come back and see the nurse” GP4
- “It’s OK talking in terms of delegating to the nurse but the patient doesn’t want to come back ...” (GP2)

GPs see people with acute asthma – often in consultations with multiple medical problems

**Summary of findings**

- Provision of supported asthma self-management in UK primary care is typically nurse-led within clinic-based annual reviews.
  - Whole systems barriers included:
    - Difficulty engaging patients in attending (face-to-face) reviews
    - Clinicians balancing multiple clinical and organisational priorities
    - Organisational barriers included lack of time, demarcation of roles, limited access to a range of resources.
  - The electronic health record (specifically asthma review templates) was pivotal.

**Implications**

- To develop and refine organisational routines we need to address:
  - **Structuring devices**: Provision of a range of action plans (including digital options) improved clinical templates
  - **People**: Team based training for key people involved (nurses, GPs and administrative staff)
  - **Organisational learning**: Engaging whole team in prioritising, developing and adapting the strategy for implementing supported self-management

**Methods**

3 focus groups and 12 interviews

- with 33 professionals from 14 UK primary care settings
  - 23 general practitioners
  - 7 practice nurses
  - 3 administrative staff

Thematic analysis was guided by the theories of routinisation

A ‘typical’ routine...

Self-management support and action plans are provided by a nurse in a face-to-face routine review

**Suggestions for implementation**

Promote evidence base to influence prioritisation

- Discussion of the evidence led to suggestions that ‘maybe it [the priority] should be higher?’ [FG1]

Flexible mode of contact

- “Skype or anything like that would be ideal and young people might respond better to that” Nurse 3

Improve template: integrate with e-resources

- “I think it’s fine to have an app but it has to be one that goes with the clinical system, otherwise we’re duplicating” FG2_GP5

Easy access to range of personalised action plans

- “I don’t think it would be right to have just one way of delivering a management plan. I think you can have options at your disposal” Nurse 5

Team-based training

- “… a medical update is great so we’re all singing from the same hymn sheet, we’re not all doing different things at different places” FG1_GP2

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**Technology** offers some potential solutions (e.g. improved templates, app-based plans), but must integrate with existing IT systems