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

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Background

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

Pinnock H, et al, for the PRISMS group *BMC Medicine* 2017;15:64

Implementation of supported self-management is challenging

Aim

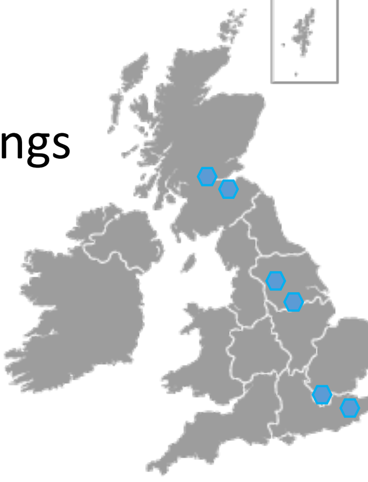
- To describe the existing routines for delivering asthma self-management in primary care practices
- To generate innovative practical strategies to promote implementation

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

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**

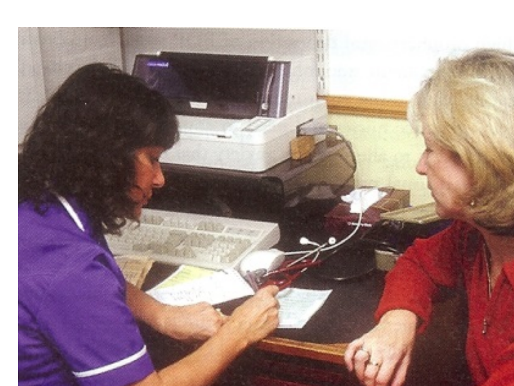
"They will come and see us when it's bad" GP4

"…while you're here, I notice we haven't reviewed your asthma, I'm already running 40 minutes late" FG3_GP1

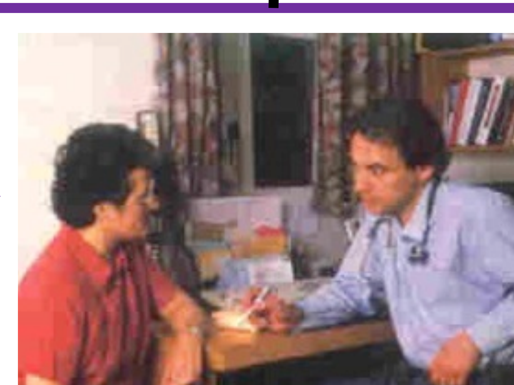
"And then we'll say to them please come back and see the nurse" GP4

"It's OK talking in terms of delegating to the nurse but the patient doesn't want to come back …" (GP2)

A 'typical' routine…



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



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

… 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

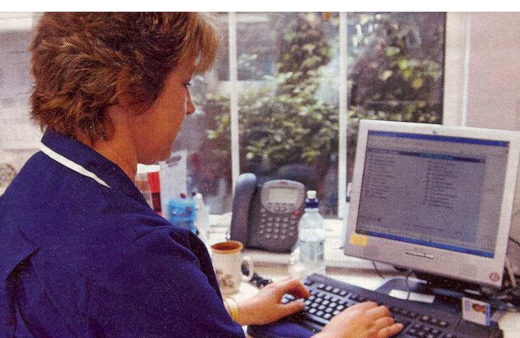
"I don't think it would be right to have just one way of delivering a management plan. I think you can have options at your disposal" Nurse 5

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

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

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

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ARTICLE OPEN

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