

# Asthma Education in Practice

## Delivering Training on the 2024 Asthma (BTS, NICE, SIGN) Guidelines in Primary Care

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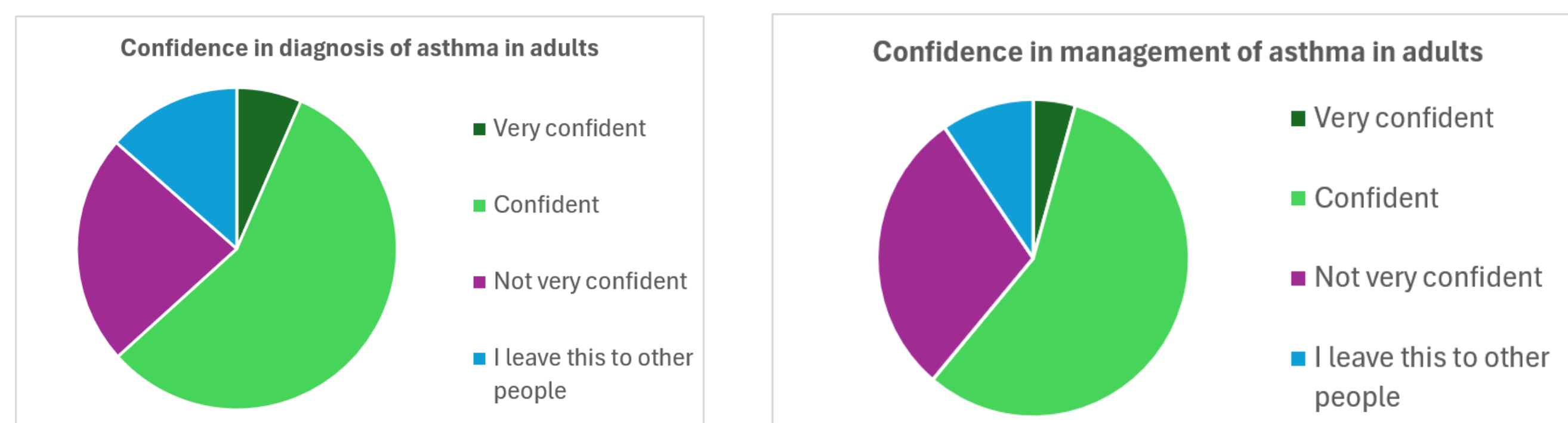
### Context

The publication of the BTS/NICE/SIGN Asthma guidelines in 2024 brought significant changes to asthma care. The two key updates were in the objective tests recommended to diagnose asthma, and a shift to short-acting beta agonist (SABA)-free management pathways. Asthma + Lung UK described the new guidelines as "offering hope for people with lung conditions" but warned that, to be effective, guidelines must be backed by sufficient funding and the upskilling of the NHS workforce(1).

There have been many barriers to implementing clinical guidelines in primary care identified, including time constraints and lack of knowledge(2). On the converse, timely education and training for primary care providers is a frequently cited enabler for guideline implementation(2). Online training is often used to deliver primary care education, particularly since the COVID-19 pandemic. However, this may be contrary to clinicians' preferences(3,4).

### Analysis

This project focused on delivering asthma training to primary care in Bath and North East Somerset, Swindon and Wiltshire (BSW). A large variation in confidence regarding diagnosis and management of asthma in both adults and children was reported by clinical staff (n=229).



A sizeable proportion of staff had not accessed any prior training on the new guidelines (49% clinical staff, 37% GP trainees).

#### Top reasons for not accessing prior training

- 1) Lack of time
- 2) Other priorities
- 3) Unawareness of new guidelines

Only 10% of administrative staff had accessed training. **24% of clinical staff, and 34% of GP trainees were unaware there were new asthma guidelines.**

### Intervention

Training sessions for clinical and administrative staff were offered to all GP surgeries in BSW. In-practice training was delivered in-person by Dr Amy Gwyther, a local GP and Training Hub Fellow. Most surgeries requested a lunchtime session, lasting for 45-60 minutes. The focus of the session was the updates within the new guidelines, principally objective diagnostic tests, and SABA-free management pathways. There were opportunities for questions and discussions at the end.

**Clinical sessions were delivered for 16 surgeries, representing 12 Primary Care Networks.** A session for administrative staff was delivered for six surgeries. Four longer half-day sessions were held for GP trainees as part of local GP Vocational Training Schemes (VTS). These sessions also included interactive quizzes, case-based discussions and/or role play consultations. In addition to these in-person sessions, online training was delivered as part of a BSW Nurse Forum.

### Results

The GP surgeries which received training care for a combined total of 12,813 asthma patients(5). Between July 2025 and March 2026, over 94 clinical staff, 21 admin staff, and 135 GP Trainees attended training sessions. The training sessions were well attended and highly rated. On a scale from 1 (very poor) to 5 (excellent), an average of 4.92 was given to the clinical session, 4.82 for the admin session, and 4.84 for the GP trainee session.



Confidence in diagnosis and management in adults and children increased.

- 98% reported increased confidence in diagnosis of adults
- 96% reported increased confidence in diagnosis in children aged 5-16
- 99% reported increased confidence in management of adults
- 97% reported increased confidence in managing children aged 5-16

*"Brilliant focused session - feel much more confident initiating inhalers for all age groups now!"*

*Really fantastic morning. Great to have presentation, questions, and cases. Honestly invaluable. Such an enjoyable morning.*

Attendees valued having the session in person in their practice. 91% of clinical staff said they were more likely to attend teaching sessions if held in-person, and 96% were more likely to attend if held within their workplace. Only 12% of clinical staff said they would have preferred an online on-demand format. **100% of clinical and admin staff said they would recommend the session.**

### Future Ideas

Whilst there are many on-demand learning resources online, it should be recognised that many staff had not accessed these. Commonly cited barriers included pressures on time, attention and availability. **There was a strong appetite for in-person education within primary care workplaces with over 95% of attendees wanting similar sessions in the future.**

Barriers to implementing the new guidelines suggested by attendees:

- Whole team compliance
- Patient and parent understanding and resistance to change
- Formulary and licencing of inhalers
- Availability of spirometry (particularly in under 18s)
- Lack of appointments and time
- Desking of GPs where asthma care is delivered by other clinical staff

### References

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