

Strategies to support BTS/NICE/SIGN NG245 Asthma guideline implementation and adoption

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Introduction

- Over five million people in the UK are being treated for asthma,¹ and the UK has the highest rates for asthma deaths and disability adjusted work years in Western Europe ²
- SABA overuse and inhaled corticosteroid underuse are risk factors for poor asthma outcomes including exacerbation and death ³ and remain a common patient safety concern ⁴
- Recent guidelines for the diagnosis, monitoring and management of chronic asthma recommend anti-inflammatory reliever (AIR) based regimens for all patients with newly diagnosed and uncontrolled disease aged over 12 years; a shift away from SABA based symptom relief ⁵
- It is vital to ensure guidelines are implemented to support evidence-based practice, requiring theoretically underpinned strategies.⁶

Aim

To assess barriers and facilitators and co-design theoretically underpinned, implementation and health behaviour change strategies to support primary care practitioners and patients deliver or adopt guideline driven care

Methods

Procedure

We conducted online four focus groups, one for each of three areas of care (figure 1)

Participants

Within each group we sought a maximum variation sample, for practitioners according to geographic area, clinical role and experience and patient’s geographic area and illness severity.

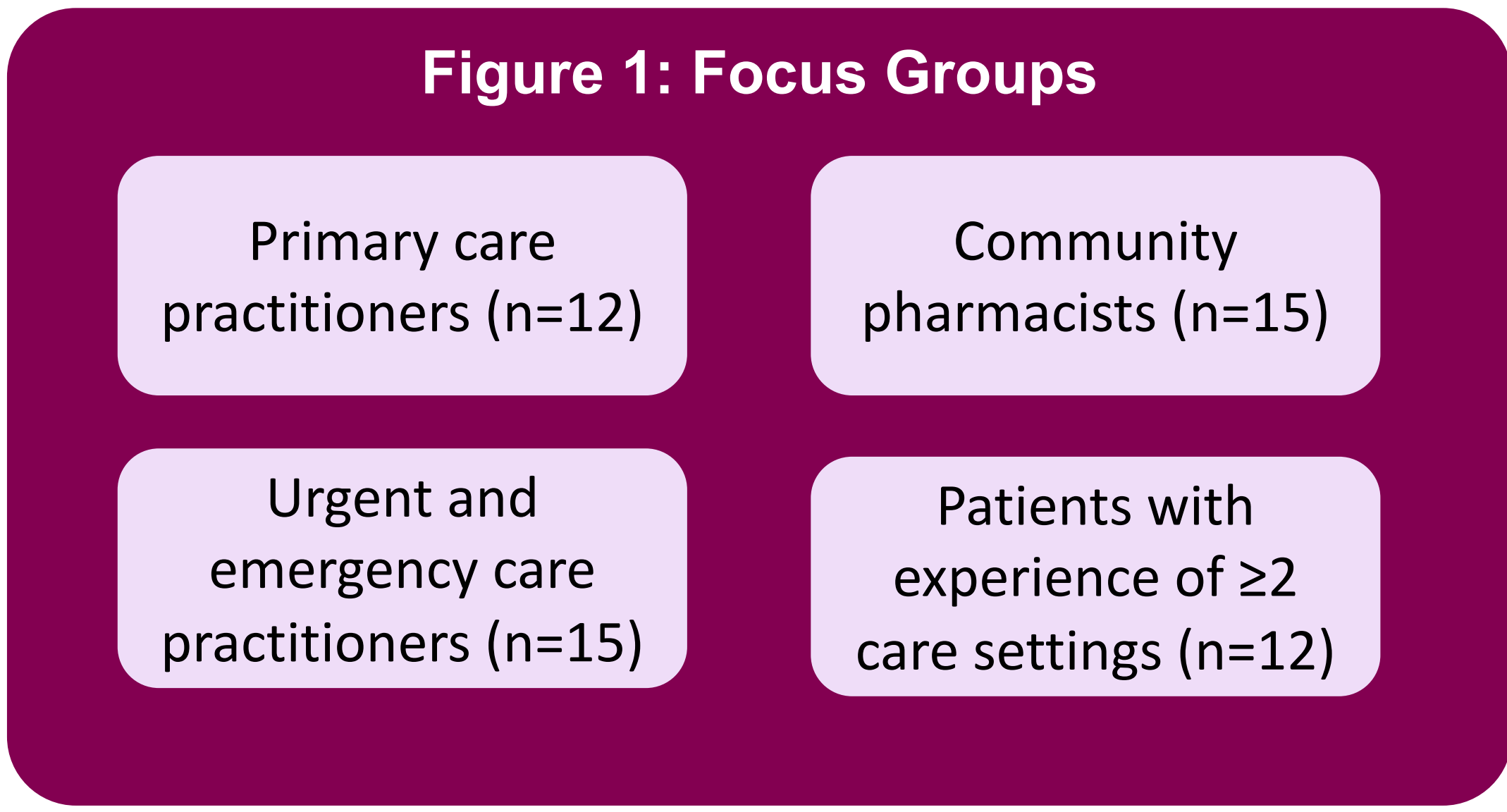
Analysis

Thematic analysis conducted using Nvivo V15.

Results

Participant characteristics

Participant numbers are illustrated in figure 1. And barriers and facilitators in figure 2.



Results

Priority barriers to address according to group were:

- **Urgent and emergency:** Poor systems to support referral to clinics and GP, poor access to/choice of inhalers, poor knowledge of inhaler technique
- **Primary:** Absence of systems to identify and support high SABA users, poor skills to address patient dependence on SABA
- **Community pharmacy:** Challenges contacting GP, poor access to training
- **Patients:** Inconsistent advice, SABA dependence, belief routine reviews lacked value

Table 1 lists the final 10 strategies suggested by participants from each group. The intensity of the green highlight indicates where the most participants mentioned a strategy. The final column shows the number of groups mentioning each strategy, with fewer groups suggesting a single-stakeholder priority, and more mentions suggesting broader alignment.

Figure 2: barriers and facilitators to guideline delivery or adoption of asthma care

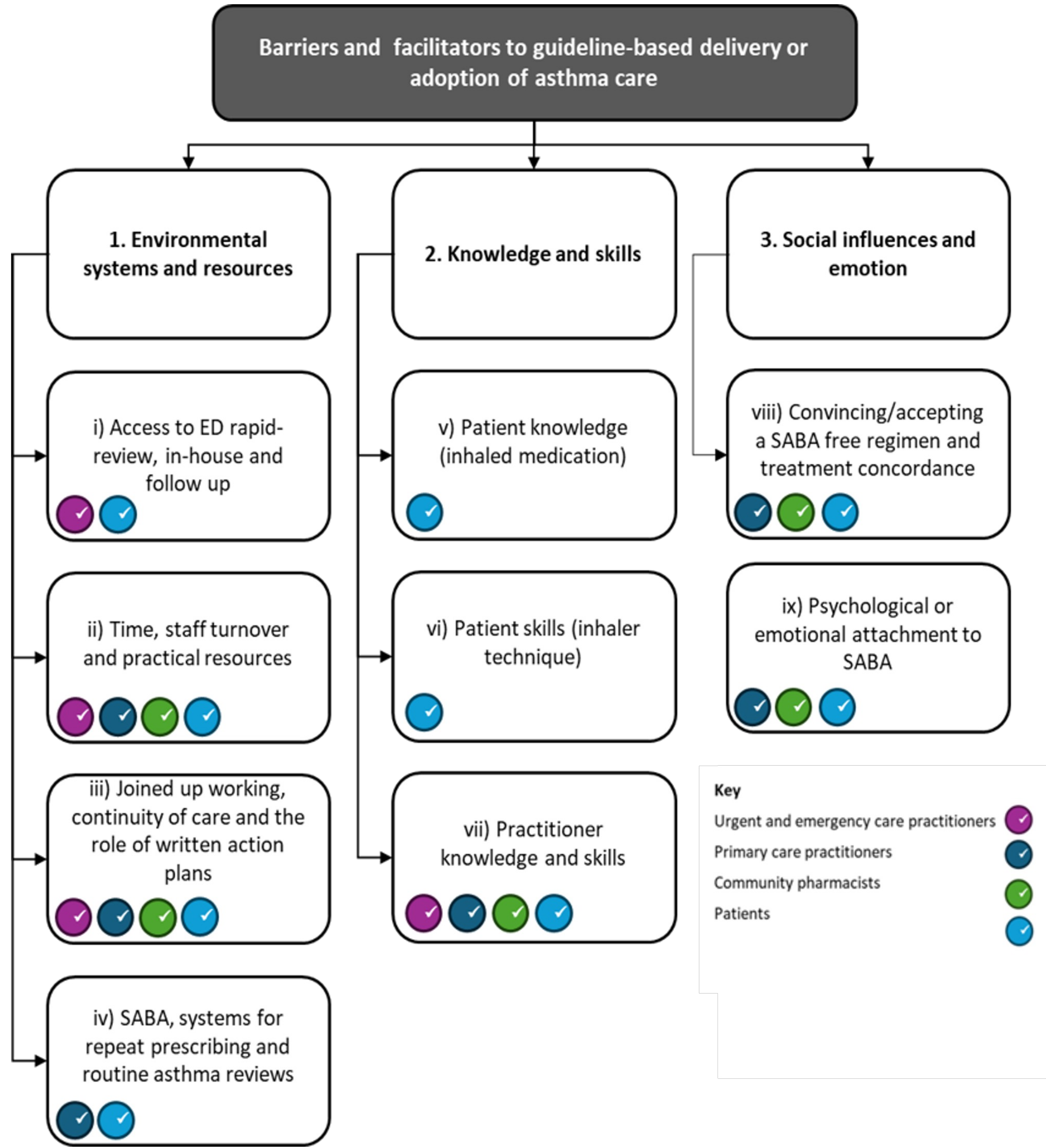


Table 1: Proposed strategies to support guideline delivery or adoption

Strategy	Urgent and Emergency	Primary	Community pharmacy	Patients	Number of groups
Public health campaign	4	3	4	-	3
Expert patient programme	2	1	4	-	3
Rapid access respiratory clinic for ED	8	-	-	2	2
Reliable follow up/communication with GP/shared records	7	-	7	-	2
Discharge bundle in the ED with inhaler and information	7	-	-	-	1
Surveillance of SABAs (including emergency) dispensed in community pharmacy	1	2	3	4	4
Community pharmacist led reviews	-	4	6	5	3
Available guideline, primary, community pharmacy and ED	6	4	4	1	4
Accessible training, primary, community pharmacy and ED	2	2	-	-	2
Nurse champion in primary care/role model	4	6	1	-	3

Conclusions

- This is the first multi-stakeholder account of barriers and facilitators and suggested strategies for improvement
- A number of strategies enjoyed broad support across groups, (e.g. supporting patient & practitioner knowledge with traditional education, virtual appointments to support attendance, written action plans, and the availability of guidelines and care protocols). Other strategies are priorities for specific stakeholders.
- There are a range of strategies to improve guideline implementation; ensuring co-ordination across stakeholders and collaboration between healthcare professionals and patients is likely key to successful implementation.

References

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Acknowledgements

To our participants for their openness and support.