

A Breath of Fresh AIR

A Two-Cycle Primary Care Service Improvement Project to Reduce SABA Monotherapy

Hamilton. H, Dewar. J, Cooper. S

Background

The 2024 BTS/NICE/SIGN guideline recommends anti-inflammatory reliever (AIR) therapy in preference to a short-acting beta-agonist (SABA) as first-line management for adults with mild asthma.¹

A review of prescribing at a multi-site GP Practice identified **66 patients with asthma on SABA monotherapy**.

Why Change?

Evidence supports AIR therapy in:²

-  Reducing annual asthma exacerbations
-  Reducing Hospital / ED Admissions
-  Improvement in Asthma Control Questionnaire-5 (ACQ-5) Score

Aim

To reduce the number of patients with asthma on SABA monotherapy across a 2-cycle quality improvement project.



Methods and Interventions

Cycle 1: Opportunistic Review

- Opportunistic telephone review of patients on SABA monotherapy by an F2 doctor.
- Assessed asthma control
 - Checked inhaler technique
 - Assessed suitability for AIR or Maintenance and Reliever Therapy (MART)

What did we learn?

Patient Contact

Difficulty contacting patients and poor engagement with arranged reviews.

Guideline Familiarity

Variation in clinician familiarity with updated guidance.

Clinician time

Opportunistic consultations were time-intensive and not sustainable.

Cycle 2: System-Level Interventions

Multidisciplinary cross-site education session

Improved clinician knowledge and confidence in updated guidance.

Smartphone-optimised patient resource

Shared via Accurx messaging.
Included information on AIR therapy, links to trusted asthma education and practice specific booking information.

Converted repeat SABA prescriptions to acute prescriptions

Prompted clinician review when SABA next requested.

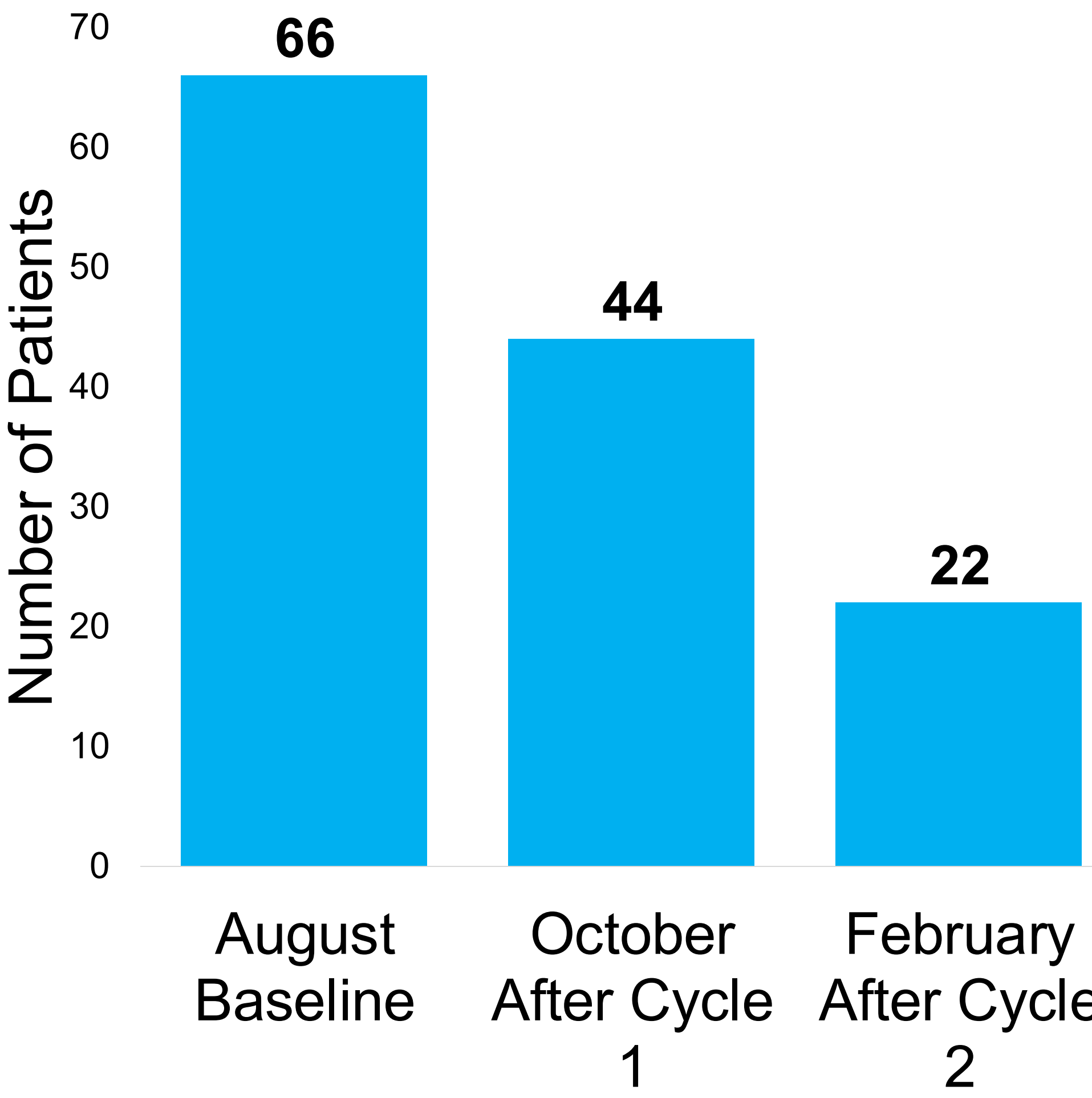
Results

SABA Monotherapy reduced by

67%

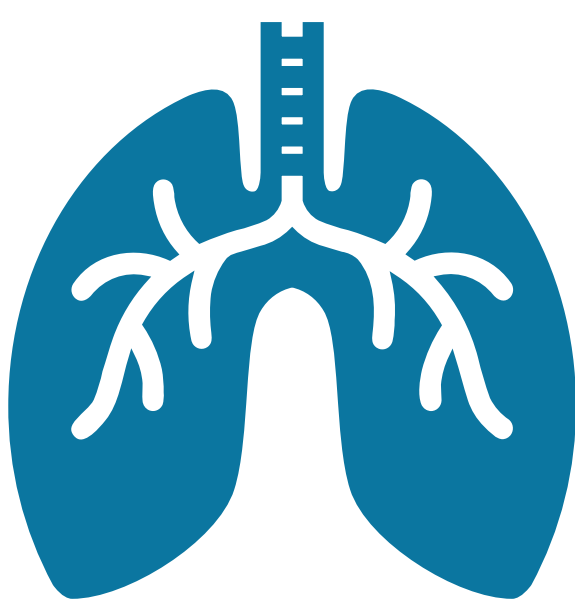
66 → 44 → 22 patients
Across 2 cycles

Patients on SABA Monotherapy



Patient Resource

Scan QR Code below for a non-interactive version of patient resource:



Lessons Learned and Messages for Others

Patient Engagement

The patient-facing smartphone resource provided **accessible information** that patients could read and understand in their own time.

Sustainable Change

A combination of **clinical education**, a patient-facing smartphone resource and **prescribing system prompts** facilitated the reduction in SABA monotherapy.

Transferability

These interventions could be readily adopted by other primary care teams to improve implementation of current asthma guidance.

Clinician Workload

The resource could be sent when an acute SABA prescription was identified, prompting the patient to arrange an asthma review and potentially **reducing** the need for proactive telephone contact.

Educational Opportunity

The project provided valuable practical experience for an F2 doctor, **increasing confidence** in assessing asthma control, inhaler technique and suitability for AIR/MART.

References

- British Thoracic Society, National Institute for Health and Care Excellence, Scottish Intercollegiate Guidelines Network. *Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN)*. NICE guideline NG245. 2024.
- Krishnan JA, Buhl R. As-needed ICS/formoterol or as-needed SABA in mild asthma? *Eur Respir J*. 2024;63(4):2302308.