Implementing the new treatment option in practice

The Medicines and Healthcare Products Regulatory Agency (MHRA) has for the first time approved the use of a dual (ICS/beta-agonist) combination treatment to be prescribed as a reliever therapy for people aged 12 and over with the therapy choice situated early in the asthma treatment pathway as an alternative to its current use as a preventer therapy sitting later in traditional treatment pathways.

The MHRA approval is for Budesonide 200mcg /Formoterol 6mcg combination that is delivered as dry powder via a turbohaler. In recent trials, dual therapy, using

the fast-acting property of formoterol for quick relief resulted in reductions in asthma attacks compared to the use of short-acting beta-agonists alone.

In the UK, this new therapy option does not yet sit within an approved national guideline as NICE last published its treatment pathway in 2019. We await a new national asthma guideline but do not anticipate this joint approach between NICE, BTS, and SIGN to publish until 2024.

In the meantime, PCRS has looked to the latest Global Initiative for Asthma (GINA) approach to asthma treatment to see how this new approach fits.

At PCRS, we know how busy primary care is and realise that introducing a new treatment choice means change and that changes take time, can use up scarce resource, and can feel like a threat. In this resource, we will show you how to take small steps to try out this new treatment pathway on a limited patient group, using a real-world test of change in a GP practice and show the key steps to help make implementation a success.

Figure 1 . Example of a primary care nurse and pharmacist-led, time-limited project to incorporate anti-inflammatory with reliever (AIR) therapy options for people in a practice asthma population identified as having possibly poor asthma control

Implementation task	Offer the new GINA AIR therapy option to people with asthma and review the impact
Choose a specific patient group.	• People with asthma as a single long-term physical health condition aged between 12 and 35 and one or more of: o More than 3 SABA devices prescribed in the last 6 months o Less than 3 or 5 ICS pick ups a year o Use of oral corticosteroids for asthma in the last year o A+E attendance for asthma in the last year
Determine what process and outcome metrics you will take about the patient group receiving the change and the group not receiving this change.	• The practice annual asthma review template and protocol will be followed for all • People within the test cohort will receive a text or letter or email offering a telephone or in-person annual asthma review, as usual • The offer of AIR therapy will be offered if appropriate once an initial assessment of control has been made and a change in therapy is considered to be required • The asthma control test will be used to assess the impact

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Describe how, when, by who, and for how long, will people in this group be assessed for the change.	• The patients will be booked in by reception with the 2 asthma practitioners (one asthma nurse, one asthma pharmacist) for this review who will follow a common process* • A review of the process will commence once 30 patients have been seen for an initial appointment and for a 6 week follow up to assess patient asthma control, safety and experience of patient and staff involved in the care pathway
Record how you have been assured regarding your clinical governance if derogating from current NICE guidance.	• This quality improvement plan was discussed at the network respiratory meeting. The respiratory network includes a respiratory specialist, a clinical network lead for primary care asthma, a network respiratory pharmacist and community pharmacist and lay patient members amongst others
Describe how your change aligns with and is supported by the wider system you work in.	• The locality asthma specialists were already utilising AIR therapy in specialist clinics and in discussion with emergency department physicians in order to avoid their 'revolving door' emergency SABA use situation • The respiratory network wanted to use this learning to consider a change to local asthma treatment protocols
Describe how you will engage the health workers directly and indirectly involved in the change.	• The practice will have a session at a routine practice learning time involving clinical and non-clinical staff describing the rationale and process and then provide the results and take feedback after the first 30 cohort has completed
Describe the material you will use to further support patients to choose.	• A short patient leaflet was designed describing the new therapy option with a o Link to an NHS video describing airway inflammation and how anti-inflammatory inhalers work to reduce it o Contact details for the asthma nurse and pharmacist • A written personal asthma action plan

*One of the reviews may take place virtually and one in-person

This process chosen by one practice contains some of the key implementation principles to make a quality improvement project a success. In reality, each of the action sections on the right column has further smaller steps within them. Once you have decided on your plan, it is worth listing out all the tasks you think might be involved and then putting them in order with a realistic timeline against them. Then take them one step at a time.