Adapting the IMP²ART implementation strategy to the context of primary care during a COVID-19 pandemic

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Introduction
Understanding and adapting to context is crucial if complex intervention implementation is to be successful. Within the IMP²ART programme, we had developed a theoretically-informed implementation strategy to improve supported self-management (SSM) for asthma in routine practice, with a cluster-randomised trial due to start in January 2020.

The global COVID-19 pandemic dramatically changed the context and many aspects of the IMP²ART strategy required adaptation.

Methods
With input from patient and public involvement (PPI), and a professional advisory group, the programme team reviewed all components of the IMP²ART strategy. Changes were made to:

a) enable safe delivery of the implementation strategy in a pandemic (e.g. social distancing etc.)
b) to offer advice on novel modes of practice
c) to ensure resources reflected the new context.

Results
Safe delivery of the IMP²ART strategy: Whole-practice SSM facilitation visits (IMP²ART workshops) to implementation practices will not be possible for the foreseeable future, so we adapted the facilitation for remote delivery.

Novel modes of practice: We scoped and collated resources to support remote consultations, adapting them to provide advice on remote asthma reviews. Resources were provided for both practices and patients and made available on the IMP²ART trial website. On-line consultations were a new format and specific advice for asthma reviews were developed.

Reflecting the new context: Educational modules were updated with examples of remote reviews and remote completion of action plans. Illustrations were checked to ensure some reflected remote delivery of care.

Conclusions
Adapting the implementation strategy to the COVID-19 pandemic has been a comprehensive process, and some aspects (e.g. remote delivery of the IMP²ART workshop) required governance approvals. The adapted strategy is now ready be evaluated in the IMP²ART UK-wide cluster-RCT (n=144 practices), assessing its impact and cost-effectiveness.