



A Patient-centred approach to understanding the barriers to Accessing and Engaging with asthma care

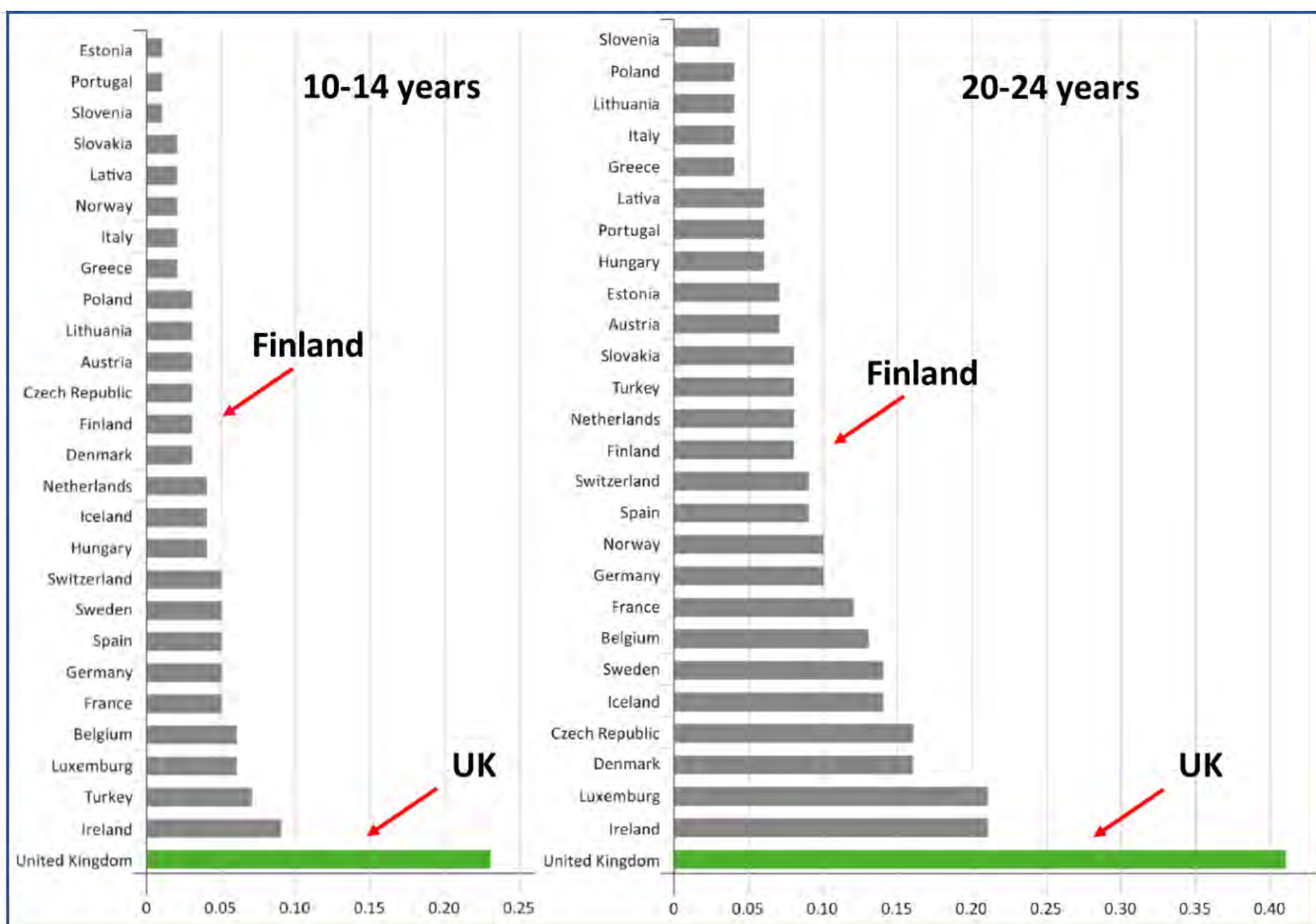
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Background

- Despite three decades of evidence-based guideline recommendations, UK asthma outcomes are much worse than in other high-income European countries
- Patients often miss review appointments and/or take their asthma preventer treatment infrequently

Asthma mortality rates for CYP 10-14 years and 20-24 years



Data obtained from the Global Burden of Disease Results Tool – July 2021

Major inequities in asthma care and outcomes

- These poor national statistics, however, hide major inequities in asthma outcomes
- Deprivation is associated with increased prevalence of severe symptoms, hospitalisation and death
- People from remote communities, and ethnic minority groups have poor access to even basic care for their asthma
- Supported self-management improves outcomes, but is challenging for people with limited health literacy, language or cultural barriers

Adherence/adoption of evidence-based interventions is poor

- Only 20-33% of children and 15-54% of adults adhere to inhaled steroids (ICS) regimes that improve asthma control
- Up to 50% do not attend routine reviews
- Asthma and Lung UK estimate that only a third of people with asthma receive 'basic care'
- Three quarters of people suitable for biologics are estimated to be 'hidden' in primary care
- The National Review of Asthma Deaths (NRAD) recommendations have not been implemented

These observations, point to a systemic problem with providing, accessing and/or engaging with evidence-based asthma care



For more information.

This QR code will take you to the NIHR website

Aim

The aim of the PACE programme is to improve asthma outcomes by designing and evaluating services that meet patients' needs and preferences

Objectives of the PDG

- To synthesise existing evidence (PDG-1),
- To identify factors associated with poor engagement with asthma services and the association with poor outcomes (PDG-2),
- To explore patient/health professional perspectives to understand the challenges of delivering accessible/engaging care (PDG-3),
- To develop essential stakeholder networks

Research Plan

We will address the objectives in three parallel projects:

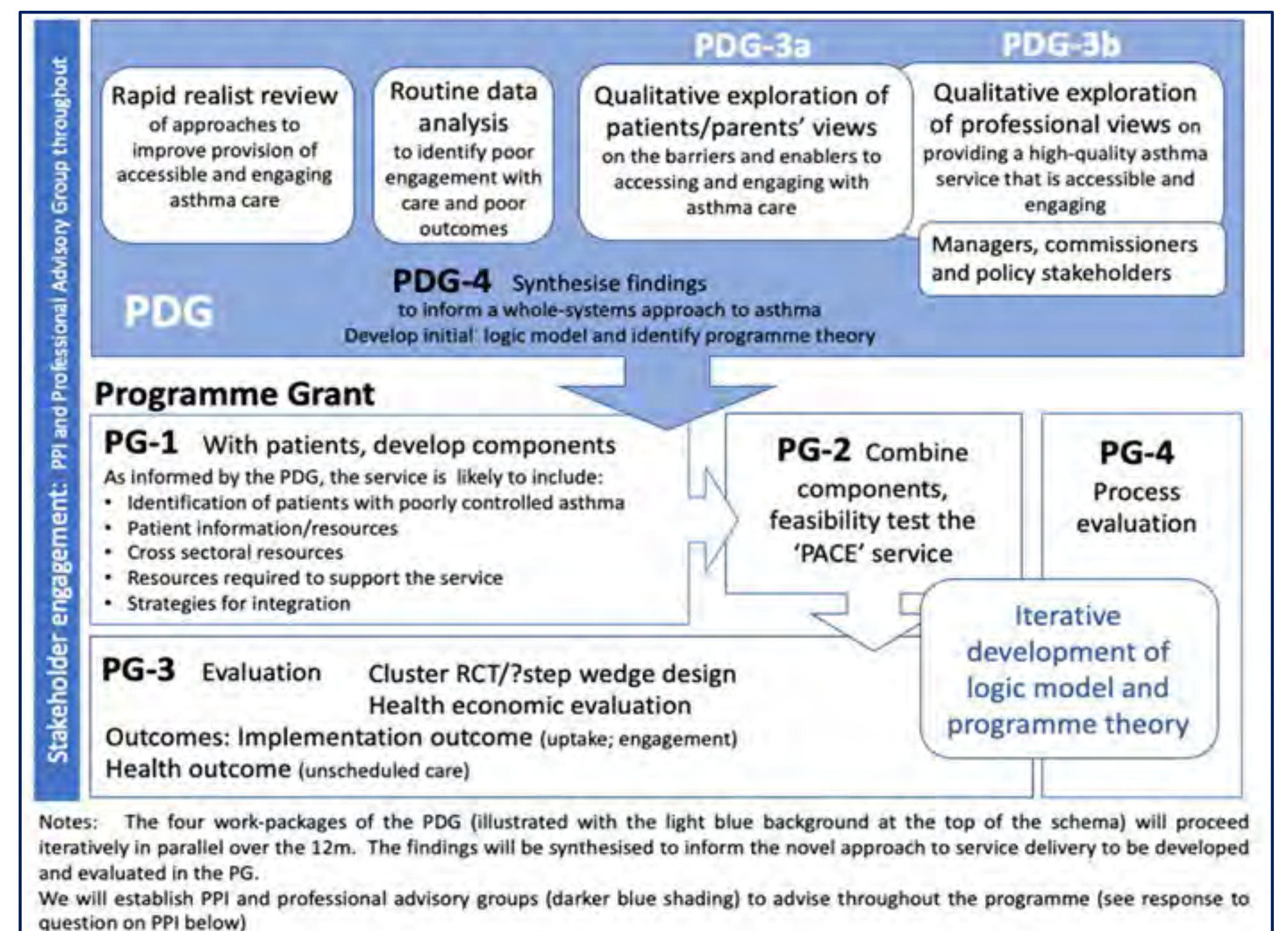
PDG-1: A Rapid Realist Review

PDG-2: Analysis of CPRD data to describe factors associated with evidence of poor engagement with asthma services

PDG-3: Qualitative interviews with a) patients and b) health care professionals/managers in Swansea, Leicester and Highlands

In discussion with patient professional colleagues, we will triangulate the findings from PDGs-1/2/3 to identify key components of an asthma care service that improves accessibility and encourages engagement

Overall structure of the programme of work



PACE Strategy to improve provision of accessible and engaging asthma care related to MRC complex intervention framework

