

Sentinel QUAL; understanding barriers and facilitators to asthma guideline adoption to improve asthma care

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Introduction

Although UK asthma guidelines recommend anti-inflammatory reliever based management regimes for people over 12 years¹, concordance with these recommendations is suboptimal and SABA prescribing remains high².The SENTINEL project aimed to improve asthma prescribing and care and had a good overall effect³. However, some healthcare practitioners (HCPs) continue to report some challenges to guideline adoption.

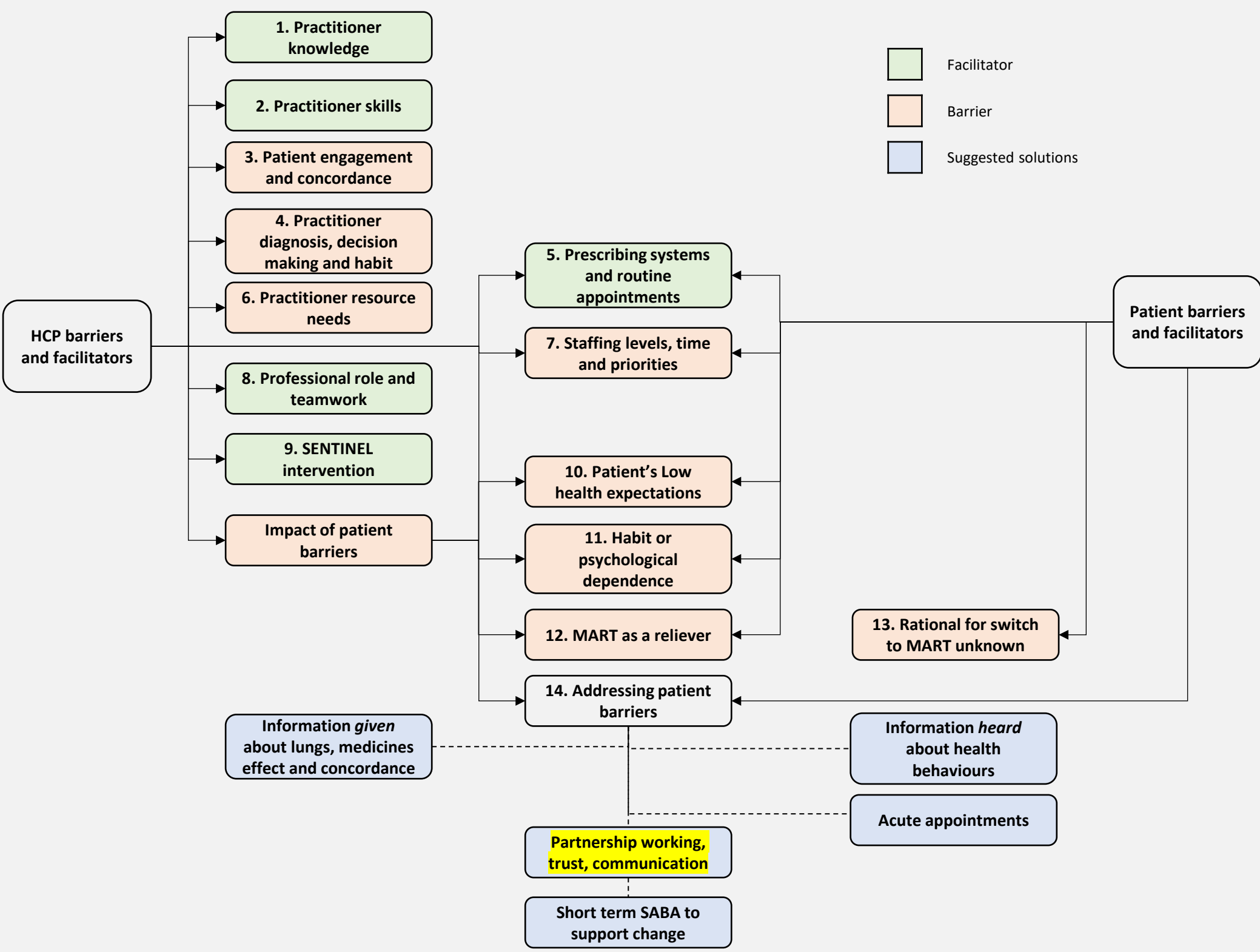
Aim

To understand the barriers and facilitators to the i) delivery and ii) adoption, and persistence, of SABA-free MART treatment in primary care practitioners and patients, respectively.

Results

- Thirteen Patient participants.
 - 54% female, mean ACQ of 0.9 (range 0–2.4), all diagnosed >20 years prior
- Fourteen HCP participants from eight primary care networks:
 - Four GPs, 2 pharmacists, 5 practice nurses and 3 advanced nurse practitioners.
- Fourteen themes were identified as barriers and/or facilitators
 - Both groups reported shared barriers and facilitators to asthma care, such as SABA over-reliance.
 - Practitioners demonstrated strong asthma knowledge and teamwork but faced barriers with patient engagement and treatment concordance issues.
 - Patients frequently expressed limited confidence in MART as a reliever (despite clinical evidence), had low health expectations, and often resorted to strategies like “borrowing” or bulk-buying SABA inhalers.
 - Patient barriers included difficulty accessing GP appointments and continued SABA dependence; the main facilitator was strong patient trust in the practitioner during routine appointments.

Figure 1. Barriers and facilitators to practitioners’ and patients’ initiation or adoption and persistence of MART and discontinuation of SABA treatment



Recommendations for practice:

Implementation Support Programmes (e.g. SENTINEL Plus)	Patient Self-Management	Optimising Transition from SABA to MART	Optimising Practice Team Roles	Addressing Equipment Needs
- Sustain access to resources through ongoing training, induction, and regular updates for practice staff. - Expand programmes and resources to secondary care, A&E, and ambulance services. - Integrate health psychology and advanced communication training for tailored patient interactions.	- Provide individual peak flow meters for home monitoring. - Introduce health diaries for tracking symptoms, peak flow, and medication use. - Support patient engagement and adherence through structured self-monitoring and feedback.	- Offer short-term SABA as a safety net during initial MART transition, with a clear discontinuation plan. - Foster collaborative, trust-based patient–practitioner relationships and clear communication. - Arrange follow-up appointments after medication changes to support MART persistence.	- Expand pharmacist involvement in patient reviews and medication optimisation. - Strengthen receptionist roles in triage and prescription management, with communication skills training.	- Increase access to FeNO, spirometry, and up-to-date peak flow meters for diagnosis and monitoring. - Invest in equipment upgrades and timely provision to support effective asthma management in primary care.

Conclusions

Asthma care could be improved if both practitioner and patient barriers are understood and addressed. Our data suggests interventions to support both groups in addressing patient barriers may be a priority area in terms of predicted impact, particularly with the importance of positive patient-practitioner relationships reported by patients. Theoretically underpinned interventions tailored to assessed barriers are most likely to be effective in addressing said barriers.

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References

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