

Remote Asthma Consultations: A protocol to support remote consultations in a Primary Care setting.

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Background

Asthma affects over 5 million people in the UK; with growing evidence suggesting that inadequate management is a major contributing factor to asthma related morbidity. In primary care, annual asthma reviews should be minimum, and include personalised treatment tailored to the patients' needs. These reviews are an opportunity to reinforce inhaler technique and trigger avoidance. Historically, asthma reviews have been face-to-face, however following the impact of the global pandemic, SARS-Cov2, these reviews had been put on hold, potentially leaving patients' at risk.

Aim of the study

A protocol for remote consultations to ensure they are as effective as a face-to-face review. To ensure patient safety, safety netting had been a high priority, along with a low threshold to offer face-face if any concerns.

Methods

To ensure an affective change in practice, the PDSA model of change had been utilized to aid improvement, ensuring safe care and a patient-centered approach. Internal and external factors identified by using a SWOT analysis tool and qualitative questionnaires sent to all clinical staff. An audit of the asthma register had been run against previous years to compare how many asthma reviews had been undertaken. As the PDSA model is cyclical in nature, any adjustments and/or improvements can be added to the next cycle after analysis of results.

Results

The protocol is new in practice and any significant results are yet to show until it is re audited 12 months after initiation. However, preliminary results showed there has been a 4% increase in annual asthma reviews from the preceding year, with positive feedback from clinicians using the protocol. The study found video consultations, rather than telephone consultations, to be more effective regarding patient safety as peak flow and inhaler technique can be observed.

Conclusions and implications

Remote consultations are increasingly becoming the norm, in many clinical settings, however patient safety is paramount. Clinical protocols provide quality and an evidence base; however, additional considerations are required when performed remotely.