

Co-designing a digital social intervention to encourage primary care asthma patients to engage with an online health community (OHC): focus group and interview study

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1. Background

- 4.3 million people in the UK have asthma, with 1/3 experiencing poor asthma control, which negatively affects patient outcomes and healthcare use^{1,2}.
- OHCs are popular amongst patients, with millions accessing information posted by peers (other patients).
- Integration of online peer support into primary care services to foster self-management is a new concept.

2. Aim

To co-design with stakeholders a consultation-based intervention by primary care clinicians for patients with troublesome asthma to promote engagement with an OHC.

3. Methods

- Qualitative design.
- Patients, general practitioners (GPs) and nurses recruited from 3 general practices in East London.
- Recruitment and data analysis is ongoing.

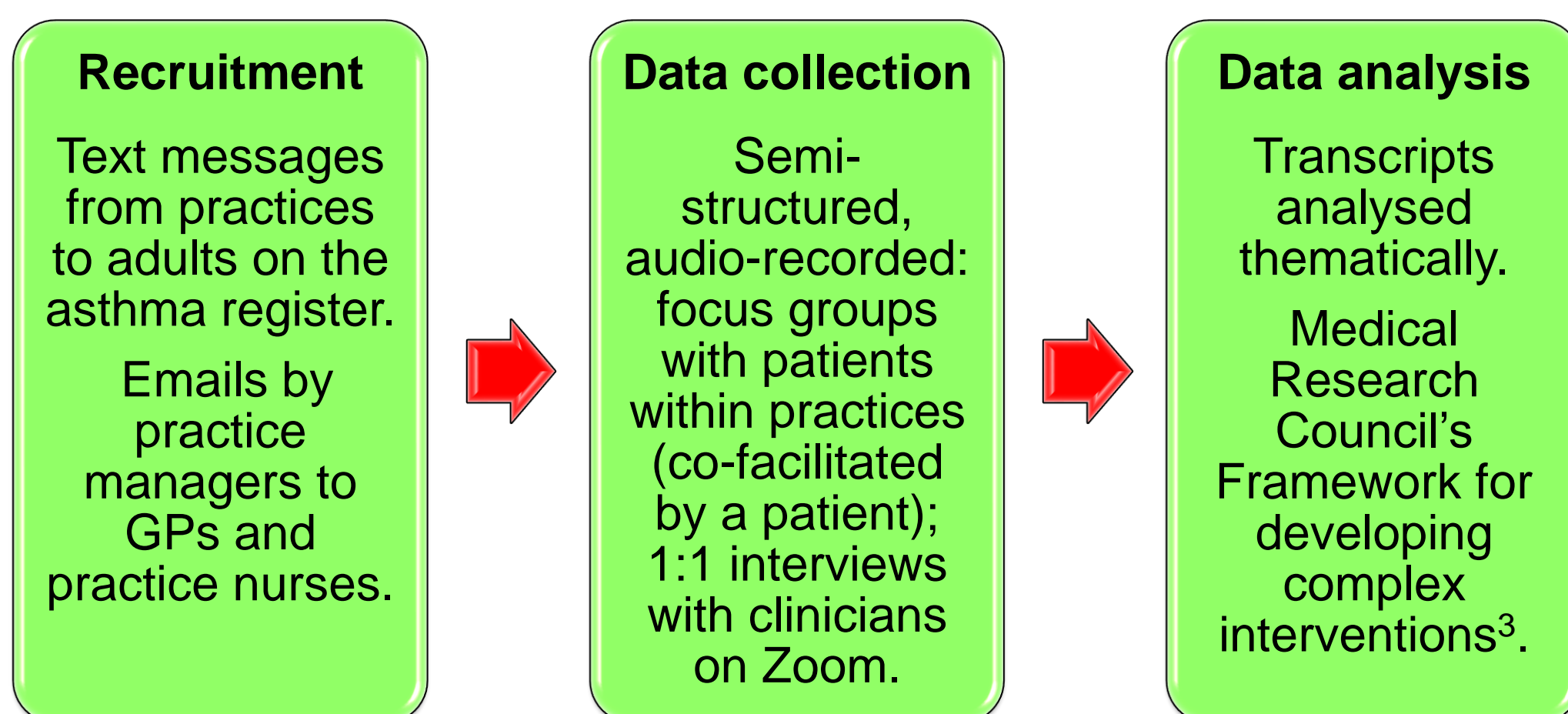


Figure 1: Study process in summary

4. Results

4.1. Participants

- 5 focus groups with 20 patients across 3 general practices.
- 4 interviews with GPs and nurses.

Table 1. Participants' demographics

	Gender	Age range	Ethnicity	Employment status	Years of practice	OHC experience
Patients (n=20)	Male (6); Female (13); no answer (1)	16-19 (1); 20-30 (5); 31-40 (5); 41-50 (2); 51-60 (5); 61-70 (1); 70+ (1)	White (3); Black/Black British (9); Asian/Asian British (6); Mixed (1); no answer (1)	full-time (4); part-time (4); self-employed (4); student (2); unemployed (4); retired (1); no answer (1)	Not applicable	Yes (7); No (12); no answer (1)
GPs (n=2)	Male (2)	41-50 (1); 61-70 (1)	Asian/Asian British (2)	Not applicable	15 (1); 30 (1)	Yes (1); No (1)
Nurses (n=2)	Female (2)	41-50 (1); 51-60 (1)	Black/Black British (2)	Not applicable	15 (1); 17 (1)	Yes (1); No (1)

4.2. Preliminary findings

Participants welcomed the intervention and suggested practical ways to refine and implement it, which are summarised below:

- ❖ **Intervention content:** Clinicians should emphasise that: 1) the OHC is well established; 2) has large number of users with lived experiences; 3) is professionally moderated; 4) there is flexibility in amount of OHC engagement; 5) speedy support, since replies can be received quickly (vs. waiting for GP appointment); and 6) data is kept private. Intervention summary leaflets should be handed out to patients.
- ❖ **Recruitment:** 1) posters in waiting rooms; 2) changes in wording/structure of the survey to identify patients eligible to receive the intervention; 3) preference for online rather than paper completion of recruitment survey.
- ❖ **Clinicians' training needs:** OHC platform understanding.

5. Conclusions

- Our provisional findings will shape the delivery of the AD HOC intervention.
- Intervention will now be tested in a non-randomised feasibility study and, if successful, in a randomised trial.

References

1. Asthma + Lung UK. The Great Asthma Divide-The Annual Asthma Survey 2019 [online]. 2019. <https://www.asthma.org.uk/58a0ecb9/globalassets/campaigns/publications/The-Great-Asthma-Divide.pdf> (accessed 06 March 2023).
2. Colice G, Chisholm A, Dima AL, et al. Performance of database-derived severe exacerbations and asthma control measures in asthma: responsiveness and predictive utility in a UK primary care database with linked questionnaire data. *Pragmat Obs Res* 2018;9:29-42.
3. Skivington K, Simpson SA, Craig P, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ* 2021;374:n2061.

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