# 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<sup>1,2</sup>.
- 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

stakeholders consultation-based with co-design 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.

**Data collection** 

Recruitment and data analysis is ongoing.

### Recruitment

Text messages

from practices to adults on the asthma register. Emails by practice managers to GPs and practice nurses.

### Semistructured, audio-recorded: focus groups with patients within practices (co-facilitated by a patient); 1:1 interviews with clinicians on Zoom.

**Transcripts** analysed thematically. Medical

**Data analysis** 

Research Council's Framework for developing complex interventions<sup>3</sup>.

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	<b>Employment</b> 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.

20,000 users [in the OHC] on asthma... straight away that makes me more inclined to go on this [OHC] 'cause there's got to be... people who get what I'm going through. (Patient, focus group 2)

It's easier, you don't need to commute [to the general practice]... you can do it online and they might learn something new and

different... because I might not know it all. (Interview 3, nurse) I feel it's [the survey] a bit long... I can't imagine my patients... maintain the interest to

get to the end of that... needs to be

streamlined. (Interview 4, GP)

Also have leaflets... where it explains what the service is... bullet point, images and a little quote... from someone who is using the service. Then... something where it explains that it's [the OHC] not replacing your doctor. (Patient, focus group 1)

They [clinicians] need to know the type of information they will receive on it [OHC]... how to use it, what you expect on it, basically how to deliver it to your [patient]. (Patient, focus group 4)

## 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

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**Acknowledgements** 

Sincere thanks are owed to all participants for their time in this study.

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