



Patients' & clinicians' experiences of a primary care intervention to promote engagement in an online health community for adults with asthma: Qualitative interview study

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1. The problem

- In the UK, 5.4 million adults have asthma¹, with 1 in 5 poorly controlled².
- Self-management interventions can enhance asthma control³.
- Online health communities (OHCs) are increasingly popular amongst patients as a means of accessing support from other patients (peers).
- The promotion of online peer support to foster self-management skills within routine primary care services is a novel strategy.
- We have developed, with stakeholders' input, an asthma-related, digital social intervention, delivered by primary care clinicians⁴ (see Figure 1).

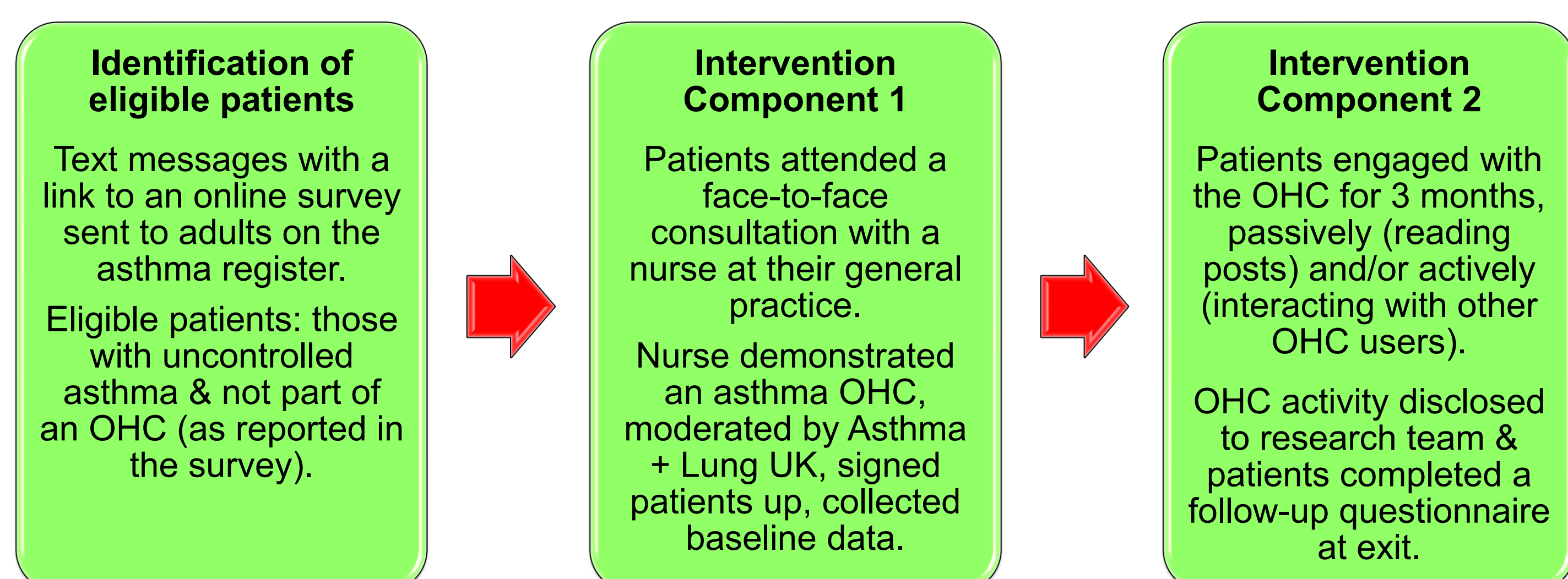


Figure 1. Content of the primary care digital social intervention for adults with asthma

2. Aim

To explore patients' and clinicians' experiences of the intervention, as part of a 3-month non-randomised feasibility study.

3. The approach

- Qualitative design.
- Participants invited: 42 asthma patients receiving the intervention and 5 nurses delivering the intervention in general practices in East London.
- Data analysis is ongoing (see Figure 2 for a summary of the process).

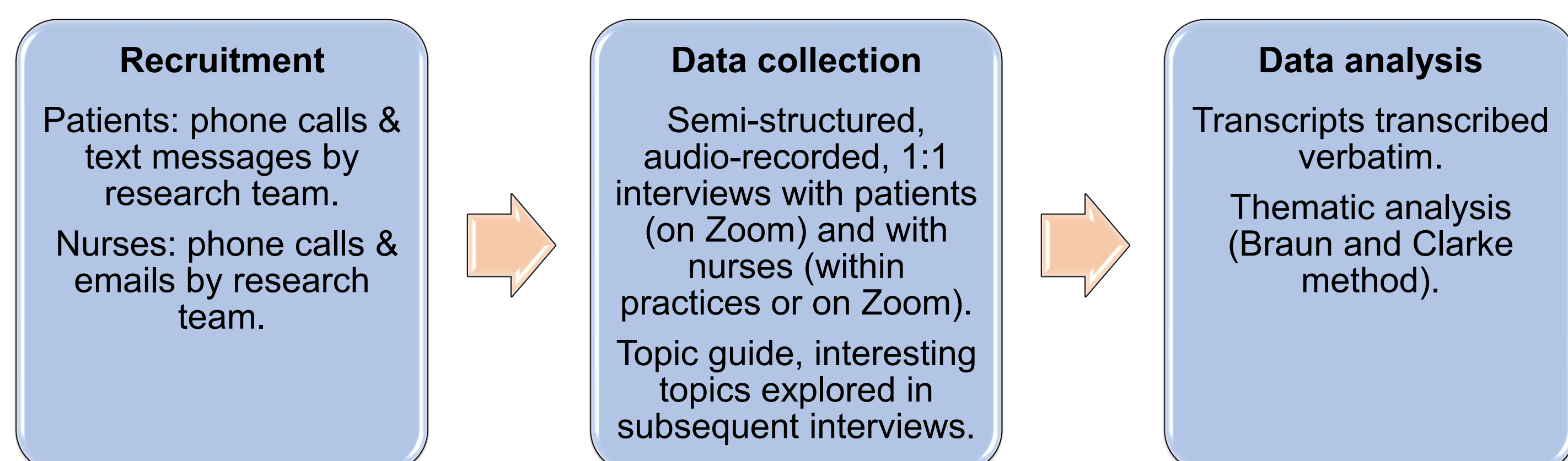


Figure 2: Study process in summary

4. Results

4.1. Participants

- Five nurses & 12 patients, registered with 6 practices, were interviewed.

Table 1. Participants' demographics

	Gender	Ethnicity	Age-group	Highest level of education	Employment status (patients) & role (nurses)	OHC experience
Patients (n=12)	Female (n=9)	Asian/Asian British (n=3)	30-40 (n=2) 41-50 (n=4)	Secondary school (n=4) A-levels, BTEC etc. (n=2)	Full-time parent/carer (n=3) Retired (n=4)	Not applicable
	Male (n=2)	Black/Black British (n=1)	51-60 (n=2)	College or university (n=5)	Self-employed (n=3)	
	Unknown (n=1)	White (n=8)	61-70 (n=4)	Postgraduate degree (n=1)	Unemployed (n=2)	
Nurses (n=5)	Female (n=5)	Asian/Asian British (n=3)	20-30 (n=1) 31-40 (n=3)	Not asked (assumed at least college or university level)	Practice nurse (n=3)	Yes (n=1)
		White (n=2)	41-50 (n=1)		Primary care research nurse (n=2)	No (n=4)

4.2. Findings

Four themes are being discerned in the data so far.

❖ Recruitment to and coordination of intervention delivery:

- Ways to boost recruitment, e.g., QR codes for recruiting survey at practices.
- Patient availability & withdrawals and communication with research rather than practice nurses complicated scheduling of intervention-related consultation.

❖ Consultation process:

- Patients often arrived at consultation not knowing what to expect.
- Variability in nurses' competence in delivering the intervention.
- Satisfaction with consenting procedures, compensation and time-requirements.
- Randomisation to usual care would be acceptable if made explicit.

❖ OHC engagement:

- Engagement varied, mainly passive by those with symptoms/interest in health.
- Reasons for limited active engagement: not understanding topics, sufficient knowledge about asthma.
- Benefits: instantly accessible information, self-management skills, reassurance realising not alone.
- Analysis of OHC activity acceptable, but potential for reducing engagement.
- Need for prompts about OHC engagement during follow-up.

❖ Follow-up questionnaire:

- Need for regular reminders.
- Regular data collection (e.g., by phone call) in follow-up viewed as acceptable.

If they [nurse] physically went into the system and showed them [patients] how to use it there and then. Gave them an idea of the sort of questions and answers on there, so they could familiarise themselves with it. That might make people join up... 'This is what it looks like, it's very quick, this is how you can post something. This is how the responses come in.' (Interviewee 6, patient)

You're thinking, oh my god, that sounds like I've got, a cough and then that's it. It gave you hope and made you feel a little more calmer than going on the internet and reading about your condition... you think oh my god, there's so many people that's the same. (Interviewee 8, patient)

I haven't had much time... I haven't utilised it [OHC] as much as I could have... when you don't recognise the medication they're on you can't comment on what they're suffering from because things are giving them palpitations, all sorts of bad reactions and I'm not a doctor so I can't tell them not to use it or to use it. (Interviewee 4, patient)

It came through on my mobile phone and I followed the links and then I put in all my answers as it asked me to and then I sent it straight back to you. It didn't take long at all, it was easy. (Interviewee 1, patient)

5. Conclusions

- Promotion of online peer support and sign-up by primary care clinicians is acceptable to both patients and nurses and resulted in OHC engagement.
- Findings will enable refinement of the intervention and inform delivery of a randomised controlled trial to assess effectiveness and cost-effectiveness.

References

1. Asthma + Lung UK. Welcome to Asthma + Lung UK [online]. 2025. <https://www.asthmaandlung.org.uk/> (accessed 10 March 2025).
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4. Karampatakis GD, Kimber S, Wood HE, et al. Development of the face-to-face component and recruitment strategy of a primary care digital social intervention for patients with asthma: Qualitative focus groups and interviews with stakeholders. *Eur J Gen Pract* 2024;30:2407594.

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